



Communication Discourse on Population Policy Dynamics and Development in Nigeria

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Abstract: *This paper examines the dynamics of population policy and its implications for national development in Nigeria from a communication perspective. Nigeria's rapid population growth, youthful demographic structure, and persistent socio-economic challenges have made population policy a critical development concern. The paper discusses how communication processes shape the formulation, interpretation, and implementation of population policies, as well as public understanding and acceptance of policy objectives such as fertility regulation, reproductive health, family planning, and sustainable development. Drawing on policy documents, existing literature, and communication-for-development frameworks, the paper analyses the roles of government agencies, the media, civil society organisations, religious and traditional institutions, and development partners in population policy discourse. The paper argues that the technocrat elite accepted the policy largely on its own merits, national leaders negotiated the policy by it facilitated state-society relations, deflected blame for economic woes, and representatives of social and religious groups rejected the policy. Many wonder why Nigeria, a country in which population was highly politicized, adopted a policy aiming to limit fertility. Further, some groups tend to see prestige and strength in large numbers and suspect that western warnings about high growth rates are an imperialist conspiracy to keep them undeveloped. The paper points that population policy success in Nigeria is not only a matter of demographic targets but also of effective, culturally sensitive, and inclusive communication strategies that align population goals with citizens' lived realities. It concludes that strengthening evidence-based communication, media advocacy, and stakeholder collaboration is essential for aligning population policy with sustainable development objectives in Nigeria.*

Keywords: *communication; development; discuss; dynamics, policy; population*

I. Introduction

This paper examines the factors that led Nigeria to adopt its population policy. Some scholars believe is because of its own merits, others said donor pressure served as a backdrop to the whole process. Population policies represent an explicit intervention in an intimated arena of personal life that of reproduction. By virtue of covering this generative area, which relates to the reproduction of individuals, families, and the nation, population policies provide more extensive opportunities for governments than other social policies to achieve goals related to governance. When compared to other government prescriptions population policies may be easier to negotiate because it offers particularly generative political opportunities, or to reject because donors acknowledge the sensitivity of the topic, good policy analysis requires identification of the positions of different key actors in that process. Generally, Nigeria's leaders accepted the policy to facilitate process of governance and social groups rejected the policy on moral or political ground.

Arguments have been made against the proposal that population growth rates should be limited, notably because the world's economy is growing at a faster rate, and that significant increases have taken place in such indicators as the gross national product, school-enrolment ratios, and increased calorie intake. Further, as Pratt (1986) submits some developing nations tend to see prestige and strength in large numbers and suspect that western warnings about high growth rates are an imperialist conspiracy to keep them undeveloped.

1.1 Conceptual Clarifications

What exactly is meant by the term population policy? Adepoju (1975) said it can be defined as legislative measures, administrative and governmental actions which are designed to reduce fertility, mortality and migration. As Demeny (1977, p.115) "it is an accepted social goal in all societies to achieve reductions as quickly as possible". Programmes which are designed to reduced mortality and increased life expectancy, sometimes coercion is employed, if it becomes necessary. Such programmes are also, migration policies have often been formulated, and various national immigration laws.

On the other hand, population policies are more sensitive than others, since belief in the fundamental individual parental right to determine the number and spacing of their children within the nation's political, socio-cultural and economic milieu (Vitalis et al., 2025). Avong (2000) said Nigeria as a result of deepening economic crisis; Nigeria succumbed to pressure to launch its first national population policy in 1989. This policy aimed at reducing the population growth rate through reducing fertility from six to four children per woman by the year 2000. Since the launching of the population policy, educational and family planning programmes aimed at providing education on population issues and making modern family planning methods readily accessible to all Nigerians, are reported to have been fairly successful.

Robinson (2012) said in 1989 Nigeria adopted a population policy designed to slow population growth, making it the second country in sub-Saharan Africa, after Ghana to do so. What is obscure to many is why did a country with cultural and economic preferences for large families, and in which ethnic, religious, and regional competition had persistently challenged everything from census collection to national unity, decide to adopt a policy aiming to limit fertility?

