Abstract

The government of Nigeria promulgated its first ever explicit and comprehensive population policy in 1988 in recognition of the adverse effects of rapid population growth against the backdrop of recessional social and economic performance. The policy document specifies a number of measurable demographic targets. Given the current demographic and contraceptive profile of Nigeria as evidenced from the latest nationally representative sample survey and census results, corroborated by estimates from other sources, the fertility and family planning targets do not reflect reality. Currently, only about 6% of married women in the reproductive age group are using contraceptive methods, but the policy envisaged contraceptive usage to have risen to 80% by 2000. With this anticipated massive contraceptive uptake, and limiting childbirth to only women aged 18-34 years, the total fertility rate was expected to fall from about 6 to only 4 births per woman by the year 2000. Besides, some other provisions of the policy are ambiguous. For example, family planning service is seen as only the provision of contraceptive methods. A review of the population policy is suggested and should address these issues.

Résumé

Le gouvernement du Nigeria a promulgué sa toute première politique de population explicite en 1998 à la faveur des effets pervers de la croissance rapide de la population due à la récession économique et sociale. Le document de politique a affiché un certain...
nombre d'objectifs démographiques quantifiables. Compte tenu du profil démographique et contraceptif du Nigeria tel qu'exposé dans l'échantillon représentatif national et les résultats du recensement qui ont été confrontés à des estimations tirées d'autres sources, les objectifs de fécondité et de planification familiale ne reflètent pas la réalité. Présentement, seules 6% environ des femmes appartenant au groupe d'âges des femmes fécondes utilisent des moyens contraceptifs alors que la politique avait prévu que l'utilisation de la contraception augmenterait de 80% en l'an 2000. Dans la perspective de cette utilisation massive de la contraception combinée à une limitation des probabilités de grossesse à la tranche d'âge comprise entre 18 et 34 ans, le taux global de fécondité devait passer de 6 naissances par femme à 4 naissances seulement en l'an 2000. En outre, quelques autres dispositions de la politique sont ambiguës. Par exemple, le service de la planification familiale est réduit à la mise à disposition de méthodes contraceptifs. Cet article évalue la politique de population qui doit traiter de ces problèmes.

Introduction

The world's escalating growth rate is such that the fulcrum slants disproportionately toward the less developed countries. The dramatic increase in the population of the Third World from 1.7 billion people in 1950 to 4.1 in 1990 and to 4.9 billion in 2000 (United Nations, 1999:12) is widely believed to contribute significantly to the poverty and deprivation experienced by these countries because it has diluted and dissipated the potentially salutary effects of national and international efforts to promote economic development and alleviate poverty.

On the African scene, the general demographic profile of the continent indicates that the population of Africa has been growing at a faster rate than that of any other continent in the world. Currently, the region's average annual rate of natural increase is 3%. This phenomenon does not augur well for the region because, for example, its output does not increase that fast. At the present rate of growth, it is projected that if population is not checked, by the year 2000, the 708 million people on the continent would more than twice its 1980 level and will be doubled in approximately 23 years.

Nigeria is one of the fastest growing countries in the world and the most populous in Africa and therefore, is at the centre of Africa's population crisis. The 1991 Population Census results of the Nigerian federation, published by the National Population Commission in April 1998, gave the country's numerical strength as 88.99 million by 1991 (National Population Commission 1998). The present population growth rate of 3.3% per annum is even higher than the continental average, and in the record of the world's largest countries in 1998, Nigeria is placed 10th with a population of 106 million, occupying 1.9% of world population (United Nations, 1999:3). Of Africa's total population of 708 million, Nigeria's population (which yields 15% of the region's total), translates to mean that out of every 6 or 7 Africans, one is a Nigerian.
It is conceded that the population factor is only one among a plethora of factors which can enhance or inhibit the developmental process, and population management alone cannot furnish a panacea to all the socio-economic problems besetting the Nigerian nation-state. But it should be pointed out that it is universally accepted that unchecked population growth exacerbates and accentuates social and economic problems and that it will be extremely difficult if not impossible to solve any of the social, economic, political, and cultural problems if population growth is not stabilised. The awareness of the socio-economic consequences of rapid population growth has led some of the African countries to formulate and implement several programmes and policies designed to influence undesirable population trends.

