The 1988 Nigerian population policy; implications for the present millennium

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The thrust of this paper is to highlight the implications of the 1988 population policy in Nigeria as well as show the need for equitability in the face of gross policy content and implementation inadequacies. The paper notes that the policy, as it stands, is, in the main, symbolic because provisions are so difficult to enforce. No provision has been made for couples who may circumvent legal requirements, and cohabit informally. Beyond this, the implementation is bedeviled by cultural norms, religious beliefs, low status and education of women, poor quality of family planning services, lack of information about family planning methods especially in the rural areas and the cost of family planning services. It is recommended, inter alia, that research be undertaken by nursing practitioners on improved contraceptive technology and the means of achieving fertility goals. It also sees the need for them and population experts to design evidence-based and culturally-appropriate messages with the active participation of the intended audience; to engage the support of religious leaders and other stakeholders; to use credible and multiple media that are widely accessible to a cross-section of the target audience as well as to monitor programme implementation and audience reactions as a basis for modifying programme activities and materials. Most importantly, nursing practitioners should intensify campaign efforts on family planning practices among Nigerians, most of who do not know about such methods as jellies, vasectomy, pastes, pessaries and aerosol sprays, etc.

Key words: Family planning practices, need for equitability, policy content, policy intentions, policy implications.

INTRODUCTION

Relationship between population size and real income has interested economists for centuries. In the late eighteenth century and first half of the nineteenth century, the population problem was central to the enquiries of leading economists. Interest in it receded partly because the problem seemed to become less intractable, and also because the population question seemed to be less amenable to the techniques of economic analysis. In more recent years interest has revived. As far back as 1970, the Nigerian Government recognized that the country has by world standards, large and rapidly growing population (Orubuloye and Olorunfemi, 1986).

However, the government did not view these demographic factors to constitute a significant or a serious obstacle to domestic economic progress. Thus, before 1988, government policy on population in Nigeria indirectly favoured rapid population growth. In 1988, however, the government appeared to have recognized that the rapid population growth had had serious adverse effects on: investment in productive enterprises as against consumption, energy resources, especially fuel-wood supply, availability of arable land, the delivery of social services, such as health, housing and education, employment, standards of living, and the environment. Consequently, government decided to adopt a national population policy, approved by the Armed Forces Ruling Council in February 1988, and tagged the National Policy on Population for Development, Unity, Progress, and Self Reliance. A population policy is a formalized set of procedures related to population goals, size, rate of growth and how to regulate it. Such a policy entails all deliberate government actions such as laws, regulations and administrative programmes intended to influence population growth, size, distribution and composition (Lucas, 1980).

Nigeria’s 1988 population policy read that “National development policies, plans, and programmes shall be based on an integrated approach that takes into account
the inter-relationship among population factors, resources, and environment”. The goals of the national policy on population are to improve the standards of living and the quality of life of the people of this nation; to promote their health and welfare, especially through preventing premature death and illness among high-risk groups of mothers and children; to achieve lower population growth rates, through reduction of birth rates by voluntary fertility regulation methods which are compatible with the attainment of economic and social goals of the nation; and to achieve a more even distribution of population between urban and rural areas (Ugabi, 2001).

The strategies for implementing the population policy included to educate all young people on population matters, sexual relationships, fertility regulation, and family planning before entering the ages of marriage and child bearing to assist them towards maintaining responsible parenthood and reasonable family sizes; to make family planning means and services to all couples and individuals easily accessible at affordable cost, at the earliest possible time, to enable them to regulate their fertility; to provide fertility management programmes that will respond to the needs of sterile or sub-fertile couples to achieve reasonable self-fulfillment (Onokerhoraye, 1994). There is no doubt, that, at present, there is statistical association between development and population growth, that is, when one changes the other also tends to change. Since 1988, there have been no new population policy and programmes in Nigeria.

Social implications of the policy

T. R. Malthus (1766 – 1834) was the first economist to give a serious attention to the population problem. He is chiefly remembered for his work on what he called “The principle of population”. First published in 1798 under the title of an “Essay on the principle of population as it affects the future improvement of society”. Malthus summed up his argument in three propositions: population is necessarily limited by the means of subsistence; population invariably increases where the means of subsistence increase, unless prevented by some powerful and obvious check; these checks are all resolvable into moral restraint, vice and misery. According to this author, unless the excessive growth of population was checked the standard of living of the people in this country would be bound to fall.