Implicit in the arguments of those who see large numbers as the major population concern is the baneful notion that 'more people' are bad. Hence the emphasis on prescriptive measures, such as controlling the number of births, rather than on attempts to improve the quality of life. But more people may not necessarily be bad for a nation, human-capital theorists argue. Demeny (1977) posits that a nation's population is a productive resource that is even more important than machines and other non-human capital for development. If a population is developed like any other asset, it is capable of producing more than its consumptive share of the aggregate national product. Hence the view that high-priority investments in human capital - notably in education and child health - will contribute to the solution of the population problem.

In addition, it is important to identify differences in values between the developing and developed countries (Aliyu et al., 2023). In most of the former, particularly in Africa and Asia, a child is primarily perceived as an 'investment good', with an economic value that far

exceeds the initial outlays in education and in rearing up to working age. A child not only contributes to family income through farm and commercial work but substitutes for adult labour during emergencies, and also provides social insurance for the elderly. This is in marked contrast to the situation in many developed countries, where children are primarily perceived as a 'consumption good'. Parents incur direct and indirect costs in educating and in rearing their children, and in offering gifts to them, with social gratification being the primary return.

II. Review of Literature

2.1 Five Phases in the Evolution of Population Policies

The evolution of population policies can be divided into five distinct phases: (a) the 25-year period following the establishment of the United Nations (1945-1970); (b) the decade of the 1974 World Population Conference in Bucharest (1970-1980); (c) the decade of the 1984 International Conference on Population in Mexico City (1980-1990); (d) the decade of the 1994 International Conference on Population and Development (ICPD) in Cairo (1990-2000); and (e) the beginning of the 21st century (Mirkin, 2005, p.312).

Although the consequences of rapid population growth were already recognized at the time of the 1954 Rome Conference, policies to reduce high population growth were only briefly discussed at the Conference (ibid). Much of the attention was devoted to policies intended to strengthen the family and to raise fertility in countries where it was low. By the time of the Belgrade Conference, much greater attention had been given to population issues in developing countries and in particular, high population growth. This attention to rapid growth was also evident at the Bucharest Conference and by 1976, two fifths of developing countries viewed their population growth as too high. Despite declining rates of population growth in less developed regions from an average annual rate of 2.4 per cent during 1970-1974 to 1.5 per cent (ibid). By 2004/2005, more than one-half of developing countries continue to view their growth rates as being too high (United Nations, 2004; United Nations, 2005). This may reflect the fact that many developing countries will experience large population increments even in the face of declining population growth.

Furthermore, population growth among the 50 least developed countries remains stubbornly high at 2.4 per cent annually. For this group of countries, population growth is not expected to dip below 2.0 per cent until after the year 2020. It is widely recognized that rapid population growth is a major impediment to development by impacting negatively on the provision on health, sanitation, education, employment, food production, natural resources and the environment.

A major conclusion of this study is that the United Nations has successfully provided a forum to reach consensus on a broad spectrum of population issues, and serves as an example of successful cooperation among Member States in important areas of human concern. The 1954 Rome Conference was a scientific conference and not political, as participants consisted of demographers and population specialists. It emphasized methods and techniques of demography, which were still evolving at the time. Pratt (1986) submits that four interconnected goals for the meeting were suggested: exchange of information, pooling of knowledge, need to correct erroneous beliefs held by the general public and enlighten Governments and parliaments whose legislative action affected population change.

The second United Nations Population Conference in Belgrade in 1965, this is the first time, fertility was considered as a policy variable in the context of development planning. The Conference also stipulated that population policy was a sovereign decision of each country and an important component of socio-economic development. The 1974 World Population Conference in Bucharest a decade later was unique in that it was the first conference composed of representatives of Governments (Aondover et al., 2023a). The conference focused its efforts on drawing up the first international document on population policy, the World Population Plan of Action. That document reflected the tension between those States that emphasized the need for fertility decline and those States that called for a new international order. The position of the developing countries can best be summarized by the following quotation from one of the participants, "development was the best contraceptive" Robinson (2012). The 1984 International Conference on Population, the fourth in the series convened by the United Nations and the second one of an intergovernmental nature, was held in Mexico City. The Conference refined and made more concrete the World Population Plan of Action. The 1994 International Conference on Population and Development held in Cairo was the fifth decennial conference convened by the United Nations (Aondover et al., 2022b).