Consequent upon the Nigerian government's recognition of the negative effects of rapid population growth culminated in the promulgation of the 1988 Population Policy (Federal Republic of Nigeria, 1988). One major component of the policy document is the specification of a set of targets, which demonstrates a strong interest of the government to fundamentally change the reproductive behaviour of Nigerians. In particular, a vital aspect of the targets is to "reduce the number of children a woman is likely to have in her lifetime, now over six, to four per woman...." (Federal Republic of Nigeria 1988:14).

A critical look at the policy targets, reproduced hereunder, generates a number of questions that are of considerable practical interest. Paramount among these questions is: Given the current demographic and contraceptive profile of Nigeria, are these targets attainable? The main thrust of this article is to reflect on this question. The paper is segmented into three broad sections. Following the introduction, the second section discusses the salient features of the policy document, including a review of its evolution, components, and extent of implementation, as well as a comment on the current fertility and contraceptive profile of Nigeria, while the third and final section deals with the discussion and policy issues on the subject.

**Evolution of the Nigeria's Population Policy**

The emergence of Nigeria's population policy can be reviewed in terms of the government's recognition of population problems based on the dynamics of the population and the perceived interrelationship between population dynamics and socio-economic development. While Nigeria’s First National Development Plan of 1962-1968 offered no specific population programmes, in the Second National Development Plan, 1970-1974, the government clearly indicated that the population was growing at an estimated rate of 2.5% annually owing to the combined effects of declining death rates and continuing high birth rates (Federal Republic of Nigeria, 1970). While this rate of growth was considered to be relatively high, the government held that the magnitude of the problem was unlikely to be such that called for emergency or panic action, given the country's "resource base and development potential" (Federal Republic of Nigeria, 1970: 77). This position is
reiterated in the Third Development Plan where it is documented that although Nigeria economic progress (Federal Republic of Nigeria, 1975: 293). It should be stated that these official pronouncements of the government were has a large and rapidly growing population, the demographic factors do not appear as yet to constitute a significant or serious obstacle to basically an implicit population policy since there was no clear-cut strategy for achieving a particular pattern of population change (United Nations, 1998; 1973; Sadik, 1991).

It can be argued that the government's position seemed to be consistent with the mood of a nation emerging from the ravages of a devastating warfare and therefore anxious to replenish human losses. This contention is based on a false premise as the death toll of the civil war was not of alarming proportions in demographic terms and was largely concentrated at the eastern part of the country. Consequently, changes in the age structure of the population, it is believed, would not be very substantial. However, a more plausible reason for the government's optimistic stance at that time was the nation's varied and broad resource potential. The then favourable economic environment, its promising resource base and the large expanse of arable land were expected to absorb large increases in population, which was viewed as an asset to economic development. This conception was predicated primarily on a single precarious financial source - petroleum revenue - as Nigeria had then entered an era of economic prosperity resulting from the booming international crude oil market. It was, therefore, anticipated that given the projected revenue from petroleum and an efficient management of all available and exploitable natural resources, the estimated rate of growth of 2.5% per annum, did not constitute a formidable constraint to economic growth and development.

But the euphoria of the oil boom era is now history. Rather than promoting self-sufficiency, oil wealth had made Nigeria more vulnerable to external shocks. By 1985, the price of oil had fallen to about US$11 per barrel. The volume of Nigerian oil exports fell by 50% between 1980 and 1985. In 1985, the government first adopted austerity measures and then declared a state of economic emergency. Faced with an unprecedented economic crisis, the government started the Structural Adjustment Programme (SAP) in mid-1986 whose goal was to overhaul the structure of the economy along free-market lines and attain self-reliance based on sustainable non-inflationary growth.