Nigeria’s population figure in the 1991 census was 88,514, 501 (Fan, 2004) and 140,021,541 (Suleiman, 2008) in the 2006 census. Malthus declared that there was a “constant tendency in all animated life to increase beyond the nourishment for it”. In the animal world, the struggle for existence results in the survival of the fittest, whereas the greater the advance made by civilization, the less is the effect of this tendency on the human race. No populous country, he said, could obtain the necessities of life as easily as a thinly peopled country. This led him to state that while population increased in geometrical progression, food production could be increased only in arithmetical progression. Malthus sought, therefore, to show that the means of subsistence placed a limit to the growth of population; an increase in the means of subsistence bringing about an increase in the population unless this was checked by “vice or misery” due to famine, war or pestilence. In the second edition of his book, he added “moral restraint” by which he meant abstention from early marriage.

Nigeria, like most of the other countries in West Africa, is characterized by high fertility coupled with high maternal, infant and child mortality. On average, a Nigerian woman will have about six children in her life time. Regional variations are found in fertility. Generally, the northern states have higher fertility rates than the rest of the country. According to the 2003 Nigeria Demographic and Health Survey (NDHS), the total fertility rate was 7.0 children per woman in the Northeast and 6.7. children in the Northwest compared with only 4.1 in the Southwest (NPC, 2004).

A key proximate determinant of high fertility is low contraceptive use. Adebayo (2009) submits that family planning is a cost-effective and most realistic way for families to beat the economic crunch. It prevents one-third of all maternal deaths arising from unsafe abortion and other obstetric complications. Some studies have found unwanted pregnancies to be associated with increased risks of negative childrearing outcomes and parenting difficulty (Goto, Yasumura, Yabe, Anazawa and Hashimoto, 2005) and physical abuse and violence (Gazomaranian, Adams, Saltzman, 1995). Overall, the existing evidence to child mortality suggests a disadvantage for unintended children.

According to Altefeld, Handler, Burton and Berman (1997) a few developed country studies have found a positive association between unintended pregnancies and maternal risk behaviour, including alcohol and illicit drug use, cigarette smoking and caffeine intake. Fan, Eloma, Akpan, Besong and Etta (2008). using a sample of 250 primary school teachers in Calabar South Local Government Area of Cross River State submit that the findings of this study, whilst limited, provides a valid “litmus test” of this area of professional practice. The researchers conclude that family planning practices among the subjects are very limited because of inadequate exposure and high cost of procurement. The major recommendation of this study is that Nigerian families should be better informed of the various methods of family planning and the advantages of such practices.

For instance, the cervical caps are only suitable for some women. These caps require an accurate knowledge on the woman’s part of the exact location of her cervix. She must understand precisely where her cervix is and be able to reach it each time easily with her
fingers to fix the cap over it. Apart from chemical and chemical combined methods, some people still use chemical sperm-killer jellies, pastes and pessaries on their own. Some women fail to know that micturition after intercourse is not a reliable birth control method. Many women believe that if they get up immediately after having had intercourse and pass water, this will in some way prevent conception. Taylor (1969) submits that in point of fact, this is perfectly useless procedure and this belief must stem from some confusion about the anatomical position of the opening of the bladder. According to Babalola, Folda and Babayaro (2008), indeed, multiple factors contribute to the low level of contraceptive use in Nigeria including both supply and demand factors (Table 1).

On the supply side are issues such as limited availability, quality and cost of family planning services (RamaRao and Mohanam, 2003). As a consequence of the limited number of functional health facilities, many Nigerians, particularly in the rural areas, lack easy access to modern family planning services (Feyisetan, 2000). Where such services are easily accessible, their quality is often poor, marred by inadequate contraceptive supplies, insufficient numbers of trained service providers, poor interpersonal skills among providers, and limited availability of essential equipment (Askew, Mensch and Adewuyi, 1994).

On the demand side of the contraceptive-use equation are determinants related to community norms, household characteristics, and other individual factors. Research on the factors associated with demand for family planning services in Nigeria has identified gender norms and the relative powerlessness of women, household poverty, the low level of education, urban residence, limited contraceptive knowledge, myths and rumours about modern contraceptive methods, parity, pronatalist attitudes, and widespread son preference as key influences on contraceptive use (Oladusu, 2001; Orji and Onwudiegwu, 2002).

Both supply and demand factors influencing contraceptive use are potentially modifiable. Here lies the role of the nursing practice which is client-centred, orderly and systematic, serving as a framework for providing care for individuals, families and communities in all settings and is appropriate throughout the life span (Adejumo and Olaogun, 2009). It consists of interrelated steps is a systematic, dynamic way of giving nursing care, central to all nursing approaches, promotes humanistic, outcome-focused, cost-effective care and is based on the belief that as we plan and deliver care, we must consider the unique values, interests and desires of the community (Alfaro –Lefevre, 2002).

Another key proximate determinant of fertility that is particularly relevant in Northern Nigeria is early marriage and the attendant early age at sexual initiation. In Northern Nigeria, major political, social and even economic structures are patriarchal and gender-based.

