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NIGERIA'S POPULATION CONTROL POLICIES: THE ROLE OF ABSTINENCE AND CONTRACEPTIVE USE ON FERTILITY RATE

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ABSTRACT

Sustainable practices like abstinence and the use of contraceptives are highlighted in this study of Nigeria's population control policies and their effect on fertility rates. The study used data from the 2018 Nigerian Demographic and Health Survey, which revealed wide swings in the country's fertility rate. The study employed the use of descriptive statistics, a chi-square, and ANOVA. The findings reveal that contraceptive use has a considerable impact on fertility rates in Nigeria. The fertility rate of women who used contraceptives was lower than that of women who did not. Furthermore, abstinence was found to improve fertility rates among young women (15-19 years old). Overall, the data suggests that reducing Nigeria's high fertility rate and ensuring adequate resource allocation for its rising population can be achieved through the effective implementation of population control programmes that promote contraceptive usage.

1.0 INTRODUCTION

The world's population is currently estimated to be about 8 billion with Nigeria currently occupying the seventh position of the most populous nations (Adebowale, 2019). As at the 1991 census conducted in Nigeria, population was 89 million and growth rate was 2.82%. According to the last census conducted in 2006, the population was over 140 million (NBS, 2009) and had reached 182.2 million in 2016 (NPC, 2018) and the figure is projected to increase further.

According to the Nigerian demographic and Health Survey, there has been high fluctuating fertility rate. The relevance of sustainable population policies in a country therefore is to respond to the anticipated consequences of high fertility rate and to help ensure proper resource allocation for the ever-growing population such as Nigeria. Hence, this paper intends to study the effect of contraceptive use on Nigeria's fertility rate while critically examining the existing policies.

1.1 Critical Analysis of Nigeria's Population Policies

The first ever population policy in 1988 titled "the National Policy on Population for Development, Unity, Progress and Self Reliance" attempted to achieve reduction in fertility with specific target to reduce the number of birth per woman to four children, eliminate early child marriage pegging that at 18 years and improve mother and child mortality (Michael & Odeyemi, 2017). All these were meant to be achieved through family planning but the failure of this policy led to the formulation of a second policy in 2004 titled "The National Policy on Population for Sustainability Development". This policy was expected to reduce population growth rate to at most 2% by 2015 and also reduce fertility rate by 0.6% every 5 years. Even though it was better conceived than that of 1988 but it however did not achieve its 2015 aims and objectives due to a number of reasons; some of which includes:

Aside faulty implementation of objectives i.e they are neither anti-natalist nor pro-natalist in nature as there was no compliance motivations and non-compliance sanctions. Change in the policy priorities as a result of change in government is quite common among policy makers in Nigeria (NPP Report, 2015). More often than not, project, programme and policies are being re-directed or completely abandoned as soon as there is a change in government.

Religious and social belief of the people also did not allow the policy strive, with the mindset that it is God's commandment to go and populate the world and that having many children improves their social status. This affected acceptance of the policy.

2.0 Theoretical underpinning the work: Malthusian Theory of population

Malthus identified a problem in 1978 where he pointed out that food production was increasing at an arithmetic rate, population on the other hand was increasing at a geometric rate. Malthus suggested positive and preventive remedy to correct the situation and restore balance. The preventive remedy which included delayed marriage and voluntary restraint on birth rate is the focus of this work as it is based on reduction in fertility rate to control population growth.

3.0 METHODOLOGY

3.1 Data Collection and Analysis

Data used was collected from the Nigerian demography and Health Survey 2018. The variables that were used are age of women, number of children as proxy for fertility rate, abstinence and the use of contraceptives. The study employed the use of descriptive statistics, a chi square and Anova test to show how fertility rate is affected by abstinence and contraceptives.

4.0 RESULTS AND DISCUSSION

The table below is showing the distribution of women across different age groups by contraceptive usage, abstinence and the number of children they have birthed. Approximately 92% of women across the different age groups are sexually active while 74% refused to use contraceptive that could prevent pregnancy. Also, we can tell from the table that more elderly women with more than four children were guilty of not using contraceptives and were still sexually active.

Table 1: Distribution of Respondents by Age, Children, Contraception and Abstinence.

Women	Abstaining		Contraceptive		Children		Total
Age range	No		No		> 4 children		
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	
15-19	8119	96.39	7972	94.65	0	0.00	8423
20-24	6088	88.95	5384	78.67	25	0.37	6844
25-29	6347	88.12	4905	68.10	652	9.05	7203
30-34	5362	89.41	3790	63.20	1790	29.85	5997
35-39	4919	90.99	3296	60.97	2472	45.73	5406
40-44	3862	95.19	2654	65.42	2353	58.00	4057
45-49	3810	97.92	2780	71.45	2377	61.09	3891
Total	38507	92.08	30781	73.60	9669	23.12	41821
Chi Square	0.351		0.000		0.000		

The table below shows the effects of abstinence and contraceptive use on fertility rate. Both abstinence and the use of contraceptives can significantly influence fertility rate. This is in line with the result of Gotmark and Anderson, (2020) that the use of contraceptive influences total fertility rate.