Governments have been increasing their awareness and concerns for all areas of population policy - population size, growth and structure; fertility behaviour and contraceptive use; mortality and health; international migration and its consequences; and internal population movements and changing rural and urban population distributions. However, within this "secular increase" in all government concerns, the priority which Governments have accorded to different issues has evolved and continues to evolve. In 2003, population issues of greatest concern to developed countries are those related to low fertility (population ageing, the small size of the working age population, the persistence of low fertility) and HIV/AIDS among the world's developing countries, infant, child and maternal mortality and HIV/AIDS are the most pressing population and development concerns.

2.2 Population Policy and Prevention of Maternal Mortality

That policy was put there for the health of the woman. "The woman was told; if you don't want to die, don't have more than four children. That was what we were saying. Data shows that after the third child, maternal mortality goes up" (Ransome-Kuti in Robinson 2012, p.236). For Ransome-Kuti, the population policy was more about health than development. Because of his leadership and interest in the policy, the policy came from the Ministry of Health, rather than an economic ministry, unlike population policies in other African countries. Nigeria ultimately accepted the development prescription for a population policy. The acceptance resulted from donor pressure to some extent, but also because there was technocratic elite committed to the neo-Malthusian perspective. In addition, there is evidence the government negotiated the population policy for achieving its own ends.

Robinson (2012) reports the Population Information and Communication Branch of the Ministry of Information published a pamphlet with national family logo on it with a man and a woman holding a baby. It reads: a planned nation is a healthy nation" specifically under the heading "Population Development" the pamphlet reads:
A nation's population is its greatest asset the quality of this asset depends on the quality population that constitutes it. Therefore, a nation's development is closely a function of its population. However, a nation starts with the size and quality of a family, if the family is managed properly at the individual family level, it will be easier to manage the country at large

through the judicious management of available resources to meet the demands of the population, Robinson (P. 286).

Nigeria also negotiated the population policy by easing for economic troubles away from the government inefficiency. Robinson (2012) observed population policy linkage to population growth and economy, presented population growth as an excuse for providing a solution to those problems, in addition, poor economic performance to additional factors including the world economic recession of the 1980's.

Adinma and Adinma (2011) said, at least four of the eight MDGs have a direct relationship with reproductive health, Vis MDGs 3, 4, 5, and 6. The MDG number 3 - to promote gender equality and empower women, represents a well-designed reproductive health and rights' violation remedial measure that could impact on economy and development either directly or indirectly. Similarly MDG 4 that is: Reduce child mortality, represents a response to a very important component of reproductive health - Infant and child survival, growth and development, which continues to pose a great challenge to many countries of the developing world especially Nigeria where no visible improvement has occurred over many years (Maikaba & Msughter, 2019). High and unabating maternal mortality statistics in Nigeria typifies the direct relationship between reproductive health and development.

MDG 5 - Improve maternal health, has as its revised targets "reduce maternal mortality by 75% by 2015". Statistics of maternal mortality and statistics on newborn death from the Northern part of the country shows that 1000 out of 100,000 babies die at births while in the southern part of the country 300 out of 100,000 babies die at birth every day and 143 women of child bearing age die daily in Nigeria, making it the second contributor to maternal death in the world (UNICEF). Also, Nigeria accounts for 10 % of the world's maternal deaths, a figure highly out of proportion to her ratio to the world's population. Nigeria's poor reproductive health indicators are worrisome and undoubtedly constitute an un-spoken and un-assessed influence towards the country's poor socio- economic standing.

Adinma and Adinma (2011) Giving the development, the sexual individual in any country represents a unit of development of that country, it is obvious that the development gap that needs to be bridged in Nigeria is related to the promotion of the reproductive health status of the totality of Nigerians. Efforts should therefore be made in this direction if Nigeria's socio-economic development is to be fast-tracked. A clear understanding of this relationship and the commitment of all stakeholders towards their marriage is paramount to the actualization of Nigeria's speedier socio-economic development.

