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Old age expectation as a factor influencing high demand for children: Does number of children influence old age support?

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ABSTRACT

This study examined the extent of support expectation of the elderly from their children. This was investigated in view of the traditional African belief that high fertility guarantees a better future in old age as postulated by the net-intergenerational wealth flow proponents. In a study that covered 947 elderly respondents in South-Western Nigeria, we found that empowerment of a child rather than the number of children is more significant in securing well-being of the elderly. Also, the proximity of child/children to the elderly does not guarantee adequate financial support for them as the child may be a financial burden to the elderly and may not significantly contribute to the improved status of the parents. In another vein, proximity of a child will significantly affect daily care and personal visit. There is no significant relationship between the number of children and unmet need for financial and daily care support. The odds of those with six or more children is twice more likely than those with two or less in predicting high unmet need for improved status.

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INTRODUCTION

Early writings on the cultural root of sustained high fertility regime in traditional African societies were premised on the economic importance of children. The basis of such assertions related to the agro-based economics in which children came in handy in helping with agricultural enterprises. The question then was: 'W*hy do so many adults decide to have children?* Turner and Helms (1983) put forward several reasons. First, children provide a sense of achievement. Second, they allow parents to give and to receive love. Third, having children is a cultural expectation in many societies. Fourth, children can give their parents a sense of importance. These views were also supported and postulated by Caldwell's intergenerational wealth flow theory (1976), and its revised net intergenerational wealth flow theory on high fertility as investment for old age support.

Traditionally, the care of the elderly was viewed as part of family responsibility and was highly esteemed by family members, particularly, children. Culture, norms and values are naturally part of the normal way of life in traditional African societies. Such were passed from one generation to another and were held in high esteem. The issue of support of the elderly is one of such values. In any traditional African society and in most countries in the world the family is charged with the responsibility for the provision of support for the elderly (Chappel, 1985). Such support predominates and is provided voluntarily without any remuneration (Kosberg, 1992; Brown, 1999).

The system is such that the elderly transfer major source of income to the family as inactivity sets in. The mode of transfer is such that disparity and inequity in the distribution is more favourable to members of the household who were believed to be more responsible in providing supportive roles. It was therefore a challenge to cater for the elderly in return for the anticipated sharing of the economic base or property. As identified in the literature, intergenerational relationships have been the basic social fabric of the culture and the elderly have been well integrated within the family. In both the extended and nuclear family structures, there are defined reciprocal relationships between the elderly and their family (Chappell, 1985). For instance, the traditional form of living arrangement in which family members, kins and relations lived together in a concentrated area promotes family ties. Extended families lived together within the same compound and thereby played major roles in influencing social roles. Co-residence promoted, to a large extent, intergenerational exchange between the elderly and the family. Studies have confirmed that family; especially children formed the bulwark of informal social support to elders in Africa, for example in Ghana (Apt and Katila, 1994), Zimbabwe (Adamchak et al 1991), and Nigeria (Togonu-Bickersteth, 1987, 1989; and Peil, 1992).

In African societies, cultural and traditional inclination supported that the elderly were held in high esteem. Traditional practices ensure that old people are respected, supported and their rights well protected within the family structure. Several reasons supported the anticipation of the elderly and the expected roles of the family towards their support in older ages. History and generational trend had always maintained that elderly care is a responsibility of the family in which he had been part of. Informal sanctions were sometimes meted out to the "irresponsible family members" who failed in supporting the elderly (Kosberg, 1992). Traditional religious belief of ancestral worship largely supported that family members should cater for the elderly. For instance in Yoruba land, some traditionalists believed that the spirits of their ancestors are always around them and that favour or otherwise from such spirits depends on how well the

spirits are pleased. Also, the transfer of land ownership through inheritance in predominant agrarian societies contributed to the traditional expectation of old age support.

Historically, it is important to understand the role of older people within the Yoruba family. The elders provided care to the children who in turn provided care to them in their old age, hence the Yoruba adage, "*ti okete ba dagba tan, omu omo re ni o ma nmu*" (As a rodent becomes aged, it sucks the child's breast). The equation then could be summed as: the more children one has, the more chances there are of receiving better care when one is no longer able to support oneself. There was a system that ensured that the needs of individuals were catered for within the family, particularly the children.