On the demographic scene, available evidence on birth and death rates in Nigeria tends to indicate that there was a preponderance of very young persons as a result of persistently high fertility and declining mortality. The implication of this is that there were more people entering the reproductive age group thus establishing the potential for greater population growth. Also, there was a high dependency ratio because of the high proportion of dependent youths compared to the number of people in economically productive ages of between 15 and 65. Even among those people in the productive ages many were jobless due to less job prospects occasioned by the harsh economic realities.
It was these unfavourable scenarios and a compelling need to bring the rate of population growth to acceptable levels that culminated in the promulgation of the Nigeria's population policy in 1988.

**Components of the Population Policy Document Summary of Policy Stipulations**

Nigeria's population policy came into being on 4th February, 1988. An inter-ministerial group consisting of relevant federal ministries and non-governmental organisations (NGOs) had earlier drawn up a draft population policy which was subsequently approved and ratified by the then highest decision-making organ in Nigeria, namely, the Armed Forces Ruling Council. The twenty-nine-page document is tagged: "National Policy on Population for Development, Unity, Progress and Self-reliance".

The policy aims at improving the standard of living of all Nigerians and promoting their health and welfare. Particularly, it calls for guidance in fertility behaviour with emphasis on the health of both mother and child necessitated by a large increase in the size of the population due to persistent increases in reproduction and low death rates.

The document establishes both qualitative and quantitative targets with regard to fertility and mortality levels, population growth rates, family planning programmes and social amenities, calling for systematic measures to ensure equitable distribution of health services especially in the rural, remote and neglected areas of the country. It also stresses the importance of the adoption of fertility regulation as a code of ethics since the incidence of unwanted pregnancies, abortions, abandoned babies and child abuse has reached alarming dimensions.

One fundamental focus of the population policy is the strategy to "make family planning services easily affordable, safe, and culturally acceptable" (Federal Republic of Nigeria, 1988: 15). Since the active involvement of both public and private sectors is envisaged to ensure the maximum success of the family planning programme, the government hopes to set up an appropriate structure to co-ordinate and facilitate the close interaction and co-operation of both sectors for the successful implementation of the population programme. This is because voluntary fertility regulation and organized family planning have proved to be effective, preventive and low cost measures to stem the tide of social problems such as unwanted pregnancies, induced abortions, abandoned babies and child abuse, which are on the increase. The government therefore plans to make available and accessible a variety of methods of fertility regulation to ensure free and conscious choice by all couples and other persons looking for such services at affordable prices. That will add to the establishment of family planning clinics and commercial distribution outlets including the utilization of existing health facilities and community-based delivery systems to ensure grassroots coverage.
The population policy document advocates the integration of health policies and programmes into other development sectors like education, agriculture, employment, urban, rural and regional planning coupled with the introduction of specific programmes, including family planning services, for the sake of the health of mother and child. The objectives of these measures are to reduce the incidence of high risk births occurring below the age of 18 years and above the age of 35 years as well as those at intervals of less than 2 years and those occurring to mothers with more than 4 children.

The population policy document states that appropriate programmes shall be put in place to guarantee equal opportunity between the sexes in education, employment, housing and business in addition to the provision of special population education and information programmes for women in the areas of fertility, regulation of high risk pregnancies and health promotion. Stemming from the young population structure the government, according to the policy document, hopes to address the problems of youths particularly unemployment, school drop-out and early marriage.

Finally, it is informative to highlight some major aspects of the policy document that are particularly relevant to the present discussion. In this connection, we quote hereunder, word for word, the set targets of the Nigeria's Population Policy.

