COHABITATION AND FERTILITY BEHAVIOUR IN NIGERIA

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ABSTRACT
Although, the link between cohabitation and fertility is well documented, the influence of cohabitation on reproductive health behaviour of women in Nigeria has not been adequately investigated. The purpose of this study is to determine the association between cohabitation and fertility behaviour of women in Nigeria. Data for the study were drawn from the Nigeria Demographic and Health Survey 2013. Information on women aged 15-49 (n = 38,948) formed the basis for the study. The findings show that cohabitation contributes to delayed marriages and high fertility among non-married cohabitants. Early intervention through fertility control measures could reduce high-fertility among the unmarried partners in Nigeria.

Keywords: *Cohabitation, reproductive health behaviour, fertility, intermediate variables*

INTRODUCTION
The number of cohabiters (two adults living together and having sexual affairs, but not legally or socially married) is on the increase in Nigeria (NPC and ICF International, 2014). While cohabiters are not recognised as married couples, they exhibit some features of married partners. One of such is sexual activity. When unmarried individuals of the opposite sex involve in regular coital relationship, high fertility is inevitable especially in an environment that is characterised by low contraceptive use like Nigeria (Michael and Scent, 2017). Research shows that in some societies, cohabitation is an alternative to marriage (Raley, 2001), while in others, it is a prototype to marriage (Heuveline and Timberlake, 2004). Recently, surveys show that cohabitation has become an increasingly easy alternative to singles (DeRose, 2016).

In Nigeria, the fertility behaviour of cohabiters is yet to be adequately examined. The judicial system of the country in particular provides little or no special distinction between fertility of cohabiters and married individuals. Although, most cultural norms in Nigeria do not encourage cohabitation, young adults embrace cohabitation daily, especially the city dwellers (Arisukwu, 2013). Kahn (2007) relates the increase in cohabitation to industrialisation and non-parental pressure.

The literature reveals that cohabitation increases the fertility of women by exposing them to a marriage-like environment where coitus frequency is high, or decreases their fertility by delaying marriage if they should postpone childbearing until they are in a formalised union (Sassler, 2004). Notwithstanding the assumptions, certain intermediate variables may influence the fertility of cohabiters and make these postulations inconclusive. Some of these variables include contraceptive use, sterility, abortion and length of time spent in union.

As a matter of fact, Jone (2007) submits that coitus frequency is higher among cohabiters than among non-cohabiters. According to Bachrach (1987), the level of sexual activity of married and cohabited women of same age and duration of union are similar. If Bachrach's assumption holds, the fertility of married and cohabited women should be the same in as much as other variables are controlled. However, this may not be the case in all settings, given that contraceptive use is more likely to be practiced among cohabiters than among married couples (NPC and ICF

International, 2014). If this latter assertion holds in Nigeria, lower fertility among cohabited women than among married women should be expected.

Other factors also influenced the fertility of cohabiters. These include cohabiters' 'previously married status' which may have recorded childbearing before divorce/separation or death of spouse, and the 'number of children' cohabiters may have had while single (Ekpenyong and Michael, 2016). Raley (2001) asserts that the increase in non-marital fertility is dominated at least in part by growth in cohabitation; which implies that cohabitation still plays a major role in the fertility of non-married couples. This paper examines the fertility behaviour of cohabiters, married and single-never cohabited women of reproductive age in Nigeria.

Theoretical Framework

The study is anchored on Rational Choice and Social Action theories. The Rational Choice perspective is hinged on the assumption that individuals do not act on the basis of accident but carefully weigh benefits and costs of intended action considering available resources before performing such an action (Ritzer, 2008). The theory explains that an actor who has the privilege of choice between alternative actions, in a given context, chooses an action considered more beneficial than the forgone activity because the latter is more costly than the former (Nwokocha and Michael, 2015). The application of this theory in a daily basis makes meaning only if it is established that the actor understands fully the issues surrounding each decision. However, by implication, this perspective demonstrates that the idea of rationality obligates a cohabiter who contemplates either to remain single and never cohabit or live together with an opposite sex and have access to sexual activity to do so. The actor chooses an alternative after carefully weighing available options and expected goal which may be the desire to have children, share expenses, regular sex and keep companionship, among others.