The low status of women finds expression in a number of practices which have a direct influence on women's reproductive health. There is the practice of marriage of girls at an early age of ten before the age of fourteen and before they attain adequate physical and emotional maturity. The only problem that most women in this situation are prepared to recognize, according to Shehu (1992), is the impatience of the men to exercise restraint and allow the girls to mature before cohabitation. Another facet of the subordinate status of women is the existence of polygamy and co-wives that the majority of married women have to share their lives with.

In Sokoto polygamous homes can be estimated to outnumber monogamous ones by about three to one. The subtle influence of this practice on material mortality and morbidity relates to the need for women to have many children for the purpose of future security. In the situation where as many as four wives have to share a man’s property, a larger number of children, particularly males, will ensure for the mother a worthwhile share since each male child is individually considered in the event of the disposal of a man’s estate. Thus, married women show a desire to have as many children as Allah wills them to, regardless of what the population policy prescribes or what medical practitioners have to say about the dangers of multi-parity especially beyond age 35 years.

The Imperative of equitability

The intention of the policy as it affects family size decision and family planning is that Nigerian masses should comply without coercion. Also, there is gender bias as four children per woman and not couple is recommended.

Thus, while a monogamous family can have four children, polygamous marriages involving up to four wives may have up to sixteen, ceteris paribus. The policy is silent on the number of wives and children a man should have.

Nigerian population is largely rural and illiterate. Majority of them may not be exposed to modern family planning practices. If, therefore, some Nigerians have decided to have fewer children at all, hejamaizu, (2002) asserts that it is because of the present economic hardship and not the availability of a population policy. Osakwe (2009) regrets that poverty still staves millions of Nigerians in the face, while the 2015 target date for attaining Universal Basic Education (UBE) may not be realizable with more than 50 percent of the states in the country yet to comply by paying their counterpart funding. Indeed, Nigeria’s population growth rate has to be checked because of the high level of poverty.

In Nigeria evidence and signs of poverty are everywhere and it affects most Nigerians, either you are poor, know who is poor or you are presently supporting some one who is poor (Ali, 2006). There is congestion
Table 1. Percentage of sexually experienced women surveyed and, of those, percentage exposed to a campaign to promote contraceptive use, by selected sociodemographic variables, Northern Nigeria, 2005.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Percent</th>
<th>(n)</th>
<th>Percent exposed</th>
<th>(n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media habits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular radio and television exposure</td>
<td>57.4</td>
<td>(470)</td>
<td>33.8</td>
<td>(159)</td>
</tr>
<tr>
<td>Irregular radio and television exposure</td>
<td>42.6</td>
<td>(470)</td>
<td>15.5</td>
<td>(54)</td>
</tr>
<tr>
<td>Place of residence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semi-urban Bauchi</td>
<td>41.3</td>
<td>(338)</td>
<td>24.8</td>
<td>(84)</td>
</tr>
<tr>
<td>Semi-urban Kano</td>
<td>15.5</td>
<td>(127)</td>
<td>29.9</td>
<td>(38)</td>
</tr>
<tr>
<td>Urban Bauchi</td>
<td>17.2</td>
<td>(141)</td>
<td>40.4</td>
<td>(57)</td>
</tr>
<tr>
<td>Urban Kano</td>
<td>26.0</td>
<td>(213)</td>
<td>15.9</td>
<td>(34)</td>
</tr>
<tr>
<td>Household socioeconomic status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>40.2</td>
<td>(329)</td>
<td>18.8</td>
<td>(62)</td>
</tr>
<tr>
<td>Medium</td>
<td>30.0</td>
<td>(246)</td>
<td>27.2</td>
<td>(67)</td>
</tr>
<tr>
<td>High</td>
<td>29.8</td>
<td>(244)</td>
<td>34.4</td>
<td>(84)</td>
</tr>
<tr>
<td>Age group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15–19</td>
<td>27.1</td>
<td>(222)</td>
<td>22.5</td>
<td>(50)</td>
</tr>
<tr>
<td>20–24</td>
<td>72.9</td>
<td>(597)</td>
<td>27.3</td>
<td>(163)</td>
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<tr>
<td>Religion</td>
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<tr>
<td>Christian</td>
<td>22.7</td>
<td>(186)</td>
<td>28.6</td>
<td>(32)</td>
</tr>
<tr>
<td>Muslim</td>
<td>77.3</td>
<td>(633)</td>
<td>17.1</td>
<td>(181)</td>
</tr>
<tr>
<td>Educational level</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>None</td>
<td>30.3</td>
<td>(248)</td>
<td>19.7</td>
<td>(49)</td>
</tr>
<tr>
<td>Primary</td>
<td>17.6</td>
<td>(144)</td>
<td>31.9</td>
<td>(46)</td>
</tr>
<tr>
<td>Secondary +</td>
<td>52.1</td>
<td>(427)</td>
<td>27.6</td>
<td>(118)</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>30.8</td>
<td>(252)</td>
<td>23.4</td>
<td>(59)</td>
</tr>
<tr>
<td>Married</td>
<td>69.2</td>
<td>(567)</td>
<td>27.1</td>
<td>(154)</td>
</tr>
<tr>
<td>Used condom at first sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>6.8</td>
<td>(56)</td>
<td>37.5</td>
<td>(192)</td>
</tr>
<tr>
<td>No</td>
<td>93.2</td>
<td>(763)</td>
<td>25.2</td>
<td>(21)</td>
</tr>
<tr>
<td>(N)</td>
<td>100.0</td>
<td>(819)</td>
<td>26.0</td>
<td>(213)</td>
</tr>
</tbody>
</table>