Societal values concerning the care of the elderly are gradually changing. Many reasons are accountable for the falling and diminishing support of the elderly by the family. Massive unemployment of the youths, migration of youth to more prosperous environment, HIV/AIDS upsurge and nucleation of the family system, are crucial in this respect. Demographic features are also changing, as there is a noticeable generational gap in fertility and mortality rates in most African societies. Fertility rates is falling in almost all the countries of Africa and the contribution of HIV/AIDs and new emerging non-communicable diseases to mortality in the region is enormous. For instance, the age-specific migration of the youths to developed nations as well as urban centers greatly affected both kinship and loyalty ties within the family. Social support systems are generally changing and the extent to which these affect elderly supports in Africa demands serious attention.

Fertility level is gradually falling and the cost of investment in children is becoming higher. Among the few children who had adequate training, specifically educated children, large proportions among them are not gainfully employed. This is evident in many developing countries. In the face of massive unemployment among the youth, high rate of inflation and unstable government policies, the experience of the elderly and their expectations are clouded in uncertainty and neglect. Some of these problems include the rolling back of the state in line with the dictates of the Bretton Wood institutions, which involves retrenchment, down-sizing, right sizing in the public sector labour force and the cost recovery in social services. Some of these have very serious effects on the elderly. Such problems confronting the elderly are generally viewed as "discourses of neglect". Absence of children and other family members from the house, absence or death of spouse, and inadequate visits by close family relatives and friends has brought loneliness and social isolation to the elderly. Loneliness and abandonment especially among widows/widowers constitute problems for the elderly, mostly among the rural elderly population (UNFPA, 2002). This, ordinarily, may result in discomfort and experience of disappointment in old age.

The changing traditional pattern of support for the elderly through the family and kinship ties constitutes serious research concern. The well-being and welfare of older persons are particularly critical in many developing countries where there is no adequate provision for support of the elderly outside the family. In most of the developing countries, particularly in Nigeria, the elderly care and support network pattern depends largely on the family. Ekpeyong et al (1987) and Okoye, (2004) attested to the weakening role of the traditional support system in an increasing materialistic society. The traditional kinship and family support system is usually from the children to their parents, and also extend to paternal and maternal elderly relations. The process of modernization coupled with the unprecedented economic hardship in which majority

of the active family members are economically inactive, cause physical and geographical separation that weakened the family support system. The issue is worse in the villages where children used to be the main care providers for the elderly in the past.

The research focus of this article is to ascertain the extent of the importance of number of children in old age support. We propose that having a large number of children is not a guarantee for adequate support in old age. Our hypothesis is therefore to test the significance of higher parity of children to the level of care expected/experienced (unmet needs) from children.

Methods

The data were gathered during a Nigerian survey of the elderly population (age range 60 to over 90 years), who spoke the Yoruba language and were ready to participate. The sample consisted of 456 elderly men and 491 elderly women. The study was a cross sectional survey covering three local government areas (LGAs) of Osun State in South-western Nigeria. A multi-stage systematic random sampling method was employed to select the respondents in the LGAs. Information was collected through the administration of questionnaires, using face-to-face interviews, on selected respondents. In-depth interviews and focus group discussions were also conducted to support quantitative instruments.

Variable Measurement

Using a Likert-scale rate, respondents were asked what their expectations and experience were regarding five patterns of support including financial, daily care, visitation, improved social status, and medical. We identified ten sources of people or groups of people that provide the elderly with care (as identified in literature), but this article is based on children as major care providers for their elderly ones. Using a weighting factor[3], levels of unmet need were computed as a measure of discrepancy between expected level of care and the actual level of care received. The proportion of those with computed values of unmet need above the median scores was assigned as high unmet need.

Results and Discussion

Table1 gives a crude description of age and education of the sampled population. In all, 947 respondents were covered. More than 50 percent across both sexes were aged 70 years and above with slightly more than one out of every five as an octogenarian. About 70 percent among males and almost 96 percent among females had no education or a maximum of primary school educational level. Also, the data showed that males were substantially more educated than females as almost 30 percent among males, compared with only 3 percent among females completed secondary school or had a tertiary education. More than 3 out of every 5 respondents were in monogamous family type. About 42 percent of men compared with 54 percent of females were engaged in productive activities within the last 12 months. Trading and farming activities formed the bulk of work reported with about 42 percent respondents.