Policy makers should of necessity focus on the development and implementation of reproductive health policies and programmes targeted primarily on women and children. Advocacy perhaps plays a very important role in reproductive health and development through the information, education, and communication of the various stakeholders involved in reproductive health support, and implementation process. Advocacy should focus on leadership even at the highest level of governance at federal, state, and local government levels, many of whom are ignorant as to the magnitude of reproductive health problems in their domain, and who in fact have the executive power to appropriate funds, policies, and programmes towards reproductive health improvement efforts.

Also, advocacy should incorporate the re-orientation of health workers, the implementers of reproductive health programmes, towards a greater commitment to work, while sensitizing the communities, the beneficiaries of reproductive health services, towards

the acceptability of reproductive health services brought to them, and greater patronage to the reproductive health facilities in their communities. Women are considered to be central towards reproductive health, and development, often playing a major role in the social and economic development of nations. Women should therefore be empowered educationally through compulsory basic education; economically through small loans and skills acquisition schemes; and politically through appropriate gender equality measures. It is important to ensure gender equality and equity in all aspects of the nation's social and political life using recommended approaches, notably gender mainstreaming, and 30 per cent affirmative action, both of which are entrenched through legislation.

Maternal health services should be considered to be a fundamental right of every woman. Although a few States of the federation have established free maternal health services for their women, there is the need to bring every State on board towards this laudable reproductive health action. Provision of free maternal health services - antenatal care, delivery, and family planning to all women of child bearing age, together with strengthening of immunization services for women and children to facilitate total immunization coverage, are recommended for all States of Nigeria, if possible, by legislation as a measure towards accelerating reproductive health and overall human development.

Nigeria's health system and structure can best be described as complex and disorganized with considerably very low quality of health services, occasioned by inadequate funding, poorly motivated workforce, and lack of drugs and modern equipment have rendered the health facilities un-attractive to the people with resultant poor patronage (Yar'Adua et al., 2023). It has therefore become necessary to improve the overall health system, structures, and services in order to strengthen primary health care services, as well as re-position secondary and tertiary health care services to meet with the challenges of reproductive health especially safe motherhood.

III. Discussion

3.1 Politics of Population in Nigeria

Population is political at both the group and individual levels in Nigeria, in other words, the size and characteristics of different subgroups, defined by religion, ethnicity, region, and family, have deep political significance. There is competition between regions, individual ethnic groups, and even states, as large groups are entitled to more resources. At the group level the rough alignment between Muslims, the northern region, and political power has been pitted against the similarly rough alignment between Christians, the southern region, and oil resources, Yin (2007).

The central government redistributes resources to states based on relative population size and inter unit quality and although the relative importance of population size in this equation has declined over time, it has remained a key determinant of revenue distribution Suberu (2001) as a result of these distributive rules and the potential for the creation of a new state if a minority group becomes large enough, sub regions and ethnic groups have been motivated to be, or appear as large as possible (Gordon 2003; Suberu 2001).

Nigeria's experience with census taking reflects the politics of population in the country. This has given more benefits to populous regions. Government cancelled the 1962 census results because of inflated counts from the eastern and western regions and a second census was conducted in 1963 whose results were accepted, Robinson (2012) but the process

culminated in bitterness in the east that contributed to the outbreak of civil war in 1967, Greehalgh (2003). The 1973 census results were never released largely because southern elites objected to the north being found more populous, but also because the results showed an implausible 43 percent increase in the population since 1963, Gordon (2003). In order to avoid conflict no census was collected in 1983. In both 1991 and 2006 censuses the government ultimately decided not to ask questions about religion and ethnicity, Robinson (2012).

