Nigeria’s Population Policies: Issues, Challenges and Prospects

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This paper examined Nigeria’s Population Policies of 1988 and 2004. It pinpointed on the policies issues, challenges and prospects. It explained the achievements and weaknesses of the policies, the reasons for the failures in implementation and the way forward for Nigeria to achieve even and sustainable development through a workable population policy, using demographic components; like fertility, mortality and migration as centre of reference.

Keywords: Population policies, sustainable development, multiculturalism, antinatalism

Introduction

Historically, “it required all of human history up to the year 1800 for the world population to reach one billion” (Rao, 2010), and just another “200 years or so to grow to 7 billion on October 31, 2011” (United Nation Population Fund, 2014). About 90 percent of this increase occurred in the developing countries (United Nations Population Information Network, 1974). Nigeria, being a country with the largest population in Africa became the 6th largest population in the world after China, India, USA, Indonesia and Brazil, with a population of 178 million (UNFPA, 2014; CIA World Factbook, 2014).

Despite Nigeria’s position in today’s global population ranking; the nation had not perceived the need for a population policy until 1980s when the government began to see population as a problem. The non-perceived of the country’s increased population as a problem earlier reflected in the nation’s 1st, 2nd, and 3rd Development Plan of Actions (United Nations, 1998; 1973; Sadik, 1991; Federal Republic of Nigeria, 1970; 1975). Nigeria did not recognised population growth as a problem prior to the 1980s, because the nation’s petroleum revenue derived from the then crude oil market was still booming. Nigeria began to see increased population as a problem when oil price suddenly fell to US$11 per barrel in the 1980s (Mba, 2002). The fall in oil price opened the eye of the government of Nigeria to the reality of population components and the need for a population policy. The government realised this when it became crystal cleared that it could not adequately provide for the teeming population.

It should, however, be noted that, before this fall in oil price, there have been some global programmes that aimed at controlling births in the developing countries. Some of these programmes were the World Population Plan of Action (WPPA) of 1974, the Lagos Plan of Action (LPA) of April 1980, the Monrovian strategy, and the Kilimanjaro Programme of Action adopted by the African council of ministers in 1984. The programmes suggested that countries should embrace a population policy that will reduce birth rate and increase development (Obono, 2003). By this, the programmes associated development with control fertility. However, despite the fact that these programmes relate development with control fertility, in real, the government of Nigeria never gave attentions to them until the fall in oil price, which was enclosed with a fall in the nation’s economy.

As a response to this, and to the projected negative socio-economic consequence of rapid population growth; the government of Nigeria
adopted a national policy on population for development, unity, progress and self-reliance to achieve the primary goals of decelerating the rate of population growth. The country first national policy on population was promulgated in 1988 and later revised in 2004. The understanding of these policies will prove useful in designing and implementing effective programmes to control fertility, mortality and migration in a diversified cultural milieu like Nigeria. This paper provides the basis for a critical assessment of these policies.

Theoretical Framework
This paper anchors on the Malthusian theory of population and the rational action theory. Malthus’ stand rested on three propositions. These are, there cannot be increase in population without the means of subsistence; population invariably increases with available means of subsistence; and finally, population cannot be checked without producing misery or vice. Malthus was of the opinion that the power of a population to grow was indefinitely greater than the power of the earth to produce subsistence. He illustrates this by contrasting between the geometric power of human population increase and the arithmetic power of improvements in food production.

To explain the contrast between the geometric power of human population increase and the arithmetic power of food production using Britain as an illustration with an assumed population of 7 million in 1798, Malthus positions that population had the power to double every twenty-five years i.e. from 7 to 14 to 28 to 56 million by 1883. Food production however, could only increase by a constant factor i.e. from 7 to 14 to 21 to 28, half the amount needed to support the population in 1883. The arithmetic power of food production with simultaneous geometric human population growth as described by Malthus predicted a future when humans would have no resources to survive on. Thus, Malthus suggested some checks.

