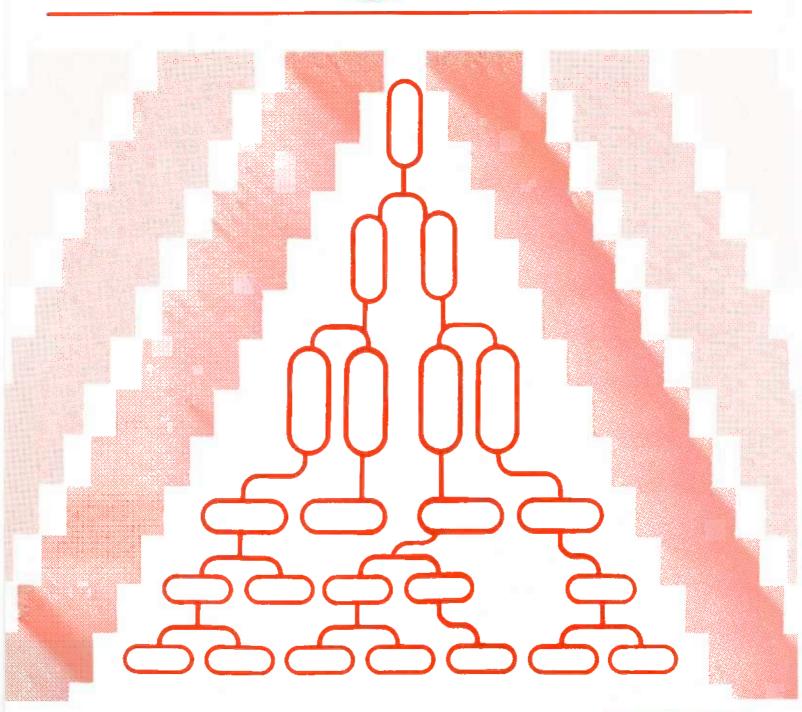
CASE STUDIES IN POPULATION POLICY

Nigeria



UNITED 🍩 NATIONS

Department of International Economic and Social Affairs

Population Policy Paper No. 16

CASE STUDIES IN POPULATION POLICY:

Nigeria

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PREFACE

This publication is one in a series of country case studies being prepared by the Population Division of the Department of International Economic and Social Affairs of the United Nations Secretariat that focus on selected issues in the formulation, implementation and evaluation of population policies in various developing and developed countries.

The objective of the series is to present broadly comparative, issue-oriented case studies that illustrate the myriad approaches countries have pursued in implementing, formulating and evaluating their population policies. The specific issues addressed include the manner by which policies, programmes and targets aim to influence demographic variables directly or indirectly, how they have been formulated, and the extent to which they have been implemented in relation to one another and to other social, economic and political goals. Emphasis is placed on the problems encountered and the strategies undertaken to resolve the problems. It is hoped that this series will be useful to persons responsible for population programmes and policies and, in general, for the sharing of experiences among countries in the formulation, implementation and evaluation of population policies.

The population policy overview for Nigeria presented on pages 1-6 of this publication is taken from World Population Policies, volume II (United Nations, forthcoming). The main body of the report is based on a draft prepared by T. O. Fadayomi, Nigerian Institute of Social and Economic Research, Ibadan, as a consultant to the United Nations. The views and opinions expressed are those of the consultant and do not necessarily reflect those of the United Nations. The estimates and projections presented in the population policy overview may differ from those presented in the main body of the publication, owing to demographic assessments, subsequent adjustments and differences of time reference. Special acknowledgement is due to the United Nations Population Fund for its support of project INT/84/PO8, which made possible the preparation of this publication.

To date, reports issued in the Case Studies in Population Policy series are:

MALAYSIA (ST/ESA/SER.R/80) KUWAIT (ST/ESA/SER.R/82)

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EXPLANATORY NOTES

Symbols of United Nations documents are composed of capital letters combined with figures. Mention of such a symbol indicates a reference to a United Nations document.

Reference to "dollars" (\$) indicates United States dollars, unless otherwise stated.

The term "billion" signifies a thousand million.

Annual rates of growth or change refer to annual compound rates, unless otherwise stated.

A hyphen between years (e.g., 1984-1985) indicates the full period involved, including the beginning and end years; a slash (e.g., 1984/1985) indicates a financial year, school year or crop year.

A point (.) is used to indicate decimals.

The following symbols have been used in the tables:

Three dots (...) indicate that data are not available or are not separately reported.

A dash (-) indicates that the amount is nil or negligible.

A hyphen (-) indicates that the item is not applicable.

A minus sign (-) before a number indicates a deficit or decrease, except as indicated.

Details and percentages in tables do not necessarily add to totals because of rounding.

3.32 Nigeria Naira = \$U.S. 1 as of December 1986.

POPULATION POLICY OVERVIEW

DEMOGRAPHIC	INDICATORS	5	CURRENT PERCEPTION
SIZE/AGE STRUCTUR	E/GROWTH	, and	The Government considers the growth rate to be too high.
Population:	1985	2025	
(thousands)	95 198 338		I ·
0-14 years (%)		38.8	, ,
60+ years (%)	4.0	4.6	
,			
Rate of:	1980-85 20	20-25	
growth	3.3	2.3	1
natural increase	33.3	22.7	
MORTALITY/MORBIDI	TY		Levels and trends are unacceptable. Concerns are infant, child and maternal
	1980-85 20	2025	mortality, malaria, gastro-intestinal,
Life expectancy		64.5	respiratory and preventable diseases,
Crude death rate		6.8	lack of piped-water, sanitation, health
Infant mortality	114.2	48.5	manpower and facilities.
FERTILITY/NUPTIAL	ITY/FAMILY		 The Government perceives fertility as being too high.
	1980-85 20	2025	1
Fertility rate	7.1	3.6	
Crude birth rate		29.5	
Contraceptive			i ·
prevalence rate	5.0 (19	81/2)	İ
Female mean age			į
at first marriag	e 18.7 (19	81/2)	I
INTERNATIONAL MIG	RATION		Immigration is not significant and
	1000 05 00		satisfactory, although the Government has
sr_1	1980-85 20		been concerned over the influx of illegal
Net migration rat	e 0.0	0.0	immigrants. Emigration is not
Foreign-born			significant and satisfactory.
population (%)			
SPATIAL DISTRIBUT	ION/URBANIZ	ATION	 The pattern of population distribution is
•			perceived as inappropriate. It is felt
Urban		2025	that rapid urbanization contributes to
population (%)	23.0	53.0	unemployment and the deterioration of
.			urban amenities.
Growth rate:	<u>1980-85</u> <u>20</u>		
urban	5.8	3.8	<u>!</u>
rural	2.7	0.7	1

GENERAL POLICY FRAMEWORK

Overall approach to population problems: In a major policy shift from its previous policy of non-intervention, the Government since 1985 has a policy directed towards lowering population growth and fertility, while continuing the policy of reducing morbidity/mortality and controlling the pace of urbanization.

Importance of population policy in achieving development objectives: The Government's growing awareness of the importance of population policy is expressed in the 1985 draft national population policy, which spoke of the urgent need to formulate a national policy on population and development, in order to ensure Nigeria's unity, progress and self-reliance. The draft was approved by the Council of Ministers in August 1986 and was awaiting final promulgation as of the end of 1987.

INSTITUTIONAL FRAMEWORK

Population data systems and development planning: Censuses have been conducted since 1866; the latest available census was in 1963. The results of the 1973 census were not released. In July 1987 the Government reported that a census would be held in 1991. Registration of births and deaths is incomplete. The most recent published development plan is the Fourth Development Plan (1981-1985). The launching of the Fifth Five-Year Development Plan, 1986-1990, which was to have begun in January 1986, was tentatively postponed until late 1987 because of the national economic emergency declared by the new Government in 1985.

