



WOMEN EMPLOYMENT, NURSEMAID AND THE PILL: A STUDY ON FERTILITY OF FEMALE EMPLOYEES IN A FEDERAL UNIVERSITY IN NIGERIA.

Chukwunenye Iheanacho OKEREKE

*Faculty of Social Sciences
University of Port Harcourt
Port Harcourt, Nigeria.
Tel: 234-803-7026-486
e-mail: chuokereke@yahoo.com*

ABSTRACT

The Study examined influence of women employment, nursemaid and the pill on fertility of ever-married senior female employees at the University of PortHarcourt - Nigeria as a reference. Primary information was obtained through questionnaire. The women were mostly living with their spouse (86.3%) and had role conflict (77%). Data showed that 48.7% of the women had a nursemaid, amongst who 63.4% experienced role conflict. Average family size was low (3.1 children) with 27% having had a miscarriage (at an average of two times), 12.8% had still-birth and 18.8% exposed to abortion. Abortion was unacceptable to the women, except when the pregnancy endangers the mother's health (significant at z-statistics = 9.81; $P < 0.0001$). Data revealed a significant relationship and degree of association between the possession of a nursemaid and contraceptive use by the women ($P < 0.05 = 0.006$; Coeff. = 0.2430). Possession of a nursemaid and a possible 'husband-nursemaid' sexual affairs amidst fears about HIV/AIDS could increase contraceptive use among the women that has tendency to restrict their fertility. Self-discipline among husbands is recommended.

Keywords: *Female Employment, Role Conflict, Nursemaid, Contraceptives, Fertility, Port Harcourt-Nigeria.*

INTRODUCTION

In urban areas, the desire for adults to engage in economic activities to earn income that would augment family budget or to become relatively independent of their parents/marital partners needs not be over-emphasized. It has been observed that married female employees in paid occupations who lack "nursemaids" (whither called house-help or nanny) control their fertility, perhaps, through contraceptives to enhance their career prospects. Often times, the existence of a mother-substitute in the household, typified in nursemaid, could allay fears about the safety of the children, especially in the absence of their mother and, therefore, obviates urgent need for pills (to restrict fertility). When a woman is agitated over the care of her children there is tendency that she might restrict her fertility possibly through pills (contraceptives). This logic is denominated on the concept of "role conflict", arising from incompatibility in performance of the role of a mother and the role of a worker.

Stycos and Weller (1967) had argued that compatibility in the performance of a woman's role as a 'mother' and her role as a 'worker' encourages fertility, while the reverse retards fertility. Some scholars (Joshi, 2002; Stycos and Weller, 1967; Jaffe, 1960) had pointed at the inevitability of role conflict in the performance of duties of a mother and the duties of a worker amongst "work-centred" women. The "work-centred" women are obsessed with their career development and they invest time and energies to blaze-trail in their career as opposed to "family-centred" or "home-centred" women, that are rather pre-occupied with childbearing and child – upbringing.

A role is a comprehensive pattern of behaviour that is socially recognized, providing a means of identifying and placing an individual in a society (New Encyclopedia Britannica, 1997), performed by a person that occupies a status (position). Incidentally, individuals may occupy several statuses that make conflicting demands on them, resulting in effect to role conflict (Kendalle, 2006; Henslin, 2004). Specifically, women who engage in activities that are gender – typed as "masculine" tend to have higher rates of role conflict than those in traditional "feminine"



activities (Basow, 1992). The explanation is that the female employee finds herself pulled in various directions while trying to respond to the many statuses she holds (Kendalle, 2006; Macionis, 2005). In effect, she has to decide that “something has to go”(Macionis, 2005), to prioritize the roles and first complete the one she considers most important (Merton, 1968). The female employee who prioritized her career growth, either reduces her fertility through contraceptive use or, perhaps sustains her fertility with a mother – substitute (either a Nursemaid or the services of a Creche) to care for her children in her absence.