The checks suggested by Malthus came in two forms, the positive and the preventive. The positive can be seen in higher mortality rates and lower life expectancy which are caused by war, famine, poor working condition, etc. The preventive are by means of voluntary restraint or moral restraint on birth rates. The moral restraint was seen as a deliberate decision by men to refrain from sexual pleasure early in life. Malthus argues for late marriage, and adds that such marriage should hold at a time when a man is fully capable of supporting a family which will consequently give rise to smaller families. Both the positive and the preventive have misery which Malthus called a necessary consequence and vice, which he operationalized as a “category designed to hold the casualties in the eternal struggle between good and evil” (Encarta, 2009). Malthus did not support the use of contraceptives on religious ground.

Malthus theory of population has guided the formulation of population policies in Nigeria and in many nations of the world. However, these policies ignore cultural aspects and this is where a sociological study becomes useful. Isuigo-Abanihe (1994) writes that, “individual fertility behaviour takes place within the context of complex social, cultural, and ideological realities” (p. 237). This position sees demographic behaviour as “part of a larger, more complex whole of behavioural patterns, learned as part of the general repertoire of behaviour in a social group” (Hammel, 1990: 459).

The second theory is the rational action theory. The theory is one of the earliest theories of social policy formulation. It centres on the premise of maximising profit and minimising cost. The major argument of the theory is that, social policy formulators are rational beings who formulate policy by maximising profit and minimising cost. Thus, Nigerian men and women who are the key players in population determinism play this role by their rational actions. The theory based on the following assumptions:

i. That decision makers generally are men of wisdom, experience and rationality who as a result of their competence and position are designated to make policies on behalf of the masses.

ii. The decision makers are assumed to be dispassionate, informed and, therefore possess the ability to choose specified objectives from the wide range of choices and options before them.
iii. The social policy decision makers are assumed to be rational actors who are in constant touch with the realities due to facts and figures at their disposal.

iv. Information is assumed to be the key to rationality, because it is the element which enables a decision to see through all the non-rational considerations and as a matter of fact, also help the policy to succeed in the long run.

The foregoing implies that, to have a workable policy, there is a need for qualitative information about Nigeria's societies. This cannot be ignored; because fertility behaviour among Nigerians is substantially pro-natalist (supporting many or more children) against the anti-natalist (not supporting many or more children) population policies. Hence, fertility behaviour among Nigerians is a response to rationality and multiculturalism, and has posed a great challenge to the success of the national population policies of 1988 and revised edition of 2004.


The government of Nigeria promulgated her first population policy in 1988 which was a consequence of the effects of the rapid population growth (Federal Republic of Nigeria, 1988). One major part of the policy is the specification of targets, which shows a strong interest of the government to alter the reproductive behaviour of Nigerians. The targets include:

"the protection of the health of mother and child; to reduce the proportion of women who get married before the age of 18 years by 50 per cent by 1995 and by 80 per cent by the year 2000; to reduce the proportion of women bearing more than four children by 50 per cent by 1995 and by 80 per cent by the year 2000; to extend the coverage of family planning service to 50 per cent of women of childbearing age by 1995 and 80 per cent by year 2000; to reduce the number of children a woman is likely to have during her lifetime, now over 6, to 4 per woman by year 2000 and reduce the present rate of population growth from about 3.3 per cent per year to 2.5 per cent by 1995 and 2.0 per cent by the year 2000" (Federal Republic of Nigeria 1988: 13-14).

It is clear from the above targets that the government wanted the total fertility rate to drop to four (4) live births per woman. In addition, the government expected the use of contraceptives to increase within women of child bearing age. In summary, the policy was aimed at improving the quality of life of an average Nigerian by reducing fertility through the provision of family planning services across the nation.