The Social Action theory shares relevant similarities with the Rational Choice approach in explaining cohabitation and fertility in social context. Max Weber considers action as social when the actor attaches subjective meaning to his or her action, and consideration given to views of others to whom his/her action is directed (Ritzer, 2008). Hence, the motive behind practising cohabitation, with or without fertility, in relevant situation is better explained by cohabiters themselves irrespective of opinion that outsiders may construct about the situation. The theory emphasises that beyond understanding the consequences of cohabitation on actors which include delayed marriage, alternative to marriage, increase/decrease fertility, among others, cohabitants should also be studied in order to unearth their motivation and choice of cohabitation. Figure 1 synthesized the two perspectives.

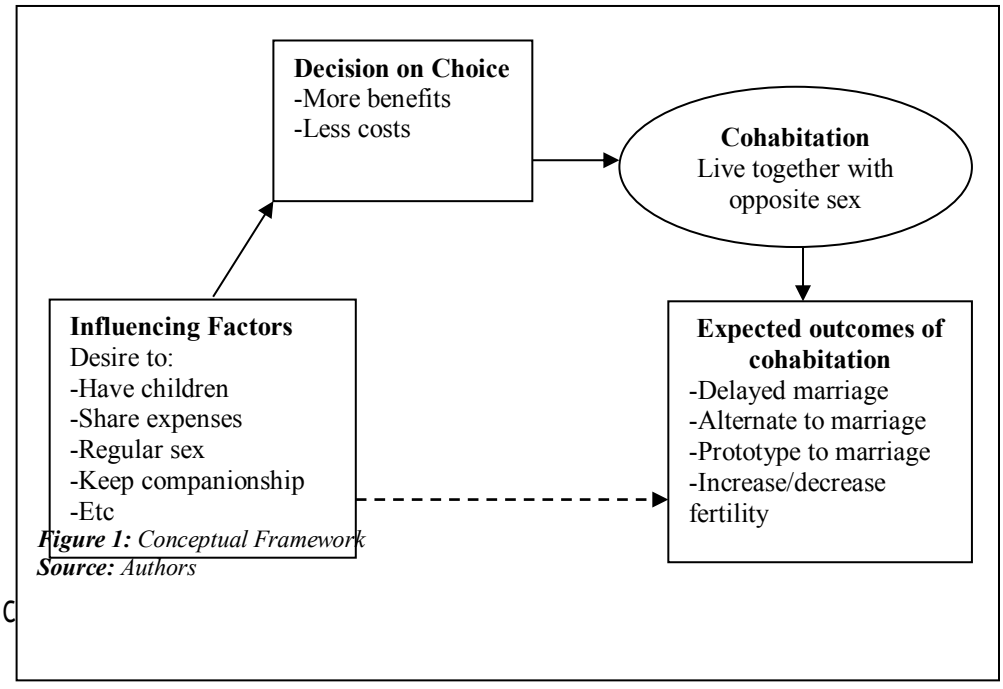

Figure 1: *Conceptual Framework*
Source: *Authors*

The conceptual framework indicates that individual factors directly impinge on cohabitation following costs and benefits analysis of perceived consequences. What follows are the outcomes of cohabitation that could increase or decrease fertility.

DATA AND METHODS

The data for this study were drawn from the 2013 Nigeria Demographic and Health Survey (NDHS). The survey comprised a national probability sample of 38,948 women aged 15-49. Data gathered from all women included information on marital status, fertility, health and family histories. Less than3 percent of the women (a total of 871respondents) were cohabiters. Fertility information obtained from the women was with respect to all live births. Women's fertility and marital status formed the basis for this study. Univariate statistics such as simple percent was utilised to analyse the descriptive socio-demographic variables. Multivariate statistics such as logistic regression was employed to show how the dependent variable (fertility of women) was influenced by independent variables. The multivariate dependent variable was coded in dichotomous format: 1 if the specific outcome applies and 0 if otherwise. The independent variables were dummy-coded and included selected socio-demographic characteristics and intermediate variables of fertility. See Table 1 for the definition of variables as used in the analysis.

Table 1: Definition of variables used in analysis

Variable	Coding
Age	≤19 =1, 20-29 =2, 30-39 =3, 40-49 =4.
Education	None = 0, Primary =1, Secondary+ =2
Religion	Catholic =1, Other Christian =2, Islam =3, Other =4
Ethnicity	Hausa =1, Yoruba=2, Igbo=3, Other =4
Wealth status	Poor = 1, Middle = 2, Rich = 3
Ideal no. of children	≤ 3 =1, 4=3, 5 = 3, 6 or more =4
Age at first cohabitation	≤19 years =1, 20-29 years =2, 30 years and more =3
Contraceptive method use	No method = 0, Traditional = 1, Modern = 2 *Modern contraceptive*: female sterilisation, male sterilisation, the intrauterine device (IUD), the pill, injectables, implants, the diaphragm , male condoms, female condoms, the lactational amenorrhoea method (LAM), foam/jelly, and emergency contraception. *Traditional contraceptive:* withdrawal methods and rhythm (periodic abstinence).
Work status	Not working = 0, Working = 1
Residence	Urban =1, Rural =2.
Dependent Variable:	
Total number of children ever born (women's fertility)	None = 0, 1 or more =1

RESULTS

Table 2 shows respondents' marital status by socio-demographic characteristics. Marital status could be cohabiting, married or not cohabiting. Women in non-cohabiting category are either never married or formerly married. Overall, a large number of the respondents were married (67.8%), while 2.2 percent were cohabiting. More than half of the respondents reside

Table 2: Percentage distribution of women by marital status and selected socio-demographic characteristics

Characteristics	Cohabiting	Married	Not cohabiting		N
			Never married	Formerly married	
All women	**2.2 (871)***	**67.8 (26,403)***	**25.2 (9,820)***	**4.8 (1,854)***	**38,948**
Residence					
Urban	38.9	34.5	52.8	44.4	15,545
Rural	61.1	65.5	64.2	55.6	23,403
Current age					
15-19	6.9	7.5	59.2	3.2	7,905
20-29	54.3	35.8	34.9	21.2	13,751
30-39	27.2	33.4	5.0	28.9	10,074
40-49	0.9	23.3	11.6	46.7	7,218
Ethnicity					
Hausa	2.3	30.7	9.9	15.2	9,386
Yoruba	16.0	12.9	18.6	13.0	9,386
Igbo	17.8	10.5	21.9	19.6	5,448
Other	63.9	45.9	49.6	52.3	18,508
Education					
No education	7.3	47.2	6.6	30.4	13,740
Primary	24.5	20.3	9.7	31.0	7,104
Secondary+	68.2	32.5	83.7	38.6	18,104
Religion					
Catholic	9.1	8.2	16.2	13.6	4,081
Other Christian	79.1	32.0	57.0	54.4	15,757
Islam	10.9	58.2	26.0	30.3	18,578
Other	0.9	1.6	0.8	1.7	532
Work status					
Not working	27.5	29.5	66.0	17.6	14,733
Working	72.5	70.5	34.0	82.4	24,006
Wealth status					
Poor	12.6	44.4	17.9	29.1	14,117
Middle	22.2	19.1	22.7	29.6	8,001
Rich	65.2	36.6	59.4	41.4	16,830
Age at first cohabitation					
≤19	52.5	71.0	-	67.6	20,466
20-29	44.4	26.8	-	29.3	7,993
30+	3.1	2.2	-	3.1	669
No. of children ever born					
0	14.8	8.2	92.4	7.2	11,497
1	25.1	12.7	6.0	13.1	4,399
2+	60.0	79.1	1.6	79.7	23,052

*No. of women in parentheses

in the rural: cohabiters (61.1%), married (65.5%), never married (64.2%) and formerly married (55.6%). More than half of the cohabiters were aged 20-29. The majority of the never-married but not cohabiting were less than 20 years of age (59.2%). More than half of the cohabiters (63.9%) were from ethnic groups other than the three major ethnic groups in Nigeria (Hausa, Yoruba and Igbo). Most of the respondents were literate. Most cohabiters (68.2%) had secondary education or more. About 47 percent of the married women had no formal education.

The majority of the cohabiters (79.1%) were Christians (Catholic exempted). The majority of the respondents in nearly all marital status were working. Only the not cohabiting-never married (66.0%) had unemployed majority. More than half of the cohabiting and not cohabiting-never married were wealthy. Most of the respondents had first experience of cohabitation at age 19 or below. Nearly all women, except those with not cohabiting-never married status had two or more children. For example, 60 percent of cohabiters had 2 or more children.

Multivariate Analysis

The results of logistic regression are presented in Table 3 for cohabiters, married, and single-never cohabited women. Each marital status is represented with a model. The model indicates the net effect of each explanatory variable on the likelihood of fertility. The results show that age wields a significant effect on the fertility of women across all marital statuses. That is the more the age, the higher the fertility of women (Model 1 through 3). For instance, cohabiters aged 30-39 are 25 times more likely to have higher fertility than those of age 19 or below. Married women have higher fertility than cohabiters, and single-never cohabited has lowest fertility level. Cohabiters' fertility is close to those in marriages. The implication is that cohabitation increases non-marital fertility than single-never cohabited relationships, and also delays marriage since cohabiters who are of marriageable age could bear children outside marriage and live under the same roof with a partner.

Education has a significant negative effect on the fertility of women (Model 2 and 3). The higher the level of education of women, the less likely they are to have higher fertility. Women with secondary education or more have lower fertility than those with no education. As a matter of fact, women with secondary education or more are 0.6 times less likely to have higher fertility than their counterparts with no education (Model 2 and 3). Similar results are found among cohabiters, although with no statistical significant effects. The effect of religion on fertility is statistically significant among cohabiters and single-never-cohabited women after controlling the influence of other factors. Women who were adherents of Christianity (Catholic excluded) are 2 times more likely to have higher fertility than those in Catholic. Single-never-cohabited women who recognized with Islamic faith are 0.4 times less likely to have higher fertility than those in Catholic (Model 1 and 3).

The effect of ethnicity on fertility is statistically significant among married and single-never-cohabited women (Model 2 and 3). Married women who belong to the Yoruba ethnic group are 2 times more likely to have higher fertility than married women who belong to the Hausa ethnic group. Single-never-cohabited women who belong to "Other ethnic group" outside the three major Nigerian ethnic groups (Hausa, Yoruba and Igbo) are 7 times more likely to have higher fertility than single-never-cohabited women who belong to the Hausa ethnic group. The Igbo single-never-cohabited women have lower fertility than their Yoruba counterparts even though it is not statistically significant. The cohabited Yoruba women are 3 times more likely to have higher fertility than their Hausa counterparts, although it is not statistically significant.

Wealth has significant negative effects on the fertility of women (Model 2 and 3). The wealthier the women, the less likely they are to have higher fertility. Married women with rich wealth status are 0.8 times less likely to have higher fertility than poorer married women. Single-never-cohabited women who are wealthy are 0.5 less likely to have higher fertility than their counterparts who are poor. Similarly, cohabited women who are wealthy are 0.6 times less likely to have higher fertility than cohabited women who are poor, although this is not statistically significant as shown in the results.

The effect of an ideal number of children on fertility is statistically significant among cohabiters and married women after controlling the influence of other factors (Model 1 and 2). While cohabited women whose ideal number of children is 6 or more are 2 times more likely to have higher fertility than cohabiters with an ideal number of 3 or below, married women whose ideal number of children is 6 or more are 3 times more likely to have higher fertility than married women with an ideal number of 3 or below. Contraceptive method use has significant negative effect on fertility of women (Model 2). Married women who use traditional contraceptive method are 0.04 times less likely than married women who do not use contraceptive methods to have higher fertility. Cohabiters who use contraceptives are less likely to have higher fertility than cohabiters who do not use contraceptives, although this is not statistically significant (Model 1).

The effect of work status of women on fertility is statistically significant among married and single-never-cohabited women after controlling for the influence of other factors (Model 2 and

3). Working women are about 2 times more likely to have higher fertility than those who are not working. This is unexpected. Ordinarily, we should expect working women to have lower fertility than non-working women. We recommend that this finding be further

Table 3: Odds ratio for women fertility logistic regression models showing number of children ever born (fertility) by marital status and selected characteristics

Characteristics	Model		
	(1) Cohabiters	(2) Married	(3) Single-never cohabited
	Odds ratio	Odds ratio	Odds ratio
Current Age			
≤19 ®	1.00	1.00	1.00
20-29	4.189***	10.615***	4.717***
30-39	24.872***	26.027***	6.109***
40+	26.500***	35.960***	11.181***
Education			
None ®	1.00	1.00	1.00
Primary	0.631	1.174	1.160
Secondary+	0.456	0.651***	0.633*
Religion			
Catholic ®	1.00	1.00	1.00
Other Christian	2.083*	1.059	1.502**
Islam	1.590	0.915	0.388***
Other	0.694	1.467	0.478
Ethnicity			
Hausa ®	1.00	1.00	1.00
Yoruba	3.385	1.635***	4.386
Igbo	2.100	0.707**	3.970*
Other	1.511	0.996	6.544***
Wealth status			
Poor ®	1.00	1.00	1.00
Middle	1.830	1.022	0.851
Rich	0.552	0.771**	0.500***
Ideal no. of children			
≤ 3 ®	1.00	1.00	1.00
4	1.804	1.480***	0.910
5	1.632	2.333***	1.214
6+	2.257*	2.894***	1.053
Contraceptive method use			
No method ®	1.00	1.00	1.00
Traditional	0.992	0.038***	1.295
Modern	0.766	0.735	1.169
Work status			
Not working ®	1.00	1.00	1.00
Working	1.155	1.491***	1.799***
Residence			
Urban ®	1.00	1.00	1.00
Rural	2.070**	1.012	1.394**
Age at 1st cohabitation			
≤ 19 ®	1.00		
20-29	0.251***		
30+	0.046***		
Model chi-square	144.683***	3402.786***	883.861***
Nagelkerke R Square	0.280	0.304	0.217
-2 Log Likelihood	558.747	10266.173	4131.706

Significant at p<0.05*, p<0.01**, p<0.001***, (R) - reference category

interrogated in order to validate this result. The nature of work should also be investigated. The effect of residence on fertility is statistically significant among cohabited and single-never-cohabited women (Model 1 and 3). Women in cohabited union who reside in the rural areas are 2 times more likely to have higher fertility than their counterparts in the urban areas. The earlier the age at first cohabitation, the higher the fertility level of women. Women aged 20-29 at first cohabitation are 0.3 times less likely to have higher fertility than those aged 19 or below. Those aged 30 or more at first cohabitation are 0.05 less likely to have higher fertility than those aged 19 or below. This implies that cohabitation increases fertility and may also function as an alternative to marriage or an intrusion to marriage.

DISCUSSION

The study found that the relationship between cohabitation and fertility is intricate. It instituted that the underlying factor is principally within the social context. The findings show that age exerts significant effects on the fertility of cohabiters and in all other marital statuses. It reveals that the more the age of women, the higher their level of fertility. For instance, cohabiters aged 30-39 were found to be 25 times more likely to have higher fertility than those aged 19 or below. While married women have higher fertility than cohabiters, the single-never-cohabited have the lowest fertility level. Cohabiters' fertility is closely similar to those in marital unions although with little lower outcomes. This implies that cohabitation increases non-marital fertility than single-never-cohabited relationships, and also delays marriage since cohabiters who are of marriageable age could have children outside marriage with a partner living in the same household with them. The finding supports Tanfer and Horn (1985) earlier study that the coitus frequency of cohabiters is higher than those of non-cohabiting never-married. Bumpass and Lu (2000) assert that a substantial increase in fertility rates is as a result of cohabitation.

The study found that education has significant negative effects on the fertility of women. It reveals that the higher the level of education of women, the less likely they are to have higher fertility. Women with secondary education or more are found to have lower fertility than those with no education. As a matter of fact, married and single-never-cohabited women with secondary education or more are found to be 0.6 times less likely to have higher fertility than those with no education. Similar result is found among cohabiters, although with no statistical significant effect. This finding corroborates Espenshade's (1985) postulation that education and rising women's socioeconomic status are accompanied with low fertility and increased cohabitation.

The study found that the effect of religion on fertility is statistically significant among cohabiters and single-never-cohabited women after controlling the influence of other factors. Non Catholic Christian cohabiters are found to be 2 times more likely to have higher fertility than Catholics. Muslim single-never-cohabited women are 0.4 less likely to have higher fertility than Catholics. The findings indicate that although women's cohabitation and fertility of cohabiters are higher among Christians, they vary across denominations.

The study found that the effect of ethnicity on fertility is statistically significant among married and single-never-cohabited women. It found that married women who belong to Yoruba ethnic group are 2 times more likely to have higher fertility than married women who belong to the Hausa ethnic group. This is unexpected. Ordinarily, we would expect the Hausa to have higher fertility than the Yoruba due to their practice of early marriage which exposed many Hausa women to early childbearing (Allen and Adekola, 2017). However, we should also note that the Yoruba are known for celebrating high fertility especially when it occurs within a marital union (Odesanya, Sunday and Akinjogbin, 2017) hence this finding holds true.

The study found that that single never-cohabited women from "Other ethnic groups" outside the three major ethnic groups in Nigeria (Hausa, Yoruba and Igbo) are 7 times more likely to have higher fertility than single-never-cohabited women who are to Hausas. Fayokun (2015) observes that the Hausa place high value on the virginity of women and considered women who are deflowered before marriage to have lost their family honour. Therefore, in conjunction with

early marriage among the Hausa, where daughters are disposed to early marriages, the Hausa are less likely to have children prior to marriage.

The findings revealed that the Igbo single-never-cohabited women have lower fertility than their Yoruba counterparts even though this was not statistical significant in the analysis. The study further found that the cohabited Yoruba women are 3 times more likely to have higher fertility than cohabited Hausa women; although this was not statistically significant. At face value, this finding is unexpected. On the purview of cohabitation, the Hausa are less likely to cohabit largely due to the practice of early/child marriage in the area which have exposed many to marriage even before the development of intention to cohabit. Hence, other ethnic groups such as the Yoruba surpass the Hausa in the practice of cohabitation.

The findings showed that wealth has significant negative effect on the fertility of married and single-never-cohabited women. It revealed that the wealthier the women, the less likely they were to have higher fertility. It found wealthy married women to be 0.8 times less likely to have higher fertility than poor married women. It further found wealthy single-never-cohabited women to be 0.5 less likely to have higher fertility than their poor counterparts. Similarly, the findings showed that wealthy cohabited women are 0.6 times less likely to have higher fertility than poor cohabited women, although this is not statistically significant as shown in the analysis. This implies that other factors such as societal norms and values could inhibit cohabiters from having more children and not necessarily because they could not provide for the economic needs of their children.

The study revealed that the effect of an ideal number of children on fertility is statistically significant among cohabiters and married women. While cohabited women whose ideal number of children is 6 or more are found to be 2 times more likely to have higher fertility than cohabiters with an ideal number of 3 or below, married women whose ideal number of children is 6 or more are found to be 3 times more likely to have higher fertility than married women with an ideal number of 3 or below. This means that the ideal number of children influences the fertility levels of women and the more the women's ideal number of children; the more likely they are to have higher fertility. This finding corroborates Bower and Christopherson (1977) earlier study that although cohabiters are more likely than non-cohabitants to plan for premarital childbearing, four out of five cohabiters prefer marital birth to premarital childbearing. This supports the social action theory that the motive behind practising cohabitation, with or without fertility, in relevant situation is better explained by cohabiters themselves irrespective of opinion that outsiders may construct about the situation.

The study found contraceptive method use to have significant negative effect on the fertility of married women. Married women who use traditional contraceptive methods are found to be 0.04 times less likely to have lower fertility than married women who do not use contraceptive methods. Cohabiters who use contraceptives are found to be less likely to have higher fertility than cohabiters who do not use contraceptives, although this is not statistically significant as shown in the analysis. This finding corroborates Bachrach (1987) assertion that some intermediate variables like contraceptive use may influence fertility. The findings also showed that work status of women has statistically significant effect on married and single-never-cohabited women's fertility but has no significant effect on fertility of cohabiters after controlling the influence of other factors.

The study found that the effect of residence on fertility is statistically significant among cohabited and single-never-cohabited women. Women in cohabited unions who reside in the rural area are found to be 2 times more likely to have higher fertility than their counterparts who reside in the urban area. This finding corroborates Westoff (1983) position that low fertility is seen as by-products of economic growth and industrialization. The study further revealed that age at first cohabitation was more likely to result to higher fertility among women. For instance, the findings showed that cohabited women aged 20-29 as age at first cohabitation are 0.3 times less likely to have higher fertility than those aged 19 or below. Also, those aged 30 or more as age at first

cohabitation are 0.05 less likely to have higher fertility than those aged 19 or below. This implies that cohabitation may not only reduce the number of births in marital union, it also functions as an alternative or prototype to marriage. Kaley (2001) asserts that while marriage and fertility rates are declining, cohabitation is increasingly, thus replacing the old norms with new attitudes and values towards marriage and fertility. This supports the rational choice theory that actors who have the privilege of choice between alternative actions, in a given context, choose actions considered more beneficial than the forgone activity because the later are more costly than the former (Nwokocha and Michael, 2015)

Conclusion

The findings from this study have critical policy implications geared toward improving the current population policy of Nigeria as it relates to controlling the fertility of women. This results from the fact that research shows Nigeria to have a total fertility rates (TFR) of 5.5 (NPC and ICF International, 2014) which is relatively higher than that of the more industrialised countries of the world. More so, considering the recent increase in cohabitation which has become an alternative or intrusion to marriage, fertility issues attract controversial debates. A large number of previous studies concentrated on the fertility of married women, ignoring those of cohabiters. As a result, they do not provide adequate information on the fertility behaviour of cohabiters who are similarly predisposed to childbearing like those in marital unions who are exposed to regular coitus. As indicated by the findings, women in cohabited unions have closely similar but lower fertility than those in marital union, and also have a far larger fertility than those in single-never cohabited unions. The findings underscore the essence of designing a comprehensive population policy or programme that will factor in the role of cohabitation in fertility issues. This could be an important tool for controlling high fertility in Nigeria.

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