**Nigeria’s Population Policy Targets**

The ten-point targets of the document include (Federal Republic of Nigeria, 1988: 13-14):

(i) "For 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 %by 1995 and by 80 %by the year 2000;

(ii) To reduce pregnancy to mothers below 18 years and above 35 years of age by 50 %by 1995 and by 90 %by the year 2000;

(iii) To reduce the proportion of women bearing more than four children by 50 % by 1995 and by 80 per cent by the year 2000;

(iv) To extend the coverage of family planning service to 50 %of women of childbearing age by 1995 and 80 %by year 2000;

(v) To direct a significant proportion of the family planning programme in terms of family life education and appropriate family planning service at all adult males by the year 2000;
(vi) 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 %by 1995 and 2.0 %by the year 2000;

(vii) To reduce the infant mortality rate to 50 per 1000 live births by the year 1990 and 30 per 1000 live births by the year 2000 and the crude death rate to 10 per 1000 by 1990 and 8 per 1000 by the year 2000;

(viii) To make available suitable family life education, family planning information and services to all adolescents by 2000 to enable them to assume responsible parenthood;

(ix) To provide 50 %of rural communities with basic social amenities by 1990 and 75 %by 2000 in order to stimulate and sustain self reliant development;

(x) Family planning services shall be made available to all persons voluntarily wishing to use them. Priority attention shall be given to reaching high risk clients, for example, women under 18 or over 35, those with four or more children, those with previous complicated pregnancies of childbirth, or those with chronic illness which increase the health risk of pregnancy.

**Extent of the Population Policy Implementation**

The announcement of the adoption of a national policy on population triggered off a series of other activities designed to implement and make the policy successful. Prominent among these were the creation of a Department of Population Activities in the Federal Ministry of Health to co-ordinate policy implementation; and the setting up of an office in Lagos for the implementation of the Family Health Services Project of the USAID which is to provide a substantial international donor support for the implementation of the population policy.

As the main thrust of the population policy is to make family planning services available on a voluntary basis to the generality of Nigerian men and women without obviating the acceptable cultural norms of the Nigerian society, a workplan for the implementation of the national population policy was developed by a Consultative Group consisting of experts drawn from Federal Ministries of Health, Agriculture, Budget and Planning, Employment, Labour and Productivity, Works and Housing and the National Population Commission, representing the public sector of the government; the Planned Parenthood Federation of Nigeria, the National Council for Population Activities and the National Council of Women's Societies,
representing Non-Governmental Organizations; Donor Agencies represented by UNFPA, USAID and the World Bank. The idea behind this exercise was the government's recognition of the fact that many policies have been promulgated in the past, the implementation of which had fallen short of expectation due, mainly, to inadequate planning. In May, 1990, the Plan was approved by the government (Federal Ministry of Health, 1990). The workplan was subject to periodic review in line with prevailing circumstances and available resources.

Various seminars, workshops and conferences have been held for policy makers, opinion leaders, planners, administrators and implementers to assist them in adapting the workplan to suit local purposes. The implementation of the national population policy was expected to cost about N1.2 billion ("Daily Times", 1990). The money is to be expended on training of personnel who would handle the information, education and communication (IEC) component, provision of IEC materials, surveys, and provision of family planning facilities as well as services.

Since the status as well as the role of women in development feature prominently in the population policy, pilot projects were started in various parts of the country (for example, in the then Anambra, Gongola, Sokoto, Plateau and Ogun states) by the Federal Ministries of Health and Social Development, UNICEF and the National Council of Women's Societies among others, designed to encourage the organization of co-operatives among rural women to prevent their exploitation by middlemen. Also, at various centres rural women were being trained in handicraft. Furthermore, many state governments began taking over the facilities of voluntary private family planning organizations situated in government-owned health institutions in their bid to implement the National Population Policy as a primary health care delivery/family planning package.

In September 1991, the Federal Government directed the Mass Mobilization for Social and Economic Recovery (MAMSER) to work together with the directorate of population activities to incorporate population activities in their enlightenment programmes. The government further mandated all the states and local government areas in the country which were yet to launch the population policy in their respective domains to do so before December 31, 1991. Also, to ensure that the three tiers of government were fully involved in the drive to check the country's rapid population growth, the Federal Government in 1991 instructed all the states and the local government areas to set aside some amounts separate from their annual budgets to fund population activities ("New Nigerian", 1991).