Household structure, living arrangement and amenities were used in this study as a proxy for standard of living and poverty indicator. House ownership is generally considered by many as a status that is desirable, especially in old age. Overall, about 68 percent among the

[3] Check Akinyemi 2006, for details of the weighting factors

respondents were in personally owned houses, about 14 percent were in rented houses, while about 12 percent lived in inherited houses. Only about 3 percent of the elderly were living with their child/children or with a relation. Across gender, more females than males were living with their children (3% among females to 1% among males), and in inherited houses (15% females to 8% males).

Household headship is conventionally defined in terms of the primary bread winner within a household. In some cases, household headship is viewed as the person within the household with the highest income. In African societies, particularly among the Yorubas, there is a serious cultural consideration for the nomenclature of the household headship in the sense that where the male spouse is available or present, he is culturally considered as the head of household. Among the respondents, 89 percent of males reported being head of household compared with 34 percent among women. About 7 percent of males and 16 percent of females reported others[4] outside their spouse as head of household. More than 9 out of 10 of the respondents had access to a personal room within the house. Almost 30 percent of the respondents had no access to electricity in their place of residence.

Table 3 presented the distribution of respondents who reported high unmet need from their children. The unmet need from children for improved status was highest with about 31.9 percent, followed by about 20 percent for finance.

Logistic models were employed to examine the significance of independent variables, including children ever born to determine significant predictors of high unmet need for the five issues considered. According to the table 6.8, the main determinants of statistical significance ($p<=0.05$) in predicting high unmet need of financial support from Children include age, education, household headship, status of residential apartment, wealth index, type of family of orientation and presence of a child within the same town. The odds ratio of these significant variables showed that those that are 66 years old and above are less likely (0.6), compared with those below this age group, to report high unmet need for financial support from children. Those with high levels of education are more than twice (2.4) likely than those with low education to report high unmet need of financial support from children.

The elderly who, or whose spouses, are heads of households are thrice more likely than those headed by a child or family member to report high unmet need for financial support from their children. Those residing in personal houses, those of rich wealth index and those whose family of orientation are monogamous are less likely than the reference category to have high unmet need for financial status from children. Those with at least a child living within the same town are twice more likely than those without a child in the same town to report high unmet need for financial support from their children.

Examining the correlates of respondents to high unmet need for financial support from their spouses, seven categorical predictor variables were seen to be of statistical significance ($p<=0.05$). These variables include marital status, family type, household headship, status of housing accommodation, and wealth index. The odds showed that those who are widowed were less likely to have high unmet need for financial support compared with those unmarried. Those in polygamous families were twice more likely than those in monogamous families to report high unmet need for finance. Those in rented apartments were less likely, compared with other categories, to have high unmet need for financial support from spouse. Those who are of rich wealth index were less likely to have high unmet need for financial support from spouse

[4] This includes in-laws, family members, children and others.

compared with other categories. There was no difference in levels of unmet need for financial support from spouse between those of poor wealth index and those of average wealth index.

Three categorical variables were consistently significant in predicting high unmet need from children and spouse. Those who are household heads were thrice more likely and those headed by spouse more than twice likely, compared with that headed by a child to have high unmet financial need from the two sources. This pattern is similar in both models. Those residing in personal houses were less likely to report high unmet need from children but twice more likely to report high unmet financial need from spouse.

According to model 2 for children, age of the respondent, household headship (self), wealth status (average), family of orientation type, and presence of a child in the same town with the elderly were significant for high unmet need for daily care. Those 66 years and above were less likely (0.6) to report high unmet need than those 65 years or less. The possible explanation here is that those in the age group 65 years or less are likely to be economically active and therefore able to support themselves. Those who are heads of households were three times more likely than those in children-headed households to have high unmet need for daily care from children. This is possible in the sense that those living with the children are likely to have almost all their needs supported by the children. Those in average wealth index category were less likely than the poor to report high unmet need for daily care from children. Those in monogamous families and those with a child within the same town were less likely than the reference category to report high unmet need for daily care.