The revised edition of the policy was published in 2004. The policy identified new challenges that came up from the 1991 National Population Census, 1994 International Conference on Population and Development, 1999 HIV/AIDS summit in Abuja, and 2000-2015 Millennium Development Goals. These challenges were pointers to a possible significant relationship between population and health. The policy also has some specific targets which include:

"Achieving a reduction of the National population growth rate to 2 percent or lower by the year 2015; a reduction in the total fertility rate of at least 0.6 children every five years; increase the modern contraceptive prevalence rate by at least 2 percentage point per year; reduce infant mortality rate to 35 per 1,000 live births by 2015; reduce child mortality rate to 45 per 1,000 live births by 2015; reduce maternal mortality to 125 per 100,000 live births by 2010 and 75 by 2015; achieve a 25 percent reduction in HIV adult prevalence." (Federal Republic of Nigeria, 2004: 23)
Achievements of the National Population Policies of 1988 and 2004

For the fact that, the 2004 population policy was a revised edition of the 1988 population policy and both are used as centre of reference today, this section evaluates both. The policies' achievements are:

i. Awareness Creation and the Use of Contraceptives for Fertility Control

The 2013 Nigeria Demographic and Health Survey (NDHS) report shows the awareness and contraceptive use among currently married women across geo-political zones in Nigeria. The report shows that contraceptive awareness was highest in the Southwest geo-political zone (38 percent). This was followed by the Southeast (29 percent), South-South (28 percent), North Central (16 percent), Northwest (4 percent) and Northeast (3 percent). The report identifies northeast as a zone with the least contraceptive awareness. Although, there may be remarkable variations in contraceptive use among the States in the federation, there is in general an increase in the use of contraceptive compared to the period when the policies were not promulgated. Trend shows that contraceptive use in the country before the year-2004 was 6.0% (NDHS, 1990). This percentage increased to 15% in 2013, though, with only 2% higher than the year-2003 findings (NDHS, 2013).

ii. Accessibility and Availability of Modern Methods of Contraceptives

The national population policies slightly achieved the objectives of making modern methods of contraceptives accessible and available to all as shown by 2008 NDHS data. The report shows that nearly 23% of the people who use modern contraceptive methods source their contraception from the public sector, 61% source from the private medical sector, 13% obtains theirs from other sources, and 3% falls within the unknown sources (NPC & ICP, 2009). This shows that certain level of success have been achieved, though, poorer than expected.

iii. Reduction in Infant and Child Mortality Rates

Analyses of mortality rates, recorded in the 2003 NDHS, 2008 NDHS and 2013 NDHS show that Nigeria’s mortality rates have decreased in all categories. For instance, the under-5 mortality rate has decreased from 201 deaths per 1,000 live births in 2003 to about 128 deaths per 1,000 live births in 2013 (NDHS 2003; NDHS 2013). However, despite this achievement, Nigeria still has a wider gap to bridge in order to achieve the MDGs target of ‘reducing the under-5 mortality to 64 deaths per 1,000 live births’ and ‘the infant mortality to 30 deaths per 1,000 live births by 2015’ (NBS, 2013).

To be sure, early childhood mortality rates from the 2008 NDHS data show that, the under-five mortality rate for the five years preceding the survey was 157 deaths per 1,000 live births. This translates to about, one in every six children born in Nigeria dying before their fifth birthday. According to the survey, child mortality rate was 88 deaths per 1,000 children surviving to 12 months of age, but not to their birthday. The infant mortality rate was 75 deaths per 1,000 live births, and the neonatal mortality rate was 40 deaths per 1,000 live births. The post neonatal mortality rate was 35 deaths per 1,000 live births. The estimated infant mortality rate in 2003 was 100 deaths per 1,000 live births (NDHS, 2003), which decreased to 75 deaths per 1,000 live births in 2008 (NDHS, 2008). This further decreased to 69 deaths per 1,000 live births in 2013 (NDHS, 2013). The pattern shows that, about 29 percent of deaths of underage-5 occur within the neonatal period (37 deaths per 1,000 live births), and 24 percent occur during the post-neonatal period (31 deaths per 1,000 live births).

iv. Improvement in Maternal Health

An achievement is also recorded on maternal health improvement which is one of the objectives of the policy. According to 2013 NDHS, women who had given birth in the five years preceding the 2013 survey were asked some questions about their maternal and child health care. The mothers were asked whether they had received antenatal care during pregnancy and whether they had received tetanus toxoid injections and/or iron
supplements while pregnant. For each birth in the same period, the mothers were also asked the type of assistance they had received at the time of delivery.