Lastly, it is worth mentioning that a good number of agencies whose activities had some indirect consequences for population were initiated by the ruling military regime at
that time. Some of these agencies were: (i) the Directorate of Food, Roads and Rural Infrastructure (DFRRI); (ii) the National Directorate of Employment (NDE); and (iii) the Better Life for Rural Women Programme. The primary function of DFRRI was to open up the rural areas through the provision of access roads, water supply and electricity while the ultimate goal is to stem rural-urban migration and its attendant problems. The NDE which was set up in the wake of mass unemployment that is currently plaguing the nation, was primarily concerned with employment generation for the youth through various self-employment schemes. The Better Life Programme, which was the brain-child of Nigeria's former First Lady, Mrs. Mariam Babangida, and which gained extensive popularity in Nigeria, had as its main thrust the upliftment and enhancement of the socio-economic status of the rural women.

Consequently, it can be argued that sequel to the promulgation of Nigeria's population policy, the implementation processes did begin in earnest and received impetus with the continuity of the existing government. However, it is doubtful whether any substantial progress was made with respect to the attainment of the quantitative demographic targets of the policy as revealed by the current fertility and contraceptive profile of Nigeria. Since contraceptive uptake is crucial to the attainment of the fertility reduction aspiration of any society, it is necessary to find out from the latest available empirical evidence the current levels of contraception and fertility in Nigeria so as to gauge success in the policy targets.

**Current Profile of Fertility and Contraception**

Fertility is measured by the following indicators: total fertility rate (TFR), gross reproduction rate (GRR), general fertility rate (GFR), and crude birth rate (CBR). Table 1 presents these summary measures of fertility using the three latest nationally representative survey results, the 1991 Census post enumeration survey (PES), the Nigeria Demographic and Health Survey (NDHS) of 1990 (Federal Office of Statistics and Institute of Resource Development, 1992), and the Nigeria Fertility Survey (NFS) of 1981/82 (National Population Bureau and World Fertility Survey, 1984). Also, estimates from the United Nations (1999), World Bank (2000), and the US Bureau of the Census (2000) are provided to corroborate the survey findings.

From the survey findings, the TFR lies in the neighbourhood of 6 children per woman for the country. Both the PES and NDHS reported a GRR of 2.9. This value is 0.3 lower than the GRR of 3.2 estimated from the NFS data (Morah, 1985:44). The NDHS results show that the GFR observed for the nation to be 203 is the number of births per 1000 women of childbearing age in the country for the three years preceding the survey. This rate is higher than the PES findings of 189 births per 1000 women of childbearing age, but lower than the NFS rate of 208. The PES and NDHS results indicate an observed CBR of 45 and 39 respectively for the nation. These values are close to the 45-48 births per 1000 population officially declared by the government, which values were derived from the
NFS (Federal Republic of Nigeria, 1988:3). However, the United Nations and the US Bureau of the Census estimates show that CBR has not changed much over the decade. Also, these estimates, along side those of the World Bank, indicate that TFR is still above 5 children per woman in Nigeria. This is because of low use of contraception in the country as evidenced from the last panel of Table 1. The general profile of contraceptive technology in Nigeria shows that only 6% of married women within the reproductive age group in the country are currently using any contraceptive method.

**Discussion And Policy Issues**

It is the contention of this paper that without outstanding improvements in vital social and economic developmental indicators, the achievement of a massive contraceptive uptake of 50% in five years and 80% in a decade from as low as 6% is a mirage for any country. It should be stated that if the use of contraception were to rise to 80% in Nigeria, it goes without saying that fertility will fall to below replacement level as we find in most of the developed world. But the policy envisages TFR to fall from about 6 to 4 births per woman by the year 2000, while the use of family planning methods rises to 80% over the same period.