According to the distribution by spouse in model 2, the significant determinant variables were marital status, family of orientation, children ever born and presence of a child within the same town. The odds for the significant variables showed that those married and widowed were less likely, compared with those unmarried, to report high unmet need for daily care. Also, those born into monogamous family and those with three or more children were more likely than the reference categories to report high unmet need for daily care. Those with a child living within the same town had lower odds of reporting high unmet need for daily care. Although the odds vary and showed inverse odd relationship, there was a consistency in the level of significance of unmet need for daily care from children and spouse by family of orientation type and presence of a child living in the same town.

The odds of high unmet need for personal visitations from children were presented in model 3. Eight categorical variables were significant in predicting this. The odds showed that men are twice more likely than women to report high unmet need for personal visitation from children. Those who are widowed are three times more likely than those unmarried to report high unmet need for personal visitation. Those who are married were also almost twice more likely than the reference category to report this but the distribution was not statistically significant. Pensioners were eight times more likely than those self-employed to report high unmet need for personal visitation. Those who are household heads were twice more likely than those headed by a child to report high unmet needs for visitation. Those born into monogamous families were twice more likely than those born to polygamous families to report this. Those with three children or more were less likely than those with two or less, and those with a child living in the same town were less likely than the reference categories to report high unmet need for personal visit from children.

The distribution for high unmet need for personal visitation from spouse in model 3 showed that five variables were statistically significant in predicting high unmet need from spouse. These include; marital status, type of family, residential status, wealth index, and

availability of a child living in the same town with the respondents. The odds of these revealed that those who are married and/or widowed were less likely than those unmarried to report high unmet need for personal visitation. Those in polygamous families were almost twice more likely than those from monogamous families to have high unmet need for personal visitation. Those co-residing with an adult child were five times more likely compared to the reference category to report high unmet need for visitation. Those of average wealth index, and those with at least a child living in the same town were less likely, compared with the reference categories, to have high unmet need.

Comparing the two models, there was consistency in both the odds and significance of the availability of a child living in the same town with the elderly in predicting unmet need for visitation. It showed that those with a child living in the same town had a lower likelihood of reporting high unmet need from either the children or spouse. Also, marital status was consistently significant in the two models but with revert odds. Whereas those widowed were more likely to report high unmet need for visit from children compared with the reference category, the case was that they were less likely to report this from a spouse.

Model 4 presents the distribution of the odds to high unmet need for improved status. The significant odds for predicting high unmet need for improved status from children showed that eleven variables were significant. These include; age, education, marital status, family type, residence, household headship, wealth index, type of family of orientation, children ever born, presence of a child living within the same town, and a child abroad. The odds of the significant variables showed that those aged 66years and over were twice more likely than those younger, and those with high education were more than twice more likely than the reference categories to report high unmet need for improved status. Those married and those widowed were thrice more likely, compared with the unmarried, to have high unmet need for improved status.

Those in polygamous family and those households headed by the elderly were twice more likely than the reference categories to report this. Those in urban areas, those of average or rich wealth index, those born into monogamous families, and those with a child abroad had very low likelihood compared with the reference category to report high unmet need for improved status from children. It is of interest that those with six or more children and those with a child living in the same town are twice more likely than the reference categories to report high unmet need for improved status.

The distribution of the odds of high unmet need for improved status from spouse is presented in model 4. Six variables were significant in predicting this, which include; gender, education, wealth index, children ever born, at least a child living in the same town, and a child abroad. The odds of the significant variables showed that men, the elderly with high education, those with six or more children and those with at least an adult child living in the same town were twice more likely than the reference categories to report high unmet need for improved status from spouses. On the other hand, those with average wealth index and those with a child abroad were less likely, compared with the reference categories, to report high unmet need for improved status.

Comparing the two models of high unmet need for improved status from children and spouse, there is a pattern of consistency between five variables in both its significance and odds. It was clearly shown that those with high education, those with six or more children, and those with a child residing in the same town had higher odds (twice more likely) of reporting high unmet need for improved status than the reference categories. Those with higher wealth index and those with

a child abroad were less likely compared with the reference category to report high unmet need for improved status.