The survey showed that, about three-fifths of the mothers (61 percent) consulted a skilled health provider such as a doctor, nurse, midwife, or auxiliary midwife for at least once for their antenatal care during pregnancy. The survey showed that the difference in antenatal care coverage was large. Coverage was highest for births to women 20-34 years old (63 percent), and much higher in urban areas (86 percent) than rural areas (47 percent). However, across the nation’s geo-political zones, the proportion of mothers who reported to have received antenatal care from a skilled provider was lower in the Northwest (49 percent) and lowest in the Northeast (41 percent). Women in the Southeast (91 percent) and Southwest (90 percent) were most likely to have received antenatal care from a skilled provider (National Population Commission & ICF International, 2014).

More so, the 2013 NDHS data show that, as the mother’s educational level advances, so does the tendency that she has consulted a skilled provider for care during pregnancy. The 2013 NDHS report shows that antenatal care utilization was highest among women with more than secondary education (97 percent) and lowest among women with no education (36 percent). In addition, a comparative data shows that the proportion of mothers who received antenatal care from a skilled health provider increase from 58 percent in 2003 to 61 percent in 2013 (NPC & Macro, 2004; NPC & ICF International, 2014).

v. Increased Awareness on Ways to Prevent HIV/AIDS

One of the objectives of the national population policy of 2004 is “strengthening the national response to HIV/AIDS to rapidly control the spread of the epidemic” (FRN, 2004). On this ground, reports show that much has been achieved to this effect. According to NPC & ORC (2004), nearly all men (97%) and a majority of women (86%) have heard of AIDS. Conversely, only few know how to prevent the transmission of the AIDS virus. Men are better informed than women. For instance, 63% of men and 45% of women know that condoms are used to protect against HIV/AIDS. More so, six in ten women and eight in ten men know that limiting the number of sexual partners is a way to avoid HIV/AIDS infection. Less than half of the population knows that mother to child transmission of HIV is possible through breastfeeding. Few people (less than one in ten) know that a woman living with HIV can take drugs during pregnancy to reduce the risk of transmission to their children (NPC & ORC, 2004). This implies that there is to some extent, proper awareness programmes channelled towards the achievement of this specific objective within the country.

Weaknesses of the National Population Policies of 1988 and 2004

The weaknesses of the national population polices of 1988 and 2004 are itemised and explained below.

i. Reduction in Fertility Rate

To “achieve a reduction in the total fertility rate (TFR) of at least 0.6 children every five years” (FRN, 2004) as a target of the national population policy has not been achieved. This remains very difficult to achieve, because we are already in the year 2015. To be sure, the country TFR is 5.5 (NPC & ICF International, 2004) which is more than the expected TFR. Thus, the policy target at achieving this goal by 2015 remains uncertain.

ii. Reduction in Population Growth Rate

Achieving a “reduction in the national population growth rate of 2 percent or lower by the year 2015” (FRN, 2004), with the current 2.47% growth rate (CIA World Factbook, 2013) will be very difficult. In fact, achieving this goal in 2015 is very difficult considering the current trend in the population growth rate. The trend skews upward and downward rather than persistently downward. The trends was 2.5% in 2003, 2% in 2008, 2.6% in 2012, 3.2% in 2013 (NDHS, 2013, CIA World Factbook, 2013) and 2.4% in 2014 (CIA World Factbook, 2014). The reason for the current decreased to 2.4% in 2014 can be attributed to the decline in the nation’s fertility rate.
iii. Reduction in Pregnancy to Mothers below 18 Years or above 35 Years