Integration of population within development planning: The draft national population policy issued in 1985 and approved by the Council of Ministers in 1986 calls for the creation of a Centre for Population and Development Activities. The Centre would provide the institutional basis to ensure adequate co-ordination and integration between population and development programmes. An interministerial co-ordinating committee has been established to advise the Centre. The Ministry of Health has responsibility for the formulation of population policy.

POLICIES AND MEASURES

Changes in population size and age structure: In a dramatic shift from a policy of non-intervention, the new draft population policy proposed in 1985 acknowledges the dangers of rapid population growth and emphasizes child-spacing, delayed marriages, and a limited number of pregnancies per woman in order to brake the rate of growth. The major strategies include family planning, maternal and child health, greater male responsibilities in family life, enhancement of women's status, population education and

information, intensified rural and urban development, and improved data collection for planning. The goal is to reduce the rate of population growth from 3.3 per cent to 2.5 per cent by 1995, and to 2.0 per cent by the year 2000. Under the social security scheme, coverage is limited to employees of firms with at least 10 employees.

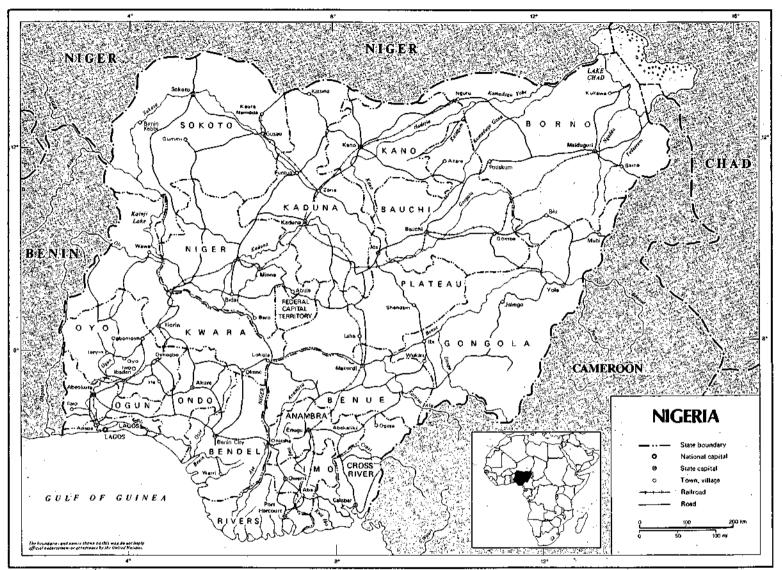
Mortality and morbidity: The Government aims at the provision of basic health for the entire population by the year 2000. This is to be accomplished through the Primary Health Care System which currently represents the main policy approach. To reduce mortality rates, the system will be strengthened. In general, policies call for the extension of preventive and curative health services. Specific measures adopted include the training of front-line workers and health assistants, water supply and sanitation projects, family health projects, programmes of nutrition, oral rehydration and the provision of clean water. In addition, several immunization programmes have been undertaken, and the share of budget expenditures devoted to primary health care has increased. A target has been set to cut the infant mortality rate from about 90 per thousand, to 50 by 1995, and to 30 by the year 2000.

Fertility and the family: Based on the 1985 blueprint for a population policy, the Government hopes to lower fertility by a number of measures. They include boosting the availability of family planning methods to all those of reproductive age through both the public and private sector, a vigourous population education campaign, to limit maternity benefits to three children, and to raise the minimum age at marriage for women. Among the targets specified are the following: to reduce the proportion of women marrying before age 18 by 50 per cent by 1995 and 80 per cent by the year 2000; to reduce the likely completed family size from six to four by the year 2000; to achieve a birth-spacing interval of at least two years for 50 per cent of the country's mothers by 1995 and for 80 per cent by the Contraceptives are widely available and access to them is provided through direct governmental support; they have not been emphasized by the Government though, to the same extent as other measures (e.g., education, counselling, information services) and in practice, contraceptives are not widely used. Abortion is permitted in the southern states if there is a risk to the mother's physical or mental health. In the northern states it is only permitted if the mother's life is at risk.

International migration: Despite its policy to maintain immigration, the Government has resorted to strong measures to curb undocumented immigration. In January 1983, deportation was instituted, forcing the departure of as many as 3 million undocumented immigrants, including more than 1 million Ghanaians. After having closed its borders in 1984 to control immigration, the Government reopened them in April 1985 to repatriate an estimated 700,000 undocumented immigrants, including about 300,000 Ghanaians. The acts were the result of the official recognition that Nigeria's faltering oil revenues would not provide the high level of prosperity believed possible in the 1970s. The border was once again reopened in Feburary 1986. Official policy allows for the emigration, for employment purposes, of unskilled labourers. Such emigration, however, has been minimal in recent years.

Spatial distribution/urbanization: The Government has developed an explicit policy to curb rural-to-urban migration. Features of the policy include a programme of integrated urban and rural development; self-sufficiency in food production, ensuring a balance in the distribution of productive facilities and social amenities between urban and rural areas; and strengthening the primary health care system in rural areas. Another important measure is the planning and designing of a new capital, Abuja, in the interior and the near country's geographic centre which is intended to lessen population pressure in congested coastal areas, particularly Lagos. Abuja was originally planned to have a population of 250,000 by 1987 and 1.5 million by the year 2000. In the mid-1980s, the city's population was estimated to be about 15,000. Two Government ministeries have so far been transferred to Abuja and it is expected that by 1990, the target date for the official transfer of the capital from Lagos, 75 per cent of the Government ministries will have moved.

Status of women and population: The 1985 draft population policy recognizes the need to improve the status of women. A variety of women's groups and women's co-operatives are acting in the political and development areas. The draft includes a proposal to raise the minimum legal age at marriage for women from 15 to 18 years. There are plans to introduce programmes to guarantee equal opportunities for women in education, employment, housing and business, and to provide day-care centres.



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SELECTED SOURCES

The information contained in the overview is based on the continuous monitoring of population policies undertaken by the Population Division of the Department of International Economic and Social Affairs of the United Nations Secretariat, as part of its work programme.

Except where otherwise noted, the demographic estimates and projections are based on the tenth round of global demographic assessments undertaken by the Population Division. The various demographic indicators are derived from data that were available to the United Nations generally by the end of 1985; therefore, the figures supersede those that were previously published by the United Nations. For additional information and data, see:

- Futures Group. Report of the RAPID II population policy workshop held in conjunction with the All-Africa Parliamentary Conference on Population Deveopment, Harare, Zimbabwe, 12-16 May 1986. Washington, D.C., 1986.
- International Planned Parenthood Federation. <u>People</u>, vol. 14, No. 1 (1987), pp. 27-30.
- United Nations. World Population Prospects: Estimates and Projections as Assessed in 1984 (Sales No. E.86.XIII.3).
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 United Nations Population Fund. Population Policy Compendium: Nigeria.
 1981.
- . The Mexico City Conference: The Debate on the Review and Appraisal of the World Population Plan of Action. 1985.
- United Nations Population Fund. Recommendation by the Executive Director.

 Assistance to the Government of Nigeria, support for a comprehensive population programme (DP/FPA/CP/19). 1987.

Contraceptive prevalence rate

United Nations. Recent Levels and Trends of Contraceptive Use as Assessed in 1987. Forthcoming.

Female mean age at first marriage

United Nations. World Population Trends and Policies: 1987 Monitoring Report. Forthcoming.