Also some other demographic targets of the policy present difficulty in interpretation. For example, the expression: "To reduce the proportion of women who get married before the age of 18 years by 50% by 1995 and by 80% by the year 2000" is well intended but is not clear and precise, and therefore, is open to ambiguous interpretation. The statement is suggestive of the fact that the government wants to adopt a minimum age at first marriage of 18 years. Similarly, the expression: "To extend the coverage of family planning service to 50% of women of childbearing age by 1995 and 80% by year 2000" is not very clear since family planning service is not the same as family planning (or contraceptive) method although the latter is a subset of the former. Perhaps, the intention is to raise contraceptive prevalence rate to 50% in 1995 and 80% by 2000. Furthermore, the statements: "Studies have shown that the risk of maternal and infant illness and death is highest in four specific types of pregnancies: pregnancies before the age 18 and after 35, pregnancies less than two years apart and after the fourth..." (Federal Republic of Nigeria, 1988:6), and "For the sake of the health of mother and child, specific programmes ...reduce the incidence high risk births which occur below the age of 18 years, over the age of 35 years, at intervals of less than two years, and more than four in number" (Federal Republic of Nigeria, 1988:18), may be suggesting, inter alia, that the government is advocating a two-year spacing pattern, and limiting childbirth to 4 children per woman but this is not succinctly defined.

Nigeria’s promulgation of its first explicit population policy is laudable. However, given the current demographic profile of the country, it is clear that the relevant proximate determinants of fertility have not altered successfully as stipulated to the extent that the
use of family planning methods has risen in Nigeria from 6% to 50% (representing 833% increase) and 80% (representing 1233 %increase), and TFR has declined to 4 by the year 2000. It has been shown elsewhere that for TFR to fall to 4 births per woman in Nigeria by the year 2000, contraceptive prevalence rate would rise from the prevailing 6% to about 40% which ever scenario option is considered (Mbamaonyeukwu, 2000). It has further been shown by use of demographic simulation procedures that limiting childbirth to young women within the age range of 18-35 years will result in TFR that is below 4 at both national and subnational levels in Nigeria, which is contrary to government's expectation (Mbamaonyeukwu, 1997). Moreover, there is no country in the world where childbirth is limited exclusively to women within 18-35 age bracket. In general, the proposed fertility reduction target is likely to be exceeded if the proximate determinants of fertility are changed as specified in the policy document.

Consequently, it is the contention of this study that some of the provisions of the population policy should be reviewed. The target of limiting childbirth to young women within the age range of 18-35 years should be extended to include women aged 18-49 years or expunged from the present population policy document unless the government is interested in achieving a less-than-4 TFR within the shortest possible time at both national and subnational levels. It is also suggested that the government should stipulate specific targets with respect to contraceptive use to avoid ambiguity and possible misinterpretation since family planning service (which alone was mentioned in the present document) includes, among other things, provision of contraceptive methods, counselling, relevant infrastructural facilities, etc.

While provision of family planning services is strongly recommended, it should be stressed that family planning services should be only one element, albeit a vital component, in comprehensive programmes of reproductive health services, designed and managed with intensive inputs from women. In this respect, the empowerment of women should be clearly spelt out by increasing their educational levels, providing them with jobs, lightening their domestic responsibilities, and removing all forms of discrimination against them, and hence raising their status in the family and community.

The present paper suggests that a new population policy of Nigeria should reflect the significant aspects of both the 1994 Cairo International Conference on Population and Development (ICPD) and the 1995 Beijing International Conference on Women and Development. This is because the present policy document focuses sparingly on gender issues. In this respect, the new policy should stress on reproductive health and rights, elimination of female genital mutilation and removal of other harmful practices, reducing maternal death and morbidity, tackling the spread of HIV/AIDS, especially among the youth, meeting the unmet needs for contraceptive choices, and access to reproductive health information and services for all groups of the Nigerian population. In particular, innovative strategies should be developed to provide adolescents with reproductive health information to promote gender equality and responsible sexual behaviour.
The evolution and implementation of national population policies and programmes derive from a plethora of factors, many of which are internal while others are externally motivated. Also, conventional wisdom dictates that the future cannot be divorced from the past and present. This is because in addition to the awareness generated in a country concerning the dismal consequences of rapid population in response to the empirical findings of her demographic experience, knowledge about what other countries are doing to arrest the situation is a great fillip to the formulation and implementation of population policy. Nigeria should therefore find out what triggered off decline in fertility and hence borrow a leaf from those sub-Saharan African countries such as Kenya, Botswana, and Zimbabwe, that have achieved a success story in fertility reduction. Nigeria can also benefit from the experience of its neighbour, Ghana, that has recently revised its national population policy with a view to redefining and clarifying the basic principles and goals, as well as marshalling out measures aimed at addressing the inadequacies in the implementation strategies, of the previous document (Republic of Ghana, 1994).