Source: Babalola et al. (2008).

and garbage of domestic waste in Nigerian cities; and being the sixth largest exporter of crude oil in the world has not removed the country from its near-bottom position in the Human Development Index as 70 percent of its population is surviving on less than US $1 per day.

This is further compounded by the country’s high unemployment rate. Yishau (2007) opines that a country where population is growing at a level that is not commensurate with its resources is fallible to political instability. It would not be far-fetched that the country will decline into total collapse or war.

The absolute population of a country is not what really counts. Although there is strength in the size of a population, the most important feature is its quality which is determined by the population characteristics which include its literacy level, the kind of environment people live in and the level of human capital development. Increased population has impacted negatively on the major cities in Nigeria as slums are common features there. Life in the slums is an eternal race for survival. It is not for the gentle and the humble but for the hard-hearted and the arrogantly impatient. Also, adolescents and their families living in extreme poverty face many immediate and competing needs and may therefore place low priority on efforts to protect their sexual and reproductive health. Indeed, adolescents may engage in, and be exposed to high-risk behaviour because of poverty. One in four out of the 4.2 million unsafe abortions occurring annually are performed on adolescent women (WHO, 2007) and among all adolescent pregnancies 22 percent result in unintended births and 13 percent end in abortion (Biddlecom, Hessburg, Singh, Bankole and Darabi, 2007).

The pathways followed by adolescents in their transition to adulthood are crucial to their future well-being. Their educational trajectory, their sexual and reproductive health status, their readiness to take on adult roles and responsibilities, and the support they receive from their families, communities, and the governments will determine their own futures and the future of their countries (NRC/IOM, 2005).

CONCLUSION

The article offers a more robust way of gaining fertility decline among Nigerian women. It notes that the contents of the 1988 population policy are plausible but
the implementation is bedeviled by inconsistencies and factors that are sometimes beyond its control e.g. cultural norms, religious beliefs; low status and education of women; poor quality of family planning services, lack of information especially in the rural areas and the cost of family planning services. There is therefore the need to design evidence-based and culturally-appropriate messages with the active participation of the intended audience; to engage the support of religious leaders and other stakeholders; to use credible and multiple media that are widely accessible to a cross-section of the target audience; and to monitor programme implementation and audience reactions as a basis for modifying programme activities and materials.

Recommendations

The following recommendations are hereby considered apposite.

* The 1988 population policy in Nigeria should be revised. The policy as it stands is in the main, symbolic because the provisions are so difficult to enforce. Again, some couples may circumvent legal requirements by cohabitating informally. The policy should be able to address an issue of this nature.

* Nursing practitioners should engage in a more rigorous campaign exposure on family planning. There is research evidence to the fact that most Nigerians do not know much about family planning methods e.g. jellies, pastes, creams, pessaries, foaming tablets, aerosol sprays, rhythm, method and coitus interrupts. Also, there is need for more education on prevalence on condom use. Education could also enhance an individual’s sense of efficacy and control, both of which could reduce the tendency to engage in risky sex.

* Given the increasing importance of female school participation in Nigeria, programmes must be designed to reach girls and their families early to increase incentives for ensuring their timely progression through school and to increase their access to reproductive health information and services. Older adolescents may have some capacity to influence the timing of marriage or choice of partner, especially if they are educated (Lloyd, 2005; Jejeebhoy, Rajib, Mallika, Laila, Savita and Bela, 2006).

* National and local investments are needed urgently to improve the physical health and cognitive capacities (knowledge, problem – solving and decision-making skills) of 10-18 year olds, majority of whom are still in school in Nigeria. This underscores the need for education on human sexuality in the primary and secondary schools in Nigeria.

* Government should increase the minimum age of marriage and encourage female labour force participation outside the home. Child marriage should be criminalized in Nigeria.

* Research should be undertaken on improved contraceptive technology and the social means of achieving fertility goals.

* Population and family life education should be intensified in Nigeria’s school system. Also, motivation has to exist before people will be drawn into any programme designed to deliver contraceptives.

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