Model 5 presents the odds of high unmet need for medical care from children. Four of the variables were statistically significant, these include; education, type of family, wealth index and children ever born (CEB). The odds for the significant variables showed that those with high education and those in polygamous family were more likely to report high unmet need for health care support from children. Also, those with average income and those with 3-5 children were less likely to report high unmet need for medical/health care support from children.

The distribution according to model 5 to examine the predictor variables for high unmet need for medical care from spouse showed that only five variables were significant. These variables include; education, marital status, type of family, household headship and presence of a child within the same town. The odds of these significant variables showed that those with high educational level, those in polygamous families, and those in self-headed households were twice or more likely, compared with the reference categories, to report high unmet need for medical care support. Those who are widowed or with a child living within the same town were less likely compared with the reference category to report high unmet need for medical care from spouse.

Comparing the two models for predicting unmet need from children and spouse, only two of the variables showed a consistent pattern in both significance and odds. Those with high education were twice more likely than those with low education to report high unmet need for medical support from both children and spouse. Also, those in polygamous families were twice more likely to report high level of unmet need for this form of support from the children and spouse.

Individual characteristics were examined in order to determine their influence on high unmet need from children and spouse. The main findings were that elderly parents residing with an adult child had very low likelihood to report high unmet need for support than those in self/spouse headed household. Also, whereas those in personal houses had a lower probability compared with those in rented apartment to have high unmet need for finance from children, those in rented houses were less likely than those in other category to report high unmet need for finance. Also those living with a child were five times more likely than those in rented apartment to report high unmet need for personal visit by their spouses.

Wealth index showed that those categorized as poor generally had a higher degree of likelihood to report high unmet need compared with those in other categories. Those born into monogamous families among the elderly were less likely than those born into polygamous family to report high unmet need for finance, daily care and improved status from children but were twice more likely to have high unmet need for personal visit from the children and daily care from spouse. Children ever born (CEB) is a significant influence on unmet need for personal visit, improved status and medical care from children, and, daily care and improved status from spouses. The possibility of a child living in the same town with the elderly is significant for all except high unmet need for medical care from children and finance from spouse. The chances of having a child abroad is only significant in predicting unmet need for improved status from children or spouse as those with a child abroad had lesser likelihood compared with those without to report high unmet need for improved status.

The hypothesis that the number of surviving children is significant for support of the elderly does not hold for all the patterns of care considered. This preposition is not significant to financial support and daily care support for the elderly. For daily visitation, there is a significant

relationship between number of children and unmet need for the support. Those with 2 or less children (RC) were more likely, compared with those with more children (3 or more), to report high unmet need for daily visitation. Although there is a significant relationship between children ever born and unmet need for improved status, the distribution showed that those with 6 or more children were more likely than those with 2 or less to report high unmet need for improved status. Those with more children were less likely than those with 2 or less to report high unmet need for medical/health support from children. This hypothesis is therefore confirmed with respect to unmet need for visitation and medical care. Those with more children were less likely to have high unmet need for visitation and medical care than those with fewer children. This case cannot be substantiated for other forms of support including finance, daily care and improved status.

The possible explanation for this is that the number of children one has does not translate directly to availability of resources. Infact, the tendency is that some of the children may not be financially independent. Visitation and health care support may not necessarily be determined by financial strength, whereas the other three support patterns may require some financial commitment.

Conclusion

Arising from the findings presented, this article concludes that the number of children has no direct significance to old age support. Instead, empowerment of children (by proxy, at least a child abroad) showed a high statistical significance for old age support.

Table1: Percentage Distribution of Respondents by Socio-Economic Background across Gender