Reports from national surveys show that the objective of the policy which intends to reduce “pregnancy to mothers below 18 years or above 35 years” (FRN, 1988) has not been maximally achieved. Data from surveys show that mothers aged 15-19 Age Specific Fertility Rates (ASFRs) were 112 (1991 Census); 126 (NDHS, 2003); 121 (NDHS, 2008) and 122 per 1000 (NDHS, 2013). These data show that the ASFRs transit ‘up and down’ instead of a persistent downward movement. The reasons for this can be attributed to the socio-cultural and religious beliefs of the people which are largely in contrast to the policy, particularly, in northern Nigeria.

iv. Achieving Sustainable Universal Education

The policy targets at achieving “sustainable universal basic education as soon as possible prior to 2015; eliminating the gap between men and women enrolment in secondary, tertiary, vocational and technical education and training by 2015; and to eliminate illiteracy by 2020” (FRN, 2014); will be very difficult to achieve. The 2013 NDHS shows that level of educational attainments still varies by sex. For instance, 62 percent of women and 79 percent of men are educated; more men than women have a secondary education (48 percent and 36 percent, respectively); 14% of men and 9% of women have more than a secondary education; while more than one-third of women (38%) and one-fifth of men (21%) have no education (NPC & ICF International, 2014).

There is still a disparity between men and women on educational attainment. According to UKaid (2012), Nigerian women are deprived educationally and economically. The UKaid report expressed this using these words:

Nigeria has the largest number of out-of-school children in the world. The figures show wide disparities between States and across communities. 70.8% of young women aged 20-29 in the North-West are unable to read or write compared to 9.7% in the South-East. Several reasons explain this: early marriage, early childbirth, poor sanitation, and the shortage of female teachers. However, two reasons stand out: User fees and quality of education. Similarly, 60-79% of the rural workforce is women but men are five times more likely to own land (UKaid, 2012: 23).

v. Reduction in Rural-Urban Migration

The trend in Nigeria urban population was 48% in 2009; 49% in 2010; 50% in 2011, and 50% in 2013. The trend shows that the country has an urbanization rate of 5.3 percent per year (CIA World Factbook, 2013). This also means that the country has one of the fastest growing urban populations in the world (NEEDS, 2004). The trend is largely due to rural-urban migration and uneven developed. Thus, the policies have also failed “to enhance integrated rural and urban development in order to improve the living conditions in the rural areas and to slow down the rate of migration from rural areas to the cities” (FRN, 2014).

Challenges Confronting the Policies

Population policies have not been effective in Africa in general, because of the socio-cultural complexities of Africa. Nigeria in particular has certain ideological and religious beliefs that revolve around the value for more children. High fertility preference is given social and economic importance in the country. This, among others amounts to several challenges. However, some of the challenges confronting the policies are explained below:

i. Multiculturalism

Nigeria is a multi-cultural State. Individuals either see themselves, or are seen by others to share common cultural characteristics that differentiate them from others. The people develop their distinctive cultural behaviour from this collective beliefs, norms and values (John and Marshall, 2009). Norms, values and beliefs influence and direct the cultural behaviour of a people (Schafer, 2007). That is why Obono (2003) argues that population policy has not been effective in Africa because of the socio-cultural complexities of the continent.

Nigerians cultural attachment influences their reproductive and fertility behaviours.
Reproductive and fertility behaviours follow certain ethnic patterns that arise from cultural values and norms. Bongaarts and Porter (1983) assert that ethnicity has a biological and cultural attribute that affects fertility through fecundity. Kritz and Makinwa-Adebusoye cited in Bauni (1999) posit that there are differentials in fertility preferences among the six major ethnic groups in Nigeria. Their findings show that five of the six ethnic groups with different cultures differed significantly from each other in their fertility preferences. Isuigo-Abanihe and Nwokocha (2008) in their study of the prevalence and consequences of the ‘Ewu-ukwu’ cultural practice among the Mbaise’s people of Igbo cultural heritage in Nigeria found that the quest for induction into the privileged group of women with high fertility of about 10 children motivates high fertility.