INTRODUCTION

While the history of the peoples of Nigeria goes back more than 1,000 years, the political entity known as Nigeria came into existence in 1914. Great Britain had annexed Lagos as a colony in 1861, and then, at the Berlin Conference of 1885, had established a much wider claim to a sphere of influence over the area currently known as Nigeria. 1900, the administration of the territory came directly under Until 1914, the territory was administered as two British crown. separate parts, the Northern and Southern protectorates. In 1914, the two were merged, bringing Nigeria under a unitary administration. From until Nigeria gained independence in 1960, a series constitutional re-arrangements gradually involved the Nigerian peoples in limited areas of colonial administration. Notable among them was the 1946 Richards Constitution which divided Nigeria into three regional legislative bodies and administrations with increasing participation of Nigerian citizens as law makers and executives (Blitz, 1965; Kurfi, 1963).

At independence in 1960, Nigeria inherited a federal type of constitution with three regional administrations and a federal government. That constitutional arrangement lasted until the military coup of 1966, which was then followed by the Nigerian civil war between 1967 and 1970. In an attempt to resolve the inherent contradictions in the political system, the three administrative regions created in 1946 were split into 12 regions in 1967. The number of administrative regions was increased to 19 in 1976 in order to decentralize administration and bring it closer to the people.

After 13 years of military rule, between 1966 and 1979, Nigeria returned to civilian government, which was then terminated in 1983 by the army, on grounds of maladministration, economic mismanagement, and official corruption. Between 1983 and the present, Nigeria has remained under military leadership, while retaining the 19-state administrative structure.

A. Peoples of Nigeria

According to the 1931 census, eight major ethnic groups accounted for more than 75 per cent of the total population of Nigeria (see table 1). The principal ethnic groups are Hausa, Ibo, Yoruba, Fulani, Kanuri, Ibibio, Tiv, Edo. Other major groups include the Efik, Nupe, Ighala and Urhobo. Overall there are over 300 linguistic groups in Nigeria, but the three largest groups - Hausa, Ibo and Yoruba - account for about 50 per cent of the population. The Hausas occupy most of the northern half of the northern Nigeria, principally the old provinces of

Table 1. Major ethnic groups (1931 census)

Ethnic group	Total	pop	ulation
Hausa	3	630	000
Ibo	3	185	000
Yoruba	3	166	000
Fulani	2	027	000
Kanuri		931	000
Ibibio		750	000
Tiv		577	000
Edo		508	000
Others	5	122	000
Total	20	396	000

<u>Source</u>: A. L. Mabogunje, in <u>The Politics and Administration of Nigerian Government</u>, L. Franklin Blitz, ed. (Abidjan, Sweet and Maxwell, African University Press, 1965), p. 19.

Sokoto, Katsina, Kano and Zaria, and the Ibos are the most numerous of the ethnic groups in the south-eastern sector of the country. The Yoruba are the most important ethnic group west of the Niger River (Mabogunje, 1965).

Nigeria is a country of great diversity in culture and settlement patterns. In some parts, especially in the north and middle, settlement is so sparse and distances so great that contact between communities is extremely difficult and, consequently, the majority of the inhabitants are virtually cut off from the mainstream of national activities and events. In others, especially the south, settlement is dense, facilitating the rapid exchanges of new ideas and innovations (Olusanya, 1981).

Nigeria is a large country in terms of population, which was estimated at close to 100 million in 1985, with a land area of 924,000 square kilometres. It is the most populous country on the African continent and is about twice as large as the next most populated state, Egypt, which had an estimated 1985 population of 47 million (United Nations, 1986). In West Africa, which has the highest population

density of the continent, Nigeria is more densely populated than any of her neighbours and contains approximately 60 per cent of the total West African population.

The general demographic profile of Nigeria, compared with that of other West African countries, is different only with respect to size, and shares high rates of population growth, fertility and mortality with the others (see table 2). The high growth rate is the result of a high birth rate coupled with a high but declining death rate. The estimated proportion of the population living in urban areas, which was about one fifth of the total population in 1980, is projected to increase to one third by the year 2000. As a result of the high birth rate, the proportion of the country's population that consists of dependent youths aged under 15 years of age is over 45 per cent.

B. General economic outlook

The Nigerian economy during the colonial period was based partly on agricultural exports derived largely from small peasant farms and partly on earnings derived from mining industries. While the exports of those products yielded revenue for a limited quantity of colonial investments in Nigeria's infrastructure, they were mainly intended to supply low cost raw materials to the metropolitan countries (Mabogunje, 1965). independence, deliberate strategy of import-substituting 8 industrialization was pursued vigorously. Between 1960 and 1970, during the first decade of political independence, light industries such as textiles, food processing, metal and plastic fabrication and related industries proliferated and still continue to form the backbone of the few industrialized urban centres in the country. This post-independence industrialization was financed largely by export taxes through the operation of the agricultural marketing boards (Collier, 1983). In the 1970s, the petroleum industry became dominant. Gross national product (GNP) per capita over the period 1960-1970 grew at a rate of 3.1 per cent per annum, as compared with 6.5 per cent per annum between 1970 and 1980 (World Bank, 1982). This growth rate was surpassed only by a few African countries whose economies are not as complex or diffused.

While the oil-boom of the 1970s accelerated the growth of the national income, it did not create a substantial improvement in the living standards and the physical environment of the majority of Nigerians, especially the rural populace. One obvious underlying factor was the decline in agriculture during the period. It is seen from table 3 that agricultural output experienced negative growth in the 1960-1970 decade, and grew negligibly between 1970 and 1980. As a consequence, agriculture's contribution to the national product declined sharply between 1960 and 1980, while the industrial and service sectors increased their shares considerably, largely due to oil. The

Table 2. Selected demographic indicators for selected West African countries

Country	Population gro		growth rate		Crude Crude birth death <u>rate</u> <u>rate</u>	Percentage of the population living in urban areas			ng	Youth dependency	Population density per sq_km	
·	1970	1980	1990		1980	1980		1970 1980	0 1990	2000	1980	1980
Nigeria	3.1	3.4	3.3	3.2	49.7	15.9	16.4	20.4	26.1	33.4	47.4	83
Benin	2.9	3.2	3.2	3.0	49.7	17.8	16.0	30.8	45.3	54.4	46.1	31
Côte d'Ivoire	2.7	2.9	2.9	3.0	47.1	17.9	27.6	37.6	47.3	55.2	44.6	25
Gambia	2.3	2.7	2.7	2.6	46.4	19.6	15.0	18.5	23.7	30.7	44.4	53
Ghana	2.7	3.0	3.0	2.7	47.3	17.7	29.1	35.9	43.5	51.2	46.6	49
Guinea	2.7	3.1	3.1	3.0	50.3	48.5	13.8	19.1	25.6	33.2	43.8	20
Liberia	2.0	2.3	2.4	2.3	42.3	19.3	26.2	33.0	40.7	48.6	47.9	18
Mali	2.3	2.6	2.8	2.7	48.9	21.4	14.9	19.9	26.2	33.8	45.4	6
Senegal	2.4	2.7	2.7	2.6	46.3	19.6	23.7	25.4	29.6	36.7	44.5	29
Sierra Leone	2.5	2.8	2.8	2.6	45.1	17.7	18.1	24.5	32.2	40.2	43.9	- 48

Sources: United Nations, Demographic Indicators of Countries: Estimates and Projections as Assessed in 1980 (United Nations publication, Sales No. E.82.XIII.5); United Nations Economic Commission for Africa, Population Division, Population Growth in Africa, 1970-2000 (Addis Ababa).

Table 3. Sectoral distribution of economic activities and performance in Nigeria, 1960-1980

Sec. 65

	Annual re rates (pe	Composition o		
Sector	1960-1970	1970-1980	1960	1980
Agriculture	-0.4	0.8	63	20
Industry	12.0	8.1	11	42
Manufacturing	9.1	12.0	. 5	6
Services	4.9	9.7	26	38

Source: World Bank, World Development Report (Washington, D.C., 1982).

 \underline{a} / Figures exceed 100 per cent because of data adjustments and rounding.

manufacturing sector, on the other hand, increased its relative share very slightly, from 5 per cent of national product in 1960 to 6 per cent in 1980.

A major outcome of the structural changes in the economy between 1960 and 1980 has been a substantial decline in rural development, both in human and physical terms, accompanied by obvious under-utilization of urban-based resources, as reflected in unemployment, under-employment, inadequate urban social services and industries working below capacity, and further reflected in widespread poverty and inequality.

When one examines the future outlook of the Nigerian economy, one notes that even though the oil-boom decade of the 1970s provided very substantial resources to meet the demands of a rapidly increasing population, the world economic recession of the early 1980s has resulted in dwindling foreign earnings from oil as the major earner of foreign exchange as well as a burgeoning debt burden. These events have hit Nigeria with particular severity. This is at present preventing the country from maintaining social service expenditure or increasing the level of investment to provide for increased production and consumption in the future.

I. THE DEMOGRAPHIC SETTING

A. History of censuses and vital registration

A major problem facing the study of demographic trends in Nigeria is the inaccuracy and incompleteness of past population censuses. Attempts to organize a system of vital registration in Nigeria date back to 1863 but have been limited to a few cities like Lagos, with varying degrees of completeness and reliability. In the absence of reliable censuses and vital registration, sample surveys of the population have proliferated, with varying focuses, research interests and geographical coverage. Apart from the nationwide rural demographic survey conducted in 1965-1966 by the Federal Office of Statistics, it was only in the early 1980s that more reliable nationwide sample surveys of the population were conducted by the National Population Bureau, which was charged with the responsibility of collecting and analysing demographic data.

Colonial period

Immediately after the colony of Lagos was formally established, plans were made for conducting a census of it and its environs. As a result, the first organized census of the Lagos area took place in 1866, followed by another in 1868. Subsequently, beginning in 1871, decennial censuses of Lagos and its environs were conducted until the year 1901. These early censuses satisfied some of the essential features of an adequate census. Most were based on house-to-house enumeration, and most, except for those of 1871 and 1881, had legal authorization. Lagos was the defined territory of the censuses, although the area covered increased with each census (Adegbola, 1980).

The data resulting from the censuses were, at best, estimates. The most important reason was that the census organizers were mostly administrators who were determined to import the British census tradition to Nigeria but who had no scientific knowledge of census operations (Falodun, 1980). The inaccuracies also reflect the suspicions of the largely illiterate society of nineteenth century Lagos. Some thought it was intended as a preliminary step towards the introduction of poll tax. Others considered it wrong from a religious point of view (Adegbola, 1980). According to table 4, the Lagos colony and environs entered the twentieth century with over, one million inhabitants.

In 1911 decennial censuses for the whole of Nigeria, divided into northern and southern protectorates, were begun. That was the first of a series of national decennial censuses, broken only in 1941 when a

Table 4. Censuses taken in Nigeria, 1866-1901

Date	Territory covered	Estimate of population (thousands)	Mode of enumeration
1866	Lagos settlement	25.1	House-to-house
1868	Lagos settlement	4.1	House-to-house
1871	Lagos colony and environs	60.2	House-to-house in Lagos estimates elsewhere
1881	Lagos colony and environs	75.3	House-to-house in Lagos estimates elsewhere
1891	Lagos colony and environs	85.6	House-to-house in Lagos estimates elsewhere
1901	Lagos colony and environs	1 388.8	House-to-house in Lagos estimates elsewhere

Source: O. Adegbola, "The nature of Nigerian censuses" in Population Data Assessment in Nigeria. Proceedings No. 1 (Lagos, Population Association of Nigeria, 1980), p. 23, table 1.

census could not be conducted owing to the exigencies of the Second World War (Adegbola, 1980). The 1911 census enumeration was confined mainly to all foreigners and to the principal ports in the south, while a rough estimate of the population by sex was calculated for northern Nigeria. The 1921 census collected more information and covered more urban centres. The census was carried out separately for the north and south. In the north, the census officer gathered information on the youth and the adult population and also on occupation and religious affiliation. In the south, the census operations were divided into a census of townships and a provincial census. The 1931 census of southern and northern Nigeria differed from the previous ones in that estimates for the south were calculated from updated tax records. It excluded the aged, the infirm and tax evaders, and the sex and age ratio on which the female and child populations were based are likely to be inaccurate (Adegbola, 1980). It was beset by many problems - notably,

the economic depression of the period and a locust invasion in the northern provinces which diverted most of the census staff into anti-locust operations. In the eastern provinces, there was the Aba Riot of 1929 which spread to parts of Owerri and Calabar provinces. These problems made the census of 1931 a very difficult and unsuccessful exercise (Falodun, 1980).

Throughout the colonial period, up until 1960, the only censuses that can be considered modern were those undertaken between 1950 and 1953. The 1950 census of Lagos abandoned the group enumeration used in prior censuses and obtained data for each individual and, additionally, obtained information on social and economic characteristics. A subsequent census of the whole country was conducted in 1952 and 1953.

Table 5. Censuses taken in Nigeria, 1911-1953

Date	Territory covered	Estimates of population (thousands)	Mode of enumeration
1911	Lagos colony and ^{a/} protectorate of Nigeria	16 054.0	House-to-house in main parts, estimates elsewhere
1921	Nigeria <u>b</u> /	18 720.0	House-to-house in some towns, estimates elsewhere
1931	Nigeria <u>b</u> /	20 056.6	House-to-house in Lagos and in 5 towns and 201 villages in the north, estimates elsewhere
1950-1953	Nigeria <u>b</u> /	30 402.0	House-to-house

Source: O. Adegbola, "The nature of Nigerian censuses" in Population Data Assessment in Nigeria. Proceedings No. 1, (Lagos, Population Association of Nigeria, 1980), pp. 23-24, table 1.

A Made up of present-day Nigeria excluding Gongola State.

 $[\]underline{\mathbf{b}}'$ Present-day Nigeria plus former southern Cameroon.

It was carried out in each of the newly evolved three administrative regions and was spread over a year. This meant that interregional migrants would be counted twice, but that minor upward bias was most likely more than counter-balanced by a lack of adequate manpower, transportation and communication, which is believed to have caused an undercount (Falodun, 1980).

As can be seen in table 5, the recorded population of Nigeria almost doubled between the 1911 census and the 1950-1953 censuses.

Post-colonial period

The most distinguishing feature of the post-colonial period censuses are their unreliability, often due to over-enumeration. This result was brought about by ethnic suspicion and fear of political and economic domination arising from the use of census figures as a major criterion for the allocation of national revenue to the different administrative units in the country as well as for the distribution of parliamentary seats in the federal legislature that controls the main organs of power. The precedent, of course, is the constitutional arrangement effected towards the end of the colonial era which linked population size to political representation, revenue allocation and distribution of social amenities (Adegbola, 1980).

As a result, of three censuses taken since Nigeria attained independence in 1960, only one has been officially accepted. The first was undertaken in 1962, the second in 1963 and the third in 1973. The 1962 census was cancelled because it was unacceptable to the various regional governments in the country. The 1963 census, whose figures are still being used for administration and planning, was accepted on the platform of political compromise, but only after surviving legal challenges from the government of the then-eastern region (Iro, 1980). The 1973 census took place under military rule, at a time when it was hoped that political reactions to the census issue would be insignificant. Unfortunately, there was an adverse reaction, and the 1973 census was officially rejected.

The 1963 census figures, currently in use for administrative and planning purposes, provide information by age, sex, religion, ethnic origin and occupation. But in the Nigerian setting, where age reporting is often imprecise, only very rough estimates of fertility, mortality and natural increase can be derived from the 1963 census. In the absence of more precise mortality and fertility information, and in the absence of accepted subsequent censuses, heavy reliance has had to be placed on small-scale surveys and indirect estimating procedures to obtain vital statistics.

B. Demographic levels and trends

Recent information on the demographic characteristics of Nigeria shows that its current demographic situation is similar to that of many other developing countries. Almost half the population is under 15 years of age and about 2 per cent of the total population is 65 years and over. There is a preponderance of young persons in the population manifest evidence that fertility has been and remains high. The burden of childhood dependency is consequently high, because the proportion of the population in the economically active ages (i.e., 15-64 years) is less than half the total population. Mortality, especially infant and childhood mortality, is also high, though it has declined considerably in the past three decades. There are plausible reasons to assume that the death rate will continue to decline rapidly in the future. Campaigns to eradicate or control malaria, measles, yellow fever and other communicable diseases have been in progress for many years and have achieved considerable success. In the northern areas of the country, the incidence of cerebro-spinal meningitis, which formerly took a heavy toll of life, has been progressively reduced over the years. Above all, medical services have become more readily available, and hospitals have become increasingly widespread, especially in the towns and cities. The problem now is the pressure being exerted on available facilities (Olusanya, 1981). Thus, expectation of life at birth, which had been in the region of 37 years in the mid 1950s, had increased by 1985 to about 50 years.

With fertility almost constant while mortality has been on the decline, the rate of population growth due to natural increase has risen from the 2.5 per cent estimated in the 1960s to somewhere in excess of 3 per cent. At that rate, the estimated population, projected from the officially accepted 1963 census, reached almost 100 million in 1985, and is expected to double within the next 18-20 years.

The future demographic outlook of the country is that the population will substantially increase in the future. If a drastic reduction of about 50 per cent in Nigerian family size takes place within the next 35-40 years, the increase in total population from 1980 to 2000 will be around 80-90 per cent. On the other hand, if the reduction in average family size is less than 50 per cent, one could expect a doubling of the population between 1980 and 2000. However, if the current size of the family (slightly over six children per woman) remains constant, total population will by the year 2000 exceed twice its size in 1980.

What is interesting about this projection of the population is that no matter what policy is initiated now to reduce family size, the effect on the total size of the population will not be felt until after 10-15 years. The effect of any policy adopted now to reduce family size will emerge at the end of that period.

In the longer term, to the year 2025, different family sizes would have a much greater impact. According to the most recent United Nations projections, Nigeria's population in the year 2025 will be 268 million if fertility declines more quickly and 392 million if fertility declines more slowly. $\underline{1}$ /

II. EVOLUTION OF POPULATION POLICY

Policy on population growth in Nigeria has gone through several discernible stages (see tables 6 and 7). In the first stage, between 1960 and 1980, there was little or no official awareness that population growth might threaten social and economic programmes. Between 1980 and 1985, however, the national leadership reached greater awareness and was forced to take the population factor seriously. The Government became conscious that a collective effort was needed for solution of the problem, and instituted a phase of action in which policies have been formulated and implementation has begun.

A. Population policy in national development plans, 1962-1985

When Nigeria attained statehood in 1960, the major concern of planners was with stimulating economic growth and with increasing the scale of social services which hitherto had been provided piecemeal by the former colonial government. Although the first national development plan of 1962-1968 noted that the country was experiencing a high rate of population growth, it offered no specific population programmes. Similarly, the second national development plan (1970-1974) took note of the rapidity of the rate of population growth - then estimated at 2.5 per cent per annum - but stated that the demographic situation did not constitute a serious obstacle to domestic economic progress, which was, at the time, fueled by increasing oil revenue.

The third development plan (1975-1980) again noted the rapid rate of population growth and argued that higher rates of economic growth and economic progress would bring down the birth rate in the long run. The development plan of 1975-1980 represented a departure from the first and second, however, in taking explicit account of mortality, migration and urbanization. With respect to mortality, the plan noted that the death rate was high but declining, and stated that improvements in curative and preventive health care could be expected to reduce mortality and morbidity yet further. As regards migration and urbanization, the plan stated that the tempo of rural/urban migration could be expected to decline with the effective introduction of a policy of integrated rural/urban development.

1970s. the Government took an officially Throughout the laissez-faire attitude towards population growth. Nonetheless, in the early 1970s the Government did enunciate a policy of integrating family services. previously largely operated þν non-governmental organizations, into the overall health and social welfare programmes, but the stated purpose of the new policy was to

Table 6. Trends in the perception of Nigeria's population problems since 1970

Population problem	Second development plan (1970–1974)	Third development plan (1975-1980)	Fourth development plan (1981-1985)
Data .	Firm data on Nigeria's population characteristics are scanty	Data on which to base an elaborate population policy are lacking	Data on population trends are out of date and unreliable
Mortality and morbidity	No statement	High but declining	High but declining
Fertility	No statement	High and stable	High and stable
Migration and urbanization	High rate of urbanization with high rate of urban unemployment and under-employment	High rate of migration into towns and cities, resulting in open unemployment and pressure on urban amenities	Rural/urban migration having negative effects on agricultural production and urban infrastructure; influx of immigrant labour from neighbouring African countries
Size and growth	High growth rate of about 2.5 per cent and high youth dependency ratio	High growth rate due to declining death rate and continuing high birth rate	Growth rate higher than the officially accepted 2.5 per cent due to falling death rate and high birth rate. Population may double by the end of century.

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Table 7. Trends in the objectives of Nigeria's population policy since 1970

Population policy	Second development plan (1970-1974)	Third development plan (1975-1980)	Fourth development plan (1981-1985)
Data	No specific objective	Generate adequate and reliable data, mainly through a census	Generate adequate and reliable demographic data through an agency created for the purpose; implement the Civil Registration Act of 1979
Mortality and morbidity	No specific objective	Pursue curative and preventive health programmes to reduce mortality and morbidity	Use the basic health services scheme to reduce mortality and morbidity by nutrition policy and the control of communicable diseases
Fertility	No specific objective	Continue with the health planning approach to voluntary family planning; accelerate the rate of economic growth rather than reduce the birth rate	Encourage voluntary family planning, especially in urban areas, to bring about smaller average families; spread formal education in the hope that it will favour smaller family size
Migration and urbanization	No specific objective	Do not discourage urbanization but introduce a policy of integrated urban/rural development	Pursue a policy of integrated urban/rural development; check against illegal entry of immigants and create employment to discourage brain drain
Size and growth	Pursue a qualitative population policy by encouraging families to adopt family planning on a voluntary basis for health reasons	Accelerate the rate of economic growth in the belief that economic progress will bring down the high but stable birth rate in the long re	No specific objective

promote the health of couples who voluntarily wished to use family planning services, with no mention of any intention of reducing the high birth rate. That attitude persisted until the end of the 1970s.

The fourth national development plan (1981-1985) was more specific in its population policy objectives. It proposed greater encouragement of voluntary family planning, especially in urban areas, with the objective of promoting smaller average family size, and noted that the intended widening of formal education could be expected to accelerate the norm of small family size. Even though the plan did not specify a target family size, it was more purposeful than earlier development plans in specifying measures intended to restrict fertility.

In the fourth national development plan, policy on migration and urbanization did not differ much from that in the third plan, except that it recognized the problem posed by immigration of labour from neighbouring countries, due to the increasing oil-export earnings, and the need to check against illegal immigrants. With respect to mortality and morbidity, the objective of population policy was to reduce the already high but declining death rate by using basic health services to control communicable diseases and to reduce nutritional deficiencies in the population.

As can be seen from the evolution of development plans, planners became progressively more articulate about population concerns and more aware of Nigeria's population problems. The high rate of population growth, earlier recognized, was attributed to the declining death rate and continuing high birth rate. The estimate of a population growth rate of 2.5 per cent, made in the 1960s, was recognized in the 1980s as a substantial under-estimate. The true growth rate was re-estimated at around 3.3 per cent. The revision was dictated by results from two nation-wide sample surveys conducted by the National Population Bureau - namely, the National Demographic Sample Survey, conducted in the early 1980s, and the Nigerian segment of the World Fertility Survey, conducted in 1981-1982. Though the primary focus of the latter was on fertility and related variables, the findings provide the most recently published information on the characteristics of the Nigerian population and household as well as on fertility and childhood mortality.

One major constraint to decision-making on population matters, which has been stated in all development plans since 1970, is the dearth of reliable and up-to-date statistical data on the country's population size, characteristics and trends. As a result, a major policy objective during the first half of the 1980s was to plan a census, to conduct demographic sample surveys, and to implement civil registration of vital events.

Nigeria's population policy for the first 25 independence can be characterized as implicit. It was years after It was not directly aimed at influencing the determinants of population change but, instead, was expected to affect them indirectly through social and economic The approach was partly influenced by the development programmes. prevailing cultural values permeating society. First of all, essence of marriage in Nigeria is to have as many children as possible. All the available evidence shows that marriage is almost universal among Nigerian women and that it occurs very early in life (Fadayomi and Morah, 1985). Marriages are not only universal but also relatively stable. Parents perceive a low economic cost of bearing and rearing children and expect comparatively high future social and economic There is still, generally, a lack of alternative sources of social security in old age or sickness. The prevalence of high infant and childhood mortality, low status of women, low levels of literacy and female employment in non-agricultural occupations, child fostering by nursemaids and the absence of a culture of planning future vital events all contribute to the persistence of high fertility, often reinforced by religious practices.

These cultural values have constantly been in conflict with the modernizing influences of urban living, modern education, housing and non-agricultural employment. However, they do not seem to have been overcome by the 20 years of relative prosperity and modernization following independence.

The Nigerian implicit population policy seems to have had no recognizable effects on fertility during the prosperous 1970-1980 period. The evidence from the Nigerian segment of the World Fertility Survey, whose results recently became available, suggests a relatively stable and high total fertility rate of 6.3 children per woman, with an insignificant number of Nigerian women - 3 per cent - using modern contraceptives.

B. Population policy in the 1986-1990 national development plan

Given the population situation, the sharp decline in oil prices in 1983, the growing awareness of dwindling resources and the constitutional responsibility of the Government to enhance and sustain the country's welfare, the Federal Ministry of Health was mandated in 1984 to initiate the preparation of a national population policy and plan for action for inclusion in the fifth national development plan, for 1986-1990. The reason for delegating responsibility for population policy formulation and co-ordination to the Federal Ministry of Health was that the major focus of the policy was on expanding family planning services, which came under the jurisdiction of the Ministry.

The preliminary work programme for formulating the policy was laid down at a workshop for senior governmental officials and representatives of non-governmental organizations at Ibadan, early in 1985. Among the steps proposed by the participants at the workshop was the need to develop a consensus for a population policy throughout the country and to obtain feedback on the proposed policy and programmes. An interministerial consultative group was constituted to integrate population factors into socio-economic development planning.

At that level of management, there was consensus that rapid population growth could not be left unchecked if the welfare of the average Nigerian was to improve. It was therefore agreed that an explicit population policy, involving a deliberate intervention of public policy into areas of family life, should be pursued in order to match the societal values of child-bearing with societal goals of welfare and development. The goal was not to be sacrificed on the grounds of religious or cultural differences in the society. On the contrary, it was agreed that religious and cultural characteristics need not be barriers to effective population policy but ingredients that should be the basis for the formulation of appropriate programmatic action using direct and indirect methods and incentives to reduce the attractions of high fertility, which was a major determinant of the currently high rate of population growth.

Finally, there was consensus at the initial planning meeting that policies to reduce population growth were not a substitute for development or for good economic policies and the discipline required in implementing and monitoring them. Nevertheless, it was agreed that while economic and social progress helped to slow population growth, it was also true that rapid population growth hampered economic development. It was suggested that the Government of Nigeria should be asked to act on both fronts.

Within that framework, a draft national policy on population and development was prepared. The draft was ratified by the Interministerial Consultative Group on Population Policy in October 1985, and the draft population policy was subsequently approved by the Council of Ministers on 7 August 1986.

Although the Council of Ministers approved the draft population policy, the policy development programme provides for a system of feedback which could conceivably lead to adjustments in the policy. The programme calls for a series of population-awareness workshops to provide feedback and to encourage better participation and consensus on implementation procedures throughout the country. The workshops were to be held with the leaders of the 19 state governments, to be followed by a national workshop.

C. Draft population policy of 1985-1986

The central guiding principle of the draft population policy document ratified by the interministrial council was the proposition that, while Nigeria's population was its most valuable asset - both the agent and the beneficiary of development, the observed population growth rate was so rapid that it endangered future improvements in the country's standard of living.

The document began by examining population trends. Because of high fertility and declining mortality, Nigeria's population grew from about 56 million in 1963 to approximately 98 million in 1985. The document estimated that if current fertility and mortality trends persisted, Nigeria could have a population of 165 million by the year 2000 and 280 million by the year 2015. The mortality decline coupled with high fertility had given Nigeria an unfavourable dependency ratio, with every person in the economically productive ages of 15-64 having one dependent child. Rural-to-urban migration, dominated by young school-leavers, was viewed as increasing at an alarming rate.

Unfavourable consequences of population growth

According to the draft document, the recent rapid growth of population had had a number of unfavourable consequences for agriculture, urban services, education, labour-force absorption, health care, and energy resources.

Agricultural output had been subject to slow growth, averaging less than 1 per cent per year since 1970. That had caused deficits in the domestic food supply, aggravated by population growth and unpredictable drought, and had forced Nigeria to import large quantities of food. Although it had been estimated that only 40-45 per cent of the arable land was being cultivated in the early 1980s, a substantial part of the uncultivated remainder was subject to severe erosion and was being seriously degraded by drought and desertification, as well as being made unhealthy by the spread of vector-borne diseases, especially in the northern parts of the country. Population growth in combination with traditional land tenure had led to fragmentation of already small landholdings, leading to greater rural-to-urban migration.

The document stated that rapid population growth had led to increasing pressure on urban services. A great percentage of Nigeria's urban families were large and lived in squalid housing. They were likely to be poor, unemployed or underemployed, and to have inadequate access to health and other urban social services. With continued rapid city growth, even larger numbers of urban families would lack access to basic services.

Rapid growth in population had placed severe strains on the educational system. Primary school enrolments increased from about 3.7 million students in 1970 to 12.7 million in 1980 and to 16 million in 1985, in response to the high priority given to education. Because of the current high birth rate and the momentum of population growth, primary school enrolment would have to continue expanding at a phenomenal rate in order to achieve the objective of providing six years of formal education to every child of school-going age.

The draft policy document stated that Nigeria's population growth had increased the difficulty of providing satisfactory employment. The size of the labour force, estimated as being 76 per cent of the population aged 15-64, was about 38 million workers. According to the fourth development plan, only 3 million workers held paid positions in the modern sector of the economy. The size of the labour force in the year 2000 would be in the region of 62.1 million workers. It would therefore be very difficult, given the current economic situation, to create enough jobs for such large numbers of people. Nigeria's problems with unemployment and underemployment, especially in the modern sector, were thus likely to be further aggravated.

The rapid growth of Nigeria's population made it difficult to achieve the Government's aim of providing primary health care for the entire population by the year 2000. The high fertility level increased the risks of maternal and infant illness and death. Attaining sufficient expansion in preventive and curative health facilities and personnel in the face of rapid population increase would be extremely problematic.

The document states that population growth was likely to affect the future of Nigeria's energy resources. Wood was still the major source of energy for most of the rural population, but heavy demand was leading to rapid deforestation. Continued rapid growth of population would further increase the demand for fuelwood, thereby leading to greater depletion of forest resources and increased desertification, especially in the north. In parallel, growing domestic consumption of petroleum resources, partly fueled by population increase, would reduce the availability of petroleum for export and thus foreign exchange earnings.

Goals and strategies to reduce population growth

The population policy draft enumerated three goals - to improve the standard of living and quality of life for the entire country; to lower population growth and birth rates through voluntary fertility regulation; and to achieve a more balanced spatial distribution of population between rural and urban areas.

To achieve those goals, the draft proposed nine specific quantitative targets for the year 2000, as follows:

- (a) Reduce by 80 per cent the proportion of women marrying before age 18;
- (b) Among 80 per cent of the women of child-bearing age, achieve a spacing between births of at least two years;
- (c) Reduce by 80 per cent the proportion of women having fifth pregnancies;
- (d) Reduce by 80 per cent the proportion of women having pregnancies after age 35;
- (e) Extend the coverage of family planning services to 80 per cent of the women of child-bearing age:
- (f) Reduce the average number of children a woman has over her lifetime from the prevailing average of above six children to an average of four children;
- (g) Reduce the rate of population growth from the current rate of about 3.3 per cent per year to 2.0 per cent;
 - (h) Lower infant mortality to 20 deaths per 1,000 births;
- (i) Provide 75 per cent of rural communities with social services in order to stimulate and sustain self-reliant development and reduce rural-to-urban migration.

An additional target - set for the year 1995 rather than the year 2000 - was to make available family-life education and family-planning information and services to all adolescents, to enable them to assume responsible parenthood.

The draft document proposed a number of steps to be taken for achieving the targets:

- (a) First, embark on an aggressive information and communication campaign to make citizens aware of the negative effects of rapid population growth on societal development, within the shortest possible time;
- (b) Secondly, inform and educate all individuals on the importance of "reasonable family size", both for the welfare of the individual family and the welfare of the nation as a whole;

- (c) Thirdly, prior to marriage, educate all young people on population matters and methods of fertility regulation, in order to help them achieve responsible parenthood and reasonable family size within the limits they can afford;
- (d) Fourthly, make family planning services easily accessible to all couples and individuals, at subsidized costs;
- (e) Fifthly, improve demographic data collection and analysis so as to monitor and evaluate progress in implementing the policy and as a basis for economic and social development planning;
- (f) Sixthly, improve the living conditions in rural areas in order to slow down the rate of rural-to-urban migration.

For humanitarian reasons, and not fertility reduction, the document also proposed that medical assistance should be provided to help sterile or sub-fertile couples to have children.

Health delivery systems

The draft document recommended that the national health policy should be intensified to reduce infant, childhood and maternal morbidity and mortality, especially for mothers and children in rural and suburban areas, making use of the most effective intervention strategies. It proposed that the effort to provide health for all should be pursued by implementing primary health care, with special attention to the encouragement of breast feeding, adequate nutrition, clean water, basic sanitation, immunizations, oral rehydration therapy, birth spacing, and family planning services.

Status of women

The policy draft proposed a variety of measures intended to reduce fertility by facilitating women's employment and raising the status of women. They included:

- (a) The establishment of day-care centres for nursing mothers;
- (b) Programmes to reduce the heavy burden of work of rural women through the introduction of labour-saving technology in agriculture;
- (c) Legislation to eliminate discrimination against women in education, employment, housing and business;

(d) Raising women's age at marriage to at least 18 years, as part of a national code of ethics.

To further promote fertility restriction, the draft suggested that employers should limit maternity benefits to three pregnancies, spaced at least three years apart, and should actively promote family planning "as a labour code and voluntary social contract".

Children and youth

The population policy draft recommended that a variety of programmes and measures be directed at adolescents and children. They included:

- (a) The expansion of educational and vocational training facilities for both sexes to provide better preparation for adult life;
- (b) Programmes to reduce the number of social drop-outs who contribute to high unemployment and rising delinquency and crime;
- (c) Adjusting the school calendar to fit the agrarian time-table so as to enable children and youth to participate more fully in agriculture;
- (d) Incorporation of population and family life education into the school curriculum;
- (e) Legislation to improve the rights of children and control child exploitation, neglect and abuse;
- (f) A national code of ethics to raise the age at marriage to 21 for men and 18 for women.

Spatial distribution of the population

The rate of urbanization in Nigeria was characterized as "greatly accelerated", leading to overcrowding, poor environmental sanitation, unemployment of youth and inadequate social and health infrastructures in urban areas. A number of specific measures were proposed to reverse the trend of urbanization:

(a) Promotion of small-scale industries in rural areas, including handicrafts and agro-industries;

- (b) Aggressive positive action to make rural living conditions more attractive, together with discouragement of urban squatters;
- (c) Development of medium-sized towns and increasing the economic interdependence between towns and villages, in order to reduce migration to large urban centres.

Population data collection, training and research

According to the draft population policy, information on Nigeria's population is inadequate for planning purposes. Among other items, it proposed that:

- (a) Priority be given to improving vital registration systems, preparatory census activities, and population surveys, so as to avoid problems of controversy over census results;
- (b) Registration of birth, identity and death be required under the national code of ethics;
- (c) Collection and analysis of health statistics be stepped up as an aid in health planning;
- (d) Population experts be integrated into national agencies responsible for formulating development policies;
- (e) Training workshops should be conducted in the uses of demographic data;
- (f) Special studies should be intitiated to help find measures for improving women's economic, social and cultural advancement.

Institutional arrangements

The policy draft emphasized that implementing the national population policy would be greatly facilitated by proper co-ordination of the relevant Government departments at the federal, state and local levels. It also emphasized the desirability of co-operation between the Government and private, non-governmental and international organizations.

To promote such co-operation, it proposed the establishment of a centre for population and development activities, with the functions of a liaison between Government and non-governmental organizations in co-ordinating the various population programmes and continuously monitoring the effects of the programmes.

To improve programme effectiveness, the policy draft proposed a system of monitoring and evaluation. In particular, it called for monitoring the availability and quality of family planning supplies and information in each locale, for examination of the extent to which each agency met its targets, and for assessment of the total demographic impact of the programme. In addition, it stressed the need for repeated measurement of fertility levels and for record-keeping by the service delivery system, which would allow assessment of performance levels.

D. Co-ordination between agencies

The interministerial consultative group on population policy devoted considerable attention in 1985 to appropriate allocation of responsibility among different ministries. All the represented in the group identified areas of competence within the overall national population objectives. For example, the agricultural agency would include family life education in its programme for rural women through its home economics and extension services. The Ministry of Social Development and the National Council of Women's Societies were jointly responsible for women's development, and would focus upon the mobilization and organization of rural community-based women's groups for training and education on family health, functional literacy, productivity capabilities and also community-based projects for urban women. The Ministry of Education, in conjunction with the Ministries of Information and Social Development, would have primary responsibility for the information, education and communication sub-programme.

The Ministry of Labour, Employment and Productivity would initiate programmes targeted at employers and the male population. The Nigerian Institute of Social and Economic Research and the relevant departments of Nigerian universities would contribute supportive social and economic research, while the National Population Bureau and the Office of Statistics would be the key agencies in conducting surveys and monitoring and evaluating programme development.

The public health sector, the Planned Parenthood Federation of Nigeria and other non-governmental agencies would bear responsibility for delivering family planning services and maternal and child health services.

E. Public awareness programme

To promote wider awareness of population issues, a population awareness programme was developed in 1985 by the Ministry of Health, the National Population Bureau and a non-governmental organization, the Futures Group. The programme demonstrated, in graphic form, the

interrelationships between population and development as they apply to Nigeria. By early 1986, presentations of the programme were made to senior governmental and public officials, opinion leaders, and non-governmental organizations throughout the country (Olusanya, 1986), in the form of a series of state-level workshops.

The rationale for the state-level sensitization workshops was that, since the 19 states of the federation had considerable influence on matters of national import, they should be given an opportunity to comment on and contribute to the emerging population policy. However, before they could make effective contributions, their level of awareness of population issues must be substantially raised. In other words, inputs from state governments were important as guides to future action in the area of population and development planning. That was particularly important considering the fact that there were local peculiarities that must be taken into account if success was to be achieved.

Although the country's population problems are now well articulated at the highest policy-making levels and have generated sufficient support for an explicit population policy, the population awareness campaign workshops revealed some countinuing resistance to the concept of slowing the rate of population growth. In one state, several participants went as far as to suggest that what Nigeria needed was "development planning" rather than family planning. The suggestion has its origin in the rather neutral attitude taken by Nigerian policy makers towards the issue of population until very recently, and seems to persist in the minds of many Nigerians.

Participants also criticized what they regarded as the inclination of Nigerian policy-makers to borrow ideas from abroad, especially the idea of using family planning to slow the rate of population growth. The criticism is partly exaggerated in the light of the fact that modern family planning in Nigeria has a precedent in the less effective traditional folk methods practiced among many Nigerian ethnic groups. What is perhaps implied is that while the problems posed by population growth are obvious to high-level policy makers, the methods of family planning adopted in the national population programme should include traditional methods which, in some cases, might be incorporated into the programme if shown to be sufficiently effective.

A number of participants felt that a suitably modified population awareness campaign needed to be devised for the rural population where the large family norm was prevalent, where the largest proportion of population increase took place and where information, education and communication on population problems were least available. There was hardly a state in Nigeria where that suggestion was not put forward.

A sentiment expressed at some workshops was that too much emphasis was being put on women with regard to slowing the rate of population growth, that the available contraceptive methods were almost exclusively for women and that it was women who faced the possible adverse side effects of modern contraceptives. At several workshops it was stated that women often visited family planning clinics without either the knowledge or consent of their husbands, perhaps implying a negative attitude towards family planning on the part of men. A related concern was the fear that wider prevalence of contraception might lead to promiscuity.

Another issue raised was the fear of minority ethnic groups that checking population growth might increase their relative disadvantage within the Nigerian political environment.

Various other concerns were raised by participants. They included opposition to family planning on the part of some religious groups; the need for incentives to encourage small families, and sanctions to discourage them; the need for a law of inheritance to protect female children; the nature and reliability of existing population data; and the need to collect more reliable data by means of a new census of population and civil registration.

The information derived so far from the population awareness campaign indicates that the top echelons of the society have been sufficiently sensitized, but it is also clear that a number of misconceptions about the programme and its implementation persist. It is expected that the population awareness campaign will be extended to the larger population, with a continuing emphasis on identifying cultural beliefs that should be accounted for in selecting and presenting programme materials.

III. CONCLUSIONS

Given the future outlook of the Nigerian economy, there is little likelihood that the economic boom of the 1970s will be repeated in this century. Dwindling resources are likely to prevent the country from maintaining its level of social service expenditure or increasing the level of investments in productive activities such as agriculture and industry. Therefore, in order to protect the quality of life of the population against deterioration, increasing consideration is being given to the slowing of the current rate of population growth.

Indeed, the implications of rapid population growth for resources in Nigeria are now much better appreciated. It is envisaged that the current inadequacies of services such as education, health, housing, food supply and nutrition will worsen unless either resources are expanded at a rate faster than that of population growth or population growth is slowed.

The current Nigerian population policy and programmes can be seen as a major experiment in planned social change. The population to which the policy is addressed has a well embedded tradition of very high fertility. The ambitious targets adopted by the programme call for a substantial effort on the part of the Government, with correspondingly substantial personnel, management and financial requirements.

It is recognized in the Nigerian population policy document that the implementation of the national population policy is an activity that depends upon all tiers and agencies of government, the community at large, and non-governmental organizations. It is the intention of the Government to seek technical co-operation with other countries and international organizations in order to share expertise and experiences in population and development activities.

That intention first became public in early 1985 at the inaugural meeting of the Interministerial Consultative Group on Population Policy which was co-sponsored by the Government of Nigeria, USAID and the World Since then, other international agencies including UNICEF, UNFPA, WHO, the Futures Group, and the Pathfinder Fund, have offered and financial assistance to the population programme, the preparation of sectoral programmes and the identification of resources for the implementation of the policy programmes. While the magnitude of international technical and financial assistance for the policy programmes cannot be precisely estimated at this early planning stage, most of the tasks involved in the implementation of the policy expected to Ъe backstopped by international agencies collaboration with the Government. The actual commitments of the local Nigerian governments to the policy programmes will not be known until the completion of the fifth national development plan, which is expected in 1987.

<u>Note</u>

1/ The United Nations projections are from World Population Prospects: Estimates and Projections as Assessed in 1984 (United Nations publication, Sales No. E.86.XIII.3). The projections assume a total fertility rate of 7.10 in 1980-1985, which is somewhat higher than the rate of 6.34 estimated by the World Fertility Survey.

Editor's note: Shortly before going to press, it was learned that the Federal Health Minister of Nigeria announced in March 1988 that the Military Council of Nigeria had approved the country's draft national population policy.

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GLOSSARY

Contraceptive prevalence rate: percentage currently using contraception; usually based on married or sexually active couples with women in the reproductive age.

Crude birth rate: the number of births in a year per 1,000 mid-year population.

Crude death rate: the number of deaths in a year per 1,000 mid-year population.

<u>Dependency ratio or age dependency ratio</u>: the ratio of the combined child population under 15 years of age and adult population 65 years and over to the population of intermediate age per 100.

<u>Foreign-born population</u>: persons born outside the country or area in which they were enumerated at the time of the census.

General fertility rate: the annual number of births divided by the mid-year population of women aged 15 to 49 years multiplied by 1,000.

Gross reproduction rate: a measure of the reproduction of a population expressed as an average number of daughters to be born to a cohort of women during their reproductive age, assuming no mortality and a fixed schedule of age-specific fertility rates. More specifically, it is the sum of age-specific fertility rates for the period multiplied by the proportion of the total births of girl babies.

<u>Infant mortality rate</u>: the probability of dying between birth and age 1 multiplied by 1,000; commonly calculated as the number of deaths of infants under one year of age in any given calendar year divided by the number of births in that year and multiplied by 1,000.

<u>Life expectancy at birth</u>: a life-table function to indicate the expected average number of years to be lived by a newly born baby, assuming a fixed schedule of age-specific mortality rates.

Mean age at first marriage (females): the average age at which women marry for the first time.

Median age: the age which divides the population into two groups of equal size, one of which is younger and the other of which is older.

Natural rate of increase: the difference between the crude birth rate and the crude death rate, expressed per 1,000 mid-year population.

Net migration: the difference between gross immigration and gross emigration.

Net migration rate: the difference between gross immigration and gross emigration per 1,000 of the mid-year population.

Net reproduction rate: a refined measure of the reproduction of population expressed as an average number of daughters that a cohort of newly born girl babies will bear during their lifetime, assuming fixed schedules of age-specific fertility and mortality rates. In other words, it is the measure of the extent to which a cohort of newly born girls will replace themselves under given schedules of age-specific fertility and mortality rates.

Rate of growth: the exponential average annual rate of population growth, expressed as a percentage.

Sex ratio: the number of men per 100 women.

<u>Survival ratio</u>: the probability of surviving from one age to an older one; it is often computed for five-year age groups and a five-year time period.

Total fertility rate: the sum of the age-specific fertility rates over all ages of the child-bearing period; if five-year age groups are used, the sum of the rates is multiplied by 5. This measure gives the approximate magnitude of "completed family size", that is, the total number of children an average woman will bear in her lifetime, assuming no mortality.

<u>Urban population</u>: population living in areas defined as urban by national authorities.