Socio-economic variable	Male (N=456)	Female (N=491)	Total (N=947)
Residence			
Urban	57.0	64.4	60.8
Rural	43.0	35.6	39.2
Age			
60-65 years	24.3	28.9	26.7
66-70 years	23.0	20.0	21.4
71-75 years	16.7	9.2	12.8
76-80 years	15.1	18.3	16.8
81 years and above	20.8	23.6	22.3
Education			
Primary or less	70.6	96.5	84.1
Secondary school completed	9.0	1.8	5.3
Tertiary school	20.4	1.7	10.7
Religion			
Christian denominations	90.3	95.9	93.2
Islam	7.0	2.9	4.9
Traditional and others	2.7	1.2	1.9
Marital Status			
Unmarried	6.8	15.9	11.5
Married	68.2	26.5	46.6
Widow/widowed	25.0	57.6	41.9
Family type			
Monogamous	68.0	59.9	63.8
Polygamous	32.0	40.1	36.2
Current Work status			
Work within the last 12 months	42.0	54.4	48.5
No work within the last 12 months	58.0	45.6	51.5
Type of work within the last 12 months			
No work at all	58.0	45.6	51.5
Self-employed/Trading/Farming	32.9	51.5	42.6
Government employment	3.5	2.0	2.8
Private employment	4.6	0.4	2.4
Government pensioner	0.9	0.4	0.6

Table2 Percentage Distribution of Respondents by Family Structure

Variable	Male (N=456)	Female (N=491)	Both (N=947)
Type of family of orientation			
Polygamy	64.3	69.5	67.0
Monogamy	35.7	30.5	33.0
Those with at least a living parent			
Father alive	5.3	1.8	3.5
Mother alive	10.3	12.8	11.6
Number of children from parents			
Father: Male			
• None	8.1	10.8	9.5
• 1-3	36.2	37.9	37.1
• 4-6	27.4	25.3	26.3
• 7 above	28.3	26.1	27.1
: Female			
• None	23.7	7.5	15.3
• 1-3	33.1	44.6	39.1
• 4-6	21.0	26.7	24.0
• 7 above	22.2	21.2	21.7
Mother: Male			
• None	3.3	12.6	8.1
• 1-3	70.4	66.0	68.1
• 4-6	23.5	17.1	20.2
• 7 above	2.9	4.3	3.6
: Female			
• None	27.4	3.1	14.8
• 1-3	55.0	77.4	66.6
• 4-6	16.9	17.9	17.4
• 7 above	0.7	1.6	1.2
Those with at least a living sibling from:			
Father	99.6	100.0	99.8
Mother	100.0	100.0	100.0
Those living in the same house with at least a sibling	32.7	38.3	35.6
Those living in the same town with at least a sibling	39.0	54.0	46.8
Type of family of pro-creation			
Polygamy	36.8	37.7	37.3
Monogamy	63.2	62.3	62.7
Currently living with a spouse			
Yes	68.4	44.6	56.1
No	31.6	55.4	43.9
Desired number of children in entire lifetime			
None/No desire	30.5	24.6	27.5
1-3 children	3.3	4.5	3.9
4-6 children	30.5	32.8	31.7
7 and above	35.8	38.1	37.0
Reasons for the desired number of children[5]			
Old age support	67.3	68.6	68.0
Financial reasons	28.3	24.4	26.3
Love Many Children	18.0	21.0	19.5
Other reasons	21.5	20.2	20.8

[5] Multiple responses considered

Table 3: Distribution of Respondents by High unmet need from Children and Spouse

Unmet need	Children		
	Both (n=947)	Male (n=456)	Female (n=491)
Finance	24.8	30.7	19.4
Daily care	14.9	18.4	11.8
Visitation	21.8	30.0	14.3
Improved status	33.4	34.8	31.9
Medical	12.1	14.9	9.6

Table 6.8: Logistic Regression Model Predicting High Unmet Need from Children and Spouses

Table 6.8: Logistic Regression Model Predicting High Unmet Need from Children and Spouses