Table 2: Analysis Showing the effect of Abstinence and Contraceptives on Fertility Rate.

Tests of Between-Subjects Effects					
Dependent Variable: Number of living children					
Source	**Type III Sum of Squares**	**Df**	**Mean Square**	**F**	**Sig.**
Corrected Model	7950.176[a]	5	1590.035	267.442	.000
Intercept	48259.432	1	48259.432	8117.184	.000
Abstinence	419.896	1	419.896	70.626	.000
Contraceptives	1343.726	2	671.863	113.007	.000
Abstinence * Contraceptives	47.202	2	23.601	3.970	.019
Error	248604.449	41815	5.945		
Total	542343.000	41821			
Corrected Total	256554.625	41820			
a. R Squared = .031 (Adjusted R Squared = .031)					

4.1 Policy Implications

Given the sexual activeness from the age of 15, it might be prudent to create positive attitude and autonomous decision to the use of contraceptive. This is achievable by introducing population theories and policies in the curricula at basic and secondary school levels to provide adequate education and empowering children against belief (religious or cultural) on contraceptive use.

Ethnic specific focus and drive should be adopted using compliance enforcement with the right motivation such as scholarships and non-compliance sanction such as tax increment to defaulters. This was informed by literature, that fertility rate was 8.02, 4.91 and 4.43 among Hause/fulani, Igbo and Yoruba respectively (Adebowale, 2019).

4.2 Feasible policy approach grounded in theory and guided by the components of the policy triangle

The idea for the policy: The content of the policy should be holistic; focusing not only on reducing TFR but pay attention to maternal and child health, education, women empowerment etc. This is grounded in Demographic transition theory which says that population changes are introduced by industrial changes and increased wealth: women empowerment, education.

The context (cultural): The country situation presently needs urgent action as it's influenced by religion and ethnicity belief about number of children but careless about the quality of the children. As stated by Youth bulge hypothesis that high proportion of young people in the population leads to conflict especially if necessary investments are not made.

The policy process: The implementation of the policy needs to follow a pattern that engages and meets the need of people. Success of any population policy is its ability to change peoples behaviour. Knowledge-attitude behaviours model stated that concise information should be provided to improve their awareness (attitude) and then leads to change in behaviour (use of contraceptive).

The Actors: Necessary actors such as various ministry (health, education, information), religion leaders, NGO and private organisations etc should be actively involved and play connecting roles in achieving same objectives. Following the Social Network Theory that says that diffusion of information such as contraceptive use from one sub group/ministry/religion center to another can lead to fertility decline.

5.0 CONCLUSION

Result and literature has made us understand that previous policy on fertility control did not work. Failure to act quickly may expose the country to youth bulge effect or congestion on available resources. Hence, the government of Nigeria may need to adopt new strategies of making people embrace population control policies.

REFERENCES

1. Adebowale A. S., Ethnic Disparities in fertility and its determinants in Nigeria. *Fertility Research and Practice*, 2019; 5(3): 2-16.
2. Ajiboye, B. M. The importance and Usage of National Census for Security and Development of Nigeria. *Philippine Social Science Journal*, 2021; 4(4): 125-134.
3. Akanni, I.A. Nigerian Census has always been tricky: Why things must change. The conversion, 2020.
4. Eme, O.I. Census politics in Nigeria: An examination of 2006 population census. *Journal of Policy and Development Studies*, 2015; 9(3): 47-72.
5. Gotmark, F., Anderson, M. Human fertility relation to education, economy, religion, contraception and family planning programs. *BMC Public Health*, 2020; 20: 265.
6. Michael, T.O, and Odeyemi, M. A. Nigeria's Population policies: issues, challenges and prospects." *Ibadan Journal of Social Science*, 2107; 15(1): 103-115.
7. National Policy on Population for Sustainability Development, 2015.
8. Nigerian demographic and Health Survey, 2008.
9. Nigerian demographic and Health Survey NDHS, 2003.
10. Ogunleye, O.O., Owolabi, O.A. and Mubarak, M. Population Growth and Economic Growth in Nigeria: An Appraisal. *International Journal of Management Accounting and Economics*, 2018; 5(5): 282-299.
11. Rahman, M. Validity of Malthusian Theory of Population in 20th Century in Terms of Using Scientific Technology to the Economic Growth and Strength. *International Journal of Tax Economics and Management*, 2018; 1(1): 13-21.