It should be clearly stated that some provisions of the 1988 policy document are still valid and well-articulated because they represent a formalized set of procedures designed to achieve a particular pattern of population change. But the social and economic conditions under which the policy was originally drafted are, no doubt, different from those prevailing today. Furthermore, there have been profound changes in the range of threats to society such as HIV/AIDS, depletion of the ozone layer, the dangerous effects of toxic wastes and environmental degradation, coupled with the emerging phenomenon of population aging - most of which the 1988 policy did not address.

On a final note, the consensus achieved at the ICPD Conference was a significant move away from discussing population issues in the context of demographic targets, toward global recognition that the problems associated with rapidly growing human numbers are part of a broader human development agenda (United Nations, 1994). Instead of enunciating demographic targets, the ICPD programme of action challenges countries to change their approach to population programmes, family planning, and reproductive health. Although the purpose of this article is not a discussion of the negative features of traditional population policy and the need for a paradigm shift, it is remarkable that a new definition of population policy was advanced at Cairo that gave prominence to reproductive health and empowerment of women (Sadik, 1996; McIntosh and Finkle, 1995; Sen et al., 1994). This development should guide the revision of Nigeria’s population policy. On the other hand, however, a number of countries still stipulate demographic targets in their policies since the rationale behind them is to strategize to attain acceptable demographic levels that are consistent with national developmental goals and objectives (see, for example, Republic of Ghana, 1994). Thus, “the Cairo recommendations therefore challenged us to change our approach to population programs, family planning and reproductive health and not to give them up” (Sai, 1997:2). But the present demographic targets of Nigeria are ambitious and have been unattainable since the
year 2000 is passed already. It should be stated that the 1988 population policy of Nigeria was fashioned under a dictatorial military regime that believed that power flowed through the barrel of the gun. As such, it can be argued that the population policy was promulgated with military fiat in accordance with military tradition, without proper and exhaustive consultation and discussion of the subject matter. However, recent political developments in Nigeria, bordering on new democratic governance, may furnish a veritable platform for a thorough and comprehensive review of the policy document. In the present democratic dispensation, one should expect a better, current, more satisfactory, and comprehensive population policy for Nigeria.

References

Commission, Abuja.


[1] This research was conducted while Chuks J. Mba (Mbamaonyeukwu, C.J.), Ph.D was a visiting scholar with the African Census Analysis Project (ACAP) at the Population Studies Center, University of Pennsylvania. The author is grateful to Prof. Tukufu Zuberi for the use of ACAP facilities for this research, and the two anonymous reviewers for their important and helpful comments, but takes full responsibility for the views expressed herein.

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### Table 1: Summary Indicators of Fertility, (and Contraceptive Use), Nigeria

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<tr>
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<th>TFR</th>
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<th>CBR</th>
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<td>World Bank, 1999</td>
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<td>NDHS, 1990 (Current Contraceptive Use)</td>
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Note: TFR=Total Fertility Rate (per woman);  
GRR=Gross Reproduction Rate (per woman);  
GFR=General Fertility Rate (per 1,000 women);  
CBR=Crude Birth Rate (per 1,000 population);  
PES= Post Enumeration Survey, conducted three weeks after the 1991 census;  
NDHS= Nigeria Demographic and Health Survey;  
NFS= Nigeria Fertility Survey.