These experiences with census collection exemplify the politics of population that set the backdrop for the population policy. Individual level politics of population also exist in Nigeria. Having more children produces more opportunities. The importance of “Wealth in People” observed in Nigeria is common across African societies and creates powerful incentives for high fertility. The high levels of desired and actual fertility also resulted from a variety of structural factors related to the economy, high infant mortality and generally low status of women, Richard (2012) this background illustrates how the economy, social dynamics, and policies of Nigeria all were and continue to be, influenced by the size, structure and physical location of the population. This reality has complicated family planning programs and censuses McNicoll (2011) observed that as a result any government action that could be perceived as an attempt to alter the careful balance between region, religion and ethnicity such as population policy- is risky. Each of the five-year development plans that preceded the policy suggested nothing negative about population growth. The first national development growth by noting that agricultural production grew 30% wide, population grew at only 2 to 2.5% annually, Federal republic of Nigeria (1962).

The second national development plan (1970-74) had a section entitled “population policy” that described high population growth, low per capital income and poor demographic data, but concluded that economic and demographic situation combined “would have suggested stringent population growth, Control measures on a national scale, Federal republic of Nigeria (1970, p.77). This plan committed the government to the provision of voluntary family planning to prevent unwanted and closely spaced pregnancies and called for the establishment of the National Population Council which occurred in 1975 (Adepoju, 1975).

The third national development plan (1975-80) also had a “population policy” section, which noted that development would lead to a decline in the birth rate, echoing the “development is the best contraception” position taken by developing countries at the 1974 United Nations Population Conference in Bucharest, Federal republic of Nigeria (1975).

The fourth national development plan (1981-85) indicated the possibility of population policy as an option for slowing population growth, stating that the government lack of a policy was due to the sensitive nature of such an endeavor, Federal republic of Nigeria (1981) the document acknowledge that the population was growing faster than had been previously thought (at 3.3% per year, rather than 2.5%).

By the early 1980s state level ministries of health began to incorporate family planning into their maternal and child health care programme and by 1986, most states had family planning programs (Rimon, 1990). Donors were also involved in the funding and provision of family planning prior to the adoption of the population policy. The National Policy on Population for development, unity, progress and self-reliance was launched in April 1989.

The policy had four broad goals: improved quality of life, better health, lower population growth rates, and an even distribution of population across rural and urban area, Federal Republic of Nigeria (1988, p. 12) it also set forth specific demographic targets for the year 2000 that included reducing the average number of children born per woman from six to four and reducing the annual population growth rate from 3.3 to 2.0%, Federal republic of Nigeria (1988, p.4). The population policy came to be seen as a “four –child” per woman due to the total fertility rate target and the fact that President Babangida himself spoke of “four children are enough” (Avong, 2000; Yar’Adua & Aondover, 2020).

Much of the policy was about family planning educating people about its benefits, encouraging them to use it, and providing it. Some of the policy’s more progressive elements included its emphasis on sexual education, the call for maternity leave for working women and the need to provide appropriate services to couples with lower-than-desired-fertility. Given that the politics of population in Nigeria made the adoption of a population policy a risky move. In both the 1991 and 2006 census, decided not to ask questions about religion and fighting over the results prevent their being released on time, census collection exemplifies the politics of population policy.

3.2 Responding to Population Prescription

Indeed, policy blamed high population growth for preventing the government from fulfilling this commitment to maintaining Nigerians’ standard of living (Avong, 2000). As a result of both group and individual level politics of population, the population policy’s efforts to reduce numbers of people were met with acceptance, negotiation and much resistance.

Acceptance: From the perspective of neo-institutional theory, countries adopt policies because of coercion resulting from power differentials between themselves and international organizations, which are often the donors. International health and development organizations strongly promoted population policy in developing countries, they believed that rapid population growth inhibited socioeconomic development, neo-Malthusian perspectives and that population policy and family planning programs would help slow rapid population growth and increase economic growth.

The sheer magnitude of money involved in the relationship between donors and developing countries provided leverage to donors and made coercion possible. Adopting a population policy was, however, slightly different than signing a human rights treaty, and because the powerful countries at the centre of the world system did not themselves have population policies.

Richard (2012) highlights two important groups to the policy adoption process. The first is policy elites who came to champion the issue because of country specific perceived benefits and the second technocratic elites benefit by participation given them opportunity to work in key positions in the international donor organizations that promote development prescriptions like population policies.

Negotiation: Negotiation of a development prescription implies that a country ultimately accepts the prescription but successfully alters its terms in