To elaborate more on this, data from the 2013 NDHS show that there is a relationship between multiculturalism and fertility in Nigeria. Fertility rate in the north appears relatively high compared to the south. According to the 2013 NDHS data, fertility rate in Northeast is 7.2; Northwest is 7.3; North Central is 5.4; South-South is 4.7; Southeast is 4.8; Southwest is 4.5 (NPC & ICF International, 2014). The data show that multiculturalism among the geo-political zones plays a major role in determining the people’s fertility behaviour.

ii. Religion

Group’s actions are influenced by their religion. Religion provides standards and guidelines against which people’s conducts can be evaluated (Parsons cited in Haralambos and Holborn, 2004). Religion directs and shapes actions, beliefs, orientations, and behaviours. The behaviours include fertility. Religion influences fertility behaviour. Some African traditional religious reward high fertility, and probably, sanction members with poor fertility. Caldwell and Caldwell (1987: 427) write that,

Traditional African religious values have sustained high fertility in two ways. First they have acted directly to equate fertility with virtue and spiritual approval and associate reproductive failure or cessation with sin. Second, they have placed both positive and negative sanctions on filial piety and maternal homage to the older generation so that fertility is rarely disadvantageous.

iii. Illiteracy

Illiteracy poses a challenge to the success of the policies. Akpotu (2008) opines that illiteracy and rurality tend to make people more religiously and culturally inclined and as such, become non-receptive to all forms of family planning. Ignorance makes the illiterate and the rural families to regard many children as economic assets that will assist them in their farm work and in other economic activities in today’s modern society.

iv. Inadequate Resources

There is also a challenge of inadequate resources or fund to appropriately implement the population policies. Inadequate resources did not only distort the population census that ought to have been conducted in 2001 following the ten-ten year interval of Nigeria’s population census as a follow-up to an earlier conduct in 1991, but led to postponement of the census to 2006. This again led to a failure in achieving the policies’ objective of regular data collection, monitoring and evaluation as purported.

v. Approach Adopted in Policies Formulation

The approach that was adopted in the policies formulation was ‘top-down’ and not ‘bottom up’. They thus, become failed policies, because the adopted ‘top-down’ approach of policies making does not favour effective implementations of population policies of these kinds where people of diverse cultures and background are involved.

vi. Lack of Political Will

Lack of political will is a challenge to the effectiveness of the policies. This occurs most where the government in power does not have population growth control in its manifesto or agenda. The consequence of this becomes lack of both financial and administrative support. Where fund is at all allocated to the policies
implementation, the bureaucratic nature of government and corruption among the implementers caused delays in implementation. This, to a larger extent, increases poverty among the populace, and subsequently increases rural-urban migration that occurs most often among the poor youths who migrate to seek employment in the cities.

vii. Lack of Incentive
Most Nigerians are known to be lovers of instant gratification, especially among the less educated population, and those living in the rural areas (Abasiekong, 2010). A policy of this kind should be backed up with incentives and not merely statements that are not backed by either incentives or sanctions for compliance.