	Children					*Spouse*				
	Model1	**Model2**	**Model3**	**Model4**	**Model5**	**Model1**	**Model2**	**Model3**	**Model4**	**Model5**
Sex:										
Male	.98	1.44	2.26**	0.97	1.29	1.03	0.83	1.23	2.05**	0.62
Female	RC	RC	RC	RC	RC	RC	RC	RC	RC	RC
Age:										
60-65 years	RC	RC	RC	RC	RC	RC	RC	RC	RC	RC
66-years and above	0.64**	0.63**	0.94	1.72**	1.32	0.70	1.53	1.38	0.85	0.86
Education:										
None/low	RC	RC	RC	RC	RC	RC	RC	RC	RC	RC
High	2.49**	1.33	0.79	2.33**	1.83**	1.71	0.99	0.96	1.82**	2.16**
Religion:										
Christians	1.01	1.11	0.81	1.20	1.03	1.10	1.81	0.85	0.53	1.05
Non-Christians	RC	RC	RC	RC	RC	RC	RC	RC	RC	RC
Marital Status:										
Unmarried	RC	RC	RC	RC	RC	RC	RC	RC	RC	RC
Married	1.89	1.79	1.98	2.85**	0.97	1.13	0.47**	0.40**	1.21	1.46
Widow/widowed	0.85	1.89	3.19**	3.49**	0.90	0.48**	0.14**	0.14**	0.61	0.43**
Family Type:										
Monogamous	RC	RC	RC	RC	RC	RC	RC	RC	RC	RC
Polygamous	0.84	1.19	1.25	1.58**	1.64**	1.88**	1.08	1.72**	1.08	2.05**
Work type:										
Self employed/farming	RC	RC	RC	RC	RC	RC	RC	RC	RC	RC
Government	1.34	1.45	1.60	1.90	2.55	1.03	2.31	1.36	0.83	1.07
Private	1.25	0.50	1.33	0.82	1.73	0.73	0.88	0.83	0.73	0.47
Pensioners	1.53	0.84	7.74**	0.82	3.19	1.11	1.05	4.63	1.25	1.28
Residence:										
Urban	0.70	0.73	0.70	0.39**	1.26	1.53	1.55	0.99	0.75	1.59
Rural	RC	RC	RC	RC	RC	RC	RC	RC	RC	RC
Household headship:										
Self	3.12**	3.04**	2.10**	2.48**	1.78	3.03**	1.77	1.46	1.61	2.37**
Spouse	2.28**	1.59	1.34	1.84	1.48	2.28	1.07	2.44	0.47	0.74
Children/family/Others	RC	RC	RC	RC	RC	RC	RC	RC	RC	RC
Residential Status:										
Rented	RC	RC	RC	RC	RC	RC	RC	RC	RC	RC
Personal	0.50**	0.85	1.20	0.97	0.61	1.82**	1.25	1.30	1.11	0.93
Inherited/family house	1.00	1.03	1.04	1.19	1.08	2.97**	1.10	1.60	0.88	1.17
Child's house	1.25	2.03	0.57	0.91	1.5	4.42**	1.24	5.10**	2.15	3.07
Wealth index:										
Poor	RC	RC	RC	RC	RC	RC	RC	RC	RC	RC
Average	0.72	0.28**	0.93	0.35**	0.48**	1.00	0.74	0.37**	0.51**	0.85
Rich	0.33**	0.53	1.25	0.39**	0.65	0.26**	0.70	0.68	0.48	0.70

Family of orientation:										
Polygamy	RC	RC	RC	RC	RC	RC	RC	RC	RC	RC
Monogamy	0.57**	0.48**	1.82**	0.55**	0.61	1.02	2.03**	1.22	0.88	1.43
Parental Status:										
Both parent alive	RC	RC	RC	RC	RC	RC	RC	RC	RC	RC
Only father alive	0.34	1.01	0.35	2.40	3.19	2.57	0.52	0.38	2.29	2.75
Only mother alive	0.44	1.99	1.43	1.36	0.75	4.04	0.68	0.24	0.75	0.79
None alive	0.38	1.69	1.55	4.54	1.90	2.49	0.41	0.12	1.40	1.97
Children ever born (CEB)										
2 or less	RC	RC	RC	RC	RC	RC	RC	RC	RC	RC
3-5 children	0.69	0.78	0.44**	0.76	0.54**	1.24	1.93**	1.28	0.83	1.09
6 or more children	0.72	0.84	0.66**	1.79**	0.92	1.83	1.12	1.19	1.74**	1.27
No child lives in same town	RC	RC	RC	RC	RC	RC	RC	RC	RC	RC
Child lives in same town	1.96**	0.65**	0.49**	2.04**	0.90	0.61	0.59**	0.47**	1.56**	0.60**
No children abroad	RC	RC	RC	RC	RC	RC	RC	RC	RC	RC
At least a child abroab	0.71	1.32	1.54	0.44**	0.57	0.52	0.58	0.60	0.47**	0.47

Source: Author's fieldwork, 2006

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