Amongst demographers, there is a common theme on female employment and an associated change in the status of women (Hakim, 2003). In contemporary society, women participate in the labour force and in most culture areas they remain responsible for most domestic works, including child care (Jacka, 1997; Honig and Hershatter, 1988). Female employment elevates women above “compulsive domesticity” and offers them an opportunity to work outside their homes and, thus, to contribute directly in societal development. Participation of women in economies and child bearing are incompatible (Joshi, 2002). An inverse relationship between the two has been variously observed by scholars and organizations (National Population Bureau, 1984; Hawthorne, 1970) and, also, an inverse relationship between formal education and fertility of women has been widely documented (Romaniuk, 2011; Olusanya, 1989; Farooq and Simons, 1985; Iyoha, 1982; Okediji, 1967). Women with little education have been observed to be comparatively more prolific than their educated counterparts. Education raises women’s tastes and aspirations and increases their consciousness that large family size is no longer fashionable (Romaniuk, 2011; Olusanya, 1967) as it reduces standard of living of the family, through much expenditure on nutrition, medicare, clothing and schooling among others.

The effect of the foregoing socio-economic changes (acquisition of formal education and participation of women in the labour force) on fertility appears inclusive in Nigeria. At present, fertility is very high in Nigeria (National Population Commission and ICF Macro, 2009; Nigerian Demographic and Health Survey, 2004), due perhaps to the existence of an element of culture preferred by the people, which is difficult to be repudiated openly (Olusanya, 1967). The explanation of the high fertility level of Nigerian women should be sought behind the façade of socio-economic factors of education and labour force participation. Stycos and Weller are credited for producing a typology resting on the hypothesis that where female work and maternal roles are compatible, there will be no reduction in fertility (Hawthorne, 1970). When the roles are incompatible, there is likelihood for a possible reduction in fertility. However, the question of “opportunity-cost” of children in terms of labour force participation might be unpronounced in Nigeria due to the persistence of extended family system. There are often times, even in the urban areas, a representative of the extended family in the home and or a non-relative, who takes care of children in the absence of the mother such that fertility does not necessarily cause much strain on the occupation and other activities of the mother.

In spite of the assistance rendered to the household, especially in the care of the children the “nursemaid” might be a poor substitute for the working mother. Incidentally, in Organizational Behaviour there is dearth of literature on the exigency of family size on role performance. Also, in population studies considerable attention has not been made on how nursemaids or their absence affect fertility. This study sought to extend frontiers in knowledge on women employment, nursemaids and pill using senior female employees at the University of Port Harcourt - Nigeria as reference.

METHODS

The Study Area



University of Port Harcourt is on the green low lands and swampy planes of the New Calabar River, located at East/West Road, Choba – Port Harcourt in Rivers State – Nigeria. Port Harcourt, popularly called “Oil City” is an urban area and has a very high cost of living. Goods and services in Port Harcourt are comparatively more expensive than in other urban areas in Nigeria as the inhabitants are often misconstrued as oil workers who are paid huge salaries. Port Harcourt has a high concentration of government agencies/parastatals, oil companies/oil servicing companies among others that make it a vast magnet to individuals from other parts of Nigeria. University of Port Harcourt was established in 1975 as University College, Port Harcourt and later given a University status in 1977.

The Study Population and Sampling Technique

The study population is ever-married senior non-academic female employees of the University of PortHarcourt-Nigeria, who had been married. A sampling frame containing 485 ever-married senior non-teaching female employees at the University in January, 2013 was obtained from the Personnel Office of Senior Professional, Administrative and Technical Staff (SPATS). The employees were stratified into salary grade levels (Grade level 06 – 15) and individuals below Grade level 8 were purposively excluded from the study, as their job specification/schedule of duties might not be so demanding to alienate them from engagement in other activities. A serial number was given to each of the ever-married female staff and a number was selected at a time from the list, using simple random sampling. In all, 250 ever-married non-academic female employees (50% of all the ever-married female employees) were selected, without recourse to their ethno/tribal and religious background.

Research Instrument

A pre-coded questionnaire was used to obtain information from 250 ever-married female employees at the University of Port Harcourt - Nigeria on their household structure, involvement with nursemaids, fertility and reproductive health. The instrument was pre-tested before the field work on a randomly selected 20 female employees in the university to ascertain its explanatory potentials and to clarify possible ambiguities in the questions. The necessary corrections were effected in the process before administration to the population. The questionnaire had four sections, Section A was on household structure; Section B dwelt on socio-economic characteristics of the respondents; Section C was on reproductive health, while Section D concentrated on family planning. The fieldwork was conducted in September, 2013.

RESULTS AND DISCUSSION

A 93.6 percent response rate was obtained from the Questionnaire.

Socio-Economic Characteristics of the Senior Female Employees at University of Port Harcourt

Out of the total population of 234 senior female employees in the survey population, with mean age 48.7 years, a preponderant percentage (35.1%) were aged 35-44 years. Following this was 28.2 percent aged 45-54 years, 18.8 percent aged 55-64 years, and least by 6.8 percent aged 25-34 years. An overwhelming 86.3 percent of the women were living with spouse and 76.1 percent were in households with a male (husband) as the head of the family.

The average number of persons in the household (that is, the mean population in the family) was 5.6 persons, with a preponderant percentage (40.2%) living in a whole house in a compound. About 91 percent of the women did not share amenities with any family at their place of residence, but 16.2 percent of them had unfriendly relationship with other families. A



statistical 79.5 percent said they have a friendly relationship with other families, yet 40.2 percent of them could not entrust their primary or pre-school age children to their neighbours.

Perceived Socio-economic Factors that influence Role conflict among the Female Employees at UNIPORT

Table 1(a) shows that an over-whelming 77.4 percent of the female employees affirmed having role conflict, mostly in their inability to effectively meet the demands of their household and that of their job. In support, employment exposes women to non-traditional roles and strains, that drain women's time and preferences away from home and children (Blake, 1965). Similarly, care-giving, nurturing and mothering roles of women as wives and mothers are neglected due to huge responsibilities at the workplace (Rosen, 1987).

For the 22.6 percent that indicated absence of role conflict, most of them have grown children that are relatively independent. The *raison detré* for the role conflict among the 77.4 percent of the women was explored and explained within a socio-economic context. A legion of socio-economic factors may compromise efficiency in a female employee's performance of domestic activities and her career requirements. Notable factors identified by the women were marital status of the woman; the number of persons in the household; relationship with neighbours; possession of pre-school or primary school children and possession of a nursemaid.

Table 1(b) reveals that 91.6 percent of the women exposed to role conflict were living with spouse. In the culture-specific of Port Harcourt – Nigeria, where there is resilience of patriarchal structures and segregation of roles (masculine and feminine), a woman is compelled by tradition to perform several domestic activities that could pose hidden brake to effective performance of a modern job. In certain circumstances, where a woman's husband does not assist in domestic activities, she might stagnate in her career growth and, thus, be an opportunity – cost of catering for the children. Obviously, she might not stay away from home for days attending conference, workshop etc, with no one at home to perform her motherly roles. She would not stay at work till late hours with no one to prepare food for the children. In essence, she would lack opportunity for growth on her job.

Data in Table 1(b) show that a preponderant 66.4 percent of the women exposed to role conflict have population of 4-6 persons in their household, with the two variables (population in household and role conflict) having low degree of covariability ($r, 0.2$). However, it should be expected that with more adults and adolescents in the household the anxiety and fear over welfare of the children would be largely reduced. Table 1(b) also shows that almost half (48.0%) of the women had unfriendly relationship with other families at their place of residence, which perhaps exposed 79 percent of women with pre-primary or primary school children to role conflict. A substantial proportion of the women said they personally take their children to school and collect them back when school dismisses. Among the women that had a nursemaid (househelp/nanny), a preponderant 63.4 percent were exposed to role conflict. Whereas most married female employees hire nursemaids primarily to relieve them of the burden of performing domestic chores and to ease anxiety, the outstanding 63.4 percent of the women with nursemaids exposed to role conflict is heuristic and calls to question the basis for recruitment of nursemaids.

Nursemaids have become synonymous with most elite families in Nigeria. They work behind closed doors in private homes carrying out domestic chores, including cleaning of rooms



and furniture, washing of clothes and plates, preparation of food, running errands and escorting their employers children to and fro school¹ Incidentally, nursemaids in Nigeria are dregs of the society as they appear abandoned by their helpless parents, due to poverty² and are often sexually abused and molested by the men (head of the household) and constantly verbally and physically abused by the women (the wife of the head of household)³

Nursemaids (especially live-in Househelps) have no clear division between work and private time as working days may run from 5am until 1.00am and they are rarely allowed time off⁴. They have no official watchgroup that tries to still the abuse they suffer in the respective households⁵. It has been observed that they have heavy workload, limited rest and leisure time, inadequate accommodation and food, job insecurity and exposure to violence and abuse. They scarcely have their own private space, are often confined to particular parts of the house, such as the kitchen and sometimes they eat separately and often only after their employers have eaten. Correspondingly, they are early to rise, but the last to retire to bed⁶.

Nursemaids are of much benefit to married female employees as they enable the women concentrate in their career. Nevertheless, it has been observed that nursemaids could also cause much headache to married female employees as in the case of “the house girl who bewitched her Oga (the man of the house) and kicked the madam (wife of the man) out of the house” and stories about husbands that tip-toe at night to the rooms of their nursemaid for sexual affairs.

The foregoing might dissuade some women from hiring nursemaids and thus, contend with performing the role of a mother and the role of a worker alone. In some instances, a nursemaid might not be paid for her labour services on grounds that she is a relative to either the woman or her husband or she is being trained in school by the woman. Nonetheless, when the nursemaid rather poses worries to the household, then there is an Achilles – heel in the effective performance of duties by the nursemaid, which may negatively affect the fertility of the female employee and, perhaps, the health and welfare of her children.

Table 1(a): Existence of Role Conflict among Senior Female Employees at UNIPORT

N = 234

Existence of Role Conflict	Frequency	Percentage (%)
Yes	181	77.4
No	53	22.6

¹ www.naturalnigeria.com/2012/06/domestic-workers-in-nigeria/

² www.nairaland.com/10441/hired-helps-nigeria-modern-day

³ www.nairaland.com/860778/where-house-helps

⁴ www.naturalnigeria.com/2012/06/domestic-workers-in-nigeria/

⁵ www.nairaland.com/10441/hired-helps-nigeria-mordern-day

⁶ www.nairaland.com/10441/hired-helps-nigeria-mordern-day

**Table 1(b): Perceived Socio-economic factors that influence Role conflict among female Employees at UNIPORT**

Variable	Frequency	Percentage(%)
Marital Status (N = 181)		
Living with spouse	166	91.6
Widowed	13	7.0
Divorced	2	1.4
Population of persons in the Household (N = 181)		
1 – 3	11	6.2
4 – 6	120	66.4
7 – 9	36	19.9
10 – 12	14	7.5
Pearsons' Moment Correlation Coefficient, r)	= 0.19 = 0.2	
Relationship with other Families at place of Residence (N = 181)		
Friendly	69	38.0
Unfriendly	87	48.0
Indifferent	25	14.0
Possession of Primary or Pre-primary School Children (N = 96)		
Yes	76	79.0
No	20	21.0
Possession of a Nursemaid (Househelp/Nanny) (N =114)		
Yes	72	63.4
No	42	36.6

Reproductive History of the Female Employees at UNIPORT

Table 2 shows, that 82 percent of the women had some of their children at their place of residence, 31.6 percent had some of their children living far away from the family, while 16.2 percent had children not living now (dead). Data in Table 2 also show that 27.3 percent of the women had miscarriage at an average frequency of two times. About 13 percent had a still-birth and almost one-fifth (19%) an abortion. The foregoing is suggestive of a poor reproductive health of the women, especially as Table 3 shows that the women had an average family size of 3.1 children.

In an instance where about half (48.7%) of all the women had a nursemaid (househelp or nanny), it was expected that certain socio-psychological factors that could restrict relative freedom of the women would be averted. When on the other hand, as is the situation with the women in this study, evidence should therefore be sought from the extent to which they imbibed the small family-size norm; and also on the influence of perceived worries from the nursemaids on the fertility of the women. While the worries might be nebulous, attention could be placed on the relationship between possession of a nursemaid and contraceptive use by the women and



on the relationship between possessions of a nursemaid and incidence of abortion by the women.

Table 2: Reproductive History of the Female Employees at UNIPORT

(N=234)

Variable	Frequency	Percentage(%)
Have own children living with you at place of Residence		
Yes	192	82.0
No	42	18.0
Have own children living far from the family		
Yes	74	31.6
No	160	68.4
Have any other Child(ren) not living now (dead)		
Yes	38	16.2
No	196	83.8
Ever had a Miscarriage		
Yes	64	27.3
No	170	72.7
Ever had a still-birth		
Yes	30	12.8
No	204	87.2
Ever ended a Pregnancy Early (Abortion)		
Yes	44	18.8
No	190	81.2

Table 3: Average Live-Births per Woman by Age Group of Female Employees at UNIPORT

Age-group	Number of Women	Number of live-birth	Average Family Size
25 – 29 yrs	2	2	1.00
30 – 34 yrs	14	28	2.00
35 – 39 yrs	32	70	2.19
40 – 44 yrs	50	124	2.48
45 – 49 yrs	40	138	3.45
50 – 54 yrs	26	98	3.77
55 – 59 yrs	26	102	3.92
60 – 64 yrs	18	90	5.00
65 – 69 yrs	16	40	2.50
70 – 74 yrs	10	34	3.40
Total	234	726	3.10

Family Planning, Knowledge, Attitude and Practiced among the Female Employees at UNIPORT

Table 4 shows that 57.3 percent of the women (female employees) did not need more children than they have now, in contrast to 31.6 percent that needed more children and 11.1



percent that were ambivalent. Within the proportion that needed more children and that were ambivalent, half (50%) needed 1 – 3 children, while half (50%) needed 4 or more children. Also, 52.9 percent really wanted another child before their last pregnancy.

About 93 percent of all the women heard about contraceptives (mostly male condom and pills), amongst whom 63.3 percent had favourable attitude (approved) towards contraceptive use, but only 56 percent had used contraceptives. Also, 35.8 percent of the women that claimed knowledge of contraceptives only heard about the contraceptives, but lacked knowledge about their usage. The 44 percent non-demographic innovators (comprising 38.5% non-contraceptive users and 5.5% that were indifferent) suggest existence of a barrier to making informed choice about reproductive health. A corollary is that the poor contraceptive use among the women would exacerbate fertility, but paradoxically there is a contradiction between the low contraceptive use and low average family size of 3.1 children of the women. More so, abortion was unacceptable to the women, except when “the pregnancy seriously endangers mother’s health” (Significant at z-statistics = 9.81; Pr < 0.0001).

The emerging low fertility of the women may possibly derive from the large cases of miscarriage (27.3%), issue of still-birth (12.8%) and large cases of abortion (18.8%) experienced by the women (see Table 2 above). Though the author did not delve into exposure of the women to sexually transmitted infections (STIs) and the AIDS pandemic, he suspected their consideration as well as extra-marital affairs of their husband on the fertility of the women.

Table 4 Family Planning – Knowledge Attitude and Practice among the Female Employees at UNIPORT

Variable	Frequency	Percentage(%)
Need more children than you have now? (N = 234)		
Yes	74	31.6
No	134	57.3
Uncertain	26	11.1
If yes or uncertain, how many children altogether do you want to have? (N = 100)		
1 – 3 children	50	50.0
4 + children	50	50.0
Just before your last pregnancy began, did you really want another child? (N = 234)		
Yes	126	53.9
No	74	31.6
Not applicable	34	14.5
Ever Heard About Contraceptives? (N = 234)		
Yes	218	93.2
No	16	6.8
Attitude Towards Contraceptive use (N = 218)		
Approve	138	63.3
Disapprove	18	8.3
Feel Uncertain	62	28.4
Knowledge about Contraceptive Use (N = 218)		
Knows how to use the Methods	140	64.2
Only heard about the Methods	78	35.8
Ever used Contraceptives (N = 218)		
Yes	122	56.6
No	84	38.



Don't know	12	5.5
------------	----	-----

Nursemaid and Contraceptive use among the Female Employees

A nursemaid is theoretically expected to provide an elixir to the traditionally domestic burden of a married female employee. With this, the woman has more time to stay with her husband, which may increase coital frequency. The increased coital frequency could with low contraceptive use have implications for high fertility. This is quite expected of the female employees under study, due to their low contraceptive use (only 56% out of the 93.2% of all the women), but their small average family size of 3.1 children betrays high fertility. Of significance is that Table 5 shows a significant relationship and degree of association between the possession of a nursemaid and contraceptive use by the women ($P < 0.05 = 0.0006$; Coeff = 0.2430). Specifically, for women who have a nursemaid the chances that they use contraceptives are about double (63.2%) the chances that they do not use contraceptives (31.6%).

Explanation for this is complex and draws attention to the prevalence of sexually transmitted infections (STIs)/HIV/AIDS in the study area. The commonality of extra-marital sexual affairs among Nigerian men has been observed. With the patriarchal relationship between nursemaids and their employers and with stories about 'husbands in Nigeria that tip-toe at night to the room of nursemaids for sexual affairs'⁷, there is tendency that the affair might be unprotected. Transactional sex (deriving from power disparity as in 'husband-nursemaid') could result to low contraceptive use (Luke, 2002; Kaufman and Stavron, 2002; Gorgen, Yansane, Marx and Millimonou, 1998) with implications for exposure to HIV/AIDS (Wagstaff, 1995; Preston-Whyte, 1994; Centre for Population Options, 1990).

Worldwide, Nigeria has the second highest number of new HIV infections reported each year, and an estimated 3.7 percent of the population are living with HIV (UNAIDS, 2012; Federal Republic of Nigeria, 2012), with Rivers State (that has Port Harcourt as a Capital) currently leading other States (36 States) in Nigeria with a prevalence rate of 15.2 percent in 2012 as against the national average of 4.4 percent (National HIV/AIDS and Reproductive Health Survey, 2013). Given that women and children are the vulnerable group, contraceptive use by the female employees during coitus with their husbands might aim at 'safe motherhood', it obviously has tendency to restrict their fertility.

Table 5: Relationship between Possession of a Nursemaid and Contraceptive Use by the Married Female Employees at UNIPORT

Possession of a Nursemaid in the Household	Contraceptive Use by the Women			Total
	Don't know	No	Yes	
No	22(18.3%)	48(40%)	50(41.7%)	130 (100.0%)
Yes	6(5.3%)	36(31.6%)	72(63.2%)	114(100.0%)
Total	28(12.0%)	84(35.9%)	122(52.1%)	234(100.0%)

Cal $X^2 = 14.6802$; $P < 0.05 = 0.0006$; Contingency Coefficient = 0.2430

Conclusion

Though Nigeria is still a developing country, 'compulsive domesticity' is no longer fashionable as women now compete favourably with men in several occupations. However,

⁷ www.naturalnigeria.com/2012/06/domestic-workers-in-nigeria



they still contend with performance of domestic activities that are traditionally defined as 'feminine'.

Stycos and Weller (1967) had argued that compatibility in the performance of a woman's role as a 'mother' and her role as a 'worker' accelerates fertility, as it offers the female employee assurances of adequate care of her Child(ren) in her absence. This is repudiated by the findings of this study as it is mechanical and not eclectic. The forum of relative compatibility in performance of the roles provided by possessing of a nursemaid relieves the female employee of the burden of domestic servitude; provides her with ample opportunity to frolic with her husband with implications for increased coital frequency. In non-contracepting or low-contracepting populations there would be prolific fertility, but with the AIDS pandemic and fears about 'husband-nursemaid sexual affairs' there would rather be increased contraceptive use among female employees that ultimately restricts their fertility. In recommendation, husbands should be encouraged to exhibit self-discipline.

REFERENCES

- Basow, S.A. (1992). *Gender Stereotype and Roles*, 3rd Edition. Pacific Grove, CA: Brooks/Cole.
- Blake, J. (1965). 'Demographic Science and Redirection of Population Policy', *British Medical Journal*. 325:857-863.
- Farooq, G.M. and Simmons, G.B (eds) (1985). *Fertility in Developing Countries, An Economic Perspective on Research and Policy Issues*. London: The Macmillan Press Limited.
- Hakim, C. (2003). 'A New Approach to Explaining Fertility Patterns: Preference Theory'. *Population and Development Review*. 29(3): 349 – 374. September.
- Hawthorne, G. (1970). *The Sociology of Fertility, Themes and Issues in Modern Sociology*. London: Collier – Macmillan Limited.
- Gorgen, R, Yansane, M.L, Marx, M and Millimounou, D. (1998). *Sexual Behaviour and Attitudes among Unmarried Urban Youths in Guinea*. *International Family Planning Perspectives*. 24, 2:65-71.
- Henslin, J.M. (2004). *Essentials of Sociology: A Down-to-Earth Approach*. Fifth Edition. USA: Allyn and Bacon Publishers.
- Honig, E. and Hershatter, G. (1988). *Personal Voices: Chinese Women in the 1980s*. Stanford: Stanford University Press.
- Iyoha, M.A. (1982). *The Determinants of Fertility in Less Developed Countries: A Simultaneous Equations Model*. Research Bulletin, No. 82/02. Human Resources Unit, University of Lagos, Nigeria.
- Jacka, T. (1997). *Women's Work in Rural China: Change and Continuity in an Era of Reform*. Cambridge: Cambridge University Press.
- Jaffe, A.J and Azumi, K (1960). 'The Birth Rate and Cottage Industries in Underdeveloped Countries'. *Economic Development and Cultural Change*. 9(1): 52 – 63.
- Joshi, H. (2002). 'Production, Reproduction and Education: Women, Children and Work in a British Perspective'. *Population and Development Review*. 28(3): 445-474.
- Kaufman, C.E. and Stavron, E.S (2002). 'Bus Fare Please': *The Economics of Sex and Gifts among Adolescents in Urban South Africa*. Research Division, Working Paper No. 166 New York: The Population Council.
- Kendalle, D. (2006). *Sociology in Our Times: The Essentials*. Fifth Edition. USA: Thomson Wadsworth Publishers.



- Kruglanski, A.W. and Higgins, E.T. (eds) (2007). *Social Psychology: A Handbook of Basic Principles* (Second Edition). New York: Guilford Publishers.
- Luke, N. (2002). 'Confronting the Myth of 'Sugar Daddies': Recent Findings Linking Age Differences, economic transaction and risky behaviour in sexual relations in urban Kenya' Paper Presented at the Annual Meetings of the Population Association of America, Atlanta, 9 – 11 May.
- Macionis, J.J. (2005). *Sociology: Annotated Instructor's Edition* (Tenth Edition). India: Dorling Kindersley Publishers.
- Merton, R.K (1968). *Social Theory and Social Structure* (Enlarged Edition). New York: Free Press.
- Nesbitt – Ahmed, Z. (2012). 'Domestic Workers in Nigeria': Accessed online [www.naturalnigeria.com/2012/06/domestic-workers-in-nigeria/on June 2, 2012](http://www.naturalnigeria.com/2012/06/domestic-workers-in-nigeria/on_June_2_2012).
- Okediji, F.O. (1967). Some social psychological Aspects of Fertility among married women in an African city. Nigerian Institute of Social and Economic Research (NISER), Ibadan. Vol IX, No.1.
- Olusanya, P.O. (1967). The Educational Factor in Human Fertility: A Case Study of the Residents of a Suburban Area in Ibadan, Western Nigeria. Nigerian Institute of Social and Economic Research (NISER), Ibadan. Vol IX, No.3.
- Olusanya, P .O. (1989). "Human Reproduction in Africa: Fact, Myth and the Martyr Syndrome. " *Research for Development*. (The Journal of the Nigerian Institute of Social and Economic Research (NISER)). Vol 6, No. 1.
- Preston-Whyte, E.M. (1994). 'Gender and the Lost Generation: The dynamics of HIV transmission among South African Teenagers in Kwazulu/Natal. *Health Transition Review*. 4 Suppl. 241 – 55.
- Romaniuk, A. (2011). 'Persistence of High Fertility in Tropical Africa; The Case of the Democratic Republic of the Congo". *Population and Development Review*. 37(1):1-28.
- Rosen, E.I (1987). *Bitter Choices: Blue Collar Women in and out of Work*. Chicago: University of Chicago.
- Stycos, J.M. and Weller, R.H. (1967). "Female Working Roles and Fertility". *Demography*. 4(1): 210 – 217.
- Wagstaff, D.A. (1995). Multiple Partners, risky partners and HIV risk among low income Urban Women. *Family Planning Perspectives*. 27(6):241-45

Documents

- Centre for Population Options (1990). *The Facts: Teenage Pregnancy in Africa*. Washington DC. Centre for Population Options.
- Federal Republic of Nigeria (2012). 'Global AIDS Response: Country Progress Report, Nigeria.
- HIV/AIDS – Adult Prevalence Rate in Nigeria. CIA World Factbook (2009). Accessed online on May 31, 2013.
- National Population Bureau (1984). *The Nigerian Fertility Survey, 1981/82: Methodology, Findings and Statistics*. Vols. I & II: National Population Bureau, Lagos – Nigeria.
- National Population Commission (NPC) and ICF Macro (2009). *Nigerian Demographic and Health Survey 2008: Key Findings*. Calverton, Maryland USA; NPC and ICF Macro.
- Nigerian Demographic and Health Survey (NDHS) (2003). National Population Commission, Federal Republic of Nigeria/ORC Macro Calverton, Maryland USA. April 2004.
- New Encyclopaedia Britannica (1997). *Ready Reference* (15th Edition). Chicago: Encyclopedia Britannica Vol. 10.
- UNAIDS (2012). *Global Report. Annexes*.
- 2012 National HIV/AIDs and Reproductive Health Survey (NARHS – Plus). Federal Ministry of Health, Abuja – Nigeria, 2013.



www.naturalnigerian.com/2012/06/domestic-workers-in-nigeria/

www.nairaland.com/10441/hired-helps-nigeria-modern-day

www.nairaland.com/860778/where-house-helps

www.nairaland.com/10441/hired-helps-nigeria-modern-day

www.nairaland.com/10441/hired-helps-nigeria-modern-day