The Prospects
By prospect, we refer to a chance or the likelihood of something happening in the future, especially something desirable about the population of Nigeria. As such, this paper presents the following prospects:
First and foremost, considering the slow and consistent decline in the trend of Nigeria’s total fertility rate (TFR) from a TFR of 6.3 (NDHS, 1982); 6.0 (NDHS, 1990); 5.7 (NDHS, 2003); 5.7 (NDHS, 2008); 5.5 (NDHS, 2013), to 5.2 (CIA World Factbook, 2014), there is a hope that in no distance time the Nigeria’s fertility rate could decline to the expected TFR of 2.1 population replacement level, where an average married couple (one man and one woman) is likely to reproduce two children and probably, an addition of only one child to replace the population of infertile women or dead children. See Fig.1 below for a picturesque on fertility declines:

Secondly, considering the slow and steady decline in Nigeria’s maternal mortality ratio (MMR) from 1,100 per 100,000 live births in 1990; 1,100 per 100,000 live births in 1995; 980 per 100,000 live births in 2000; 900 per 100,000 live births in 2005; 840 per 100,000 live births in 2008; 630 per 100,000 live births in 2010 to 560 per 100,000 live births in 2014 (WHO 2008; WHO 2014), there is also some tendency of hope that in no distance time Nigeria’s maternal mortality ratio will reduce below the targeted ‘ratio of 75 per 100,000 live births by 2015’ (FRN, 2004). Although, this is no more visible by 2015 as we are already in the year 2015, but there is a hope in the future. See Fig.2 below for a picturesque on the maternal mortality ratio declines:
Thirdly, it could be deduced from the first and second prospects stated above that Nigeria is optimistic of demographic dividend (a period - usually 20 to 30 years - when fertility rates fall due to significant reduction of child and infant mortality rates). This is because, as Nigeria’s fertility rate continues to decline; it will result to fewer younger dependents population. Also, for the fact that, Nigeria’s life expectancy has improved from 47 years (for both male and female) in 2007 (WHO, 2008), to 51.6 years for male and 53.6 years for female in 2014 (CIA World Factbook, 2014), the reproductive working aged 15-64 will likely increase; giving way to demographic dividend in no distance time insofar as the bulk working aged population is well utilised to spring rapid economic and social development.

**The Way Forward**

Nigeria will surely have a workable population policy if the following suggested measures are painstakingly considered in the next revised edition of the policy:

i. For the fact that Nigeria is multi-ethnic and culturally diversified, population policy should be cultural specific and not non-cultural specific.

ii. The policy should be backed up with incentives and not merely statements that are not backed by either incentives or sanctions for compliance.

iii. There should be adequate funding for effective implementation of the policy at all levels.

iv. In formulating a national policy like this, all key and concerned stakeholders (such as men and women; people from rural and urban centres; educated and uneducated) should be involved in the policy formulation and implementation.

v. Modern data management technology for effective data collection, analysis and management should be adopted in order to enhance regular monitoring and evaluation of the policy.

vi. All bureaucratic bottle-necks that may likely delay the dissemination of vital information and resources for effective implementations of the policy should be removed.

vii. A national population policy of this kind should be more of ‘bottom-up’ approach in formulation than ‘top-down’ approach.

viii. Corruption among stakeholders including embezzlement and misappropriation of funds meant for implementation of the policy should be adequately sanctioned.

ix. There should be strong political will and unflagging enthusiasm on the part of the government to implement the policy.
Peoples' orientation about the policy should be changed through cohesive and massive education of the populace. Particularly, women empowerment and girls' education are very essential. It should be implemented and promoted across the nation, especially, in the northern Nigeria.

Strategies that will discourage massive influx of people particularly from rural areas to cities should be put in place through programmes that promote rural development.

Poverty alleviation programmes that are geared towards poverty reduction should be put in place for effective implementation of the policy.

Finally, old age security should be made available for the elderly. This will serve as an incentive to ensure compliance because high fertility is strongly associated with old age security.

Conclusion

From the review of the achievements, weaknesses and challenges associated with the national population policies of Nigeria, it is observed that the nation's population policy for sustainable development will only be effective when the problems associated with its formulation, implementation and evaluation are solved. Thus, adopting suggestions in this paper is a right step towards achieving the desired goal.

References


United Nations Population Information Network (POPIN), 1974. UN Population Division, Department of Economic and Social Affairs, with support from the UN Population Fund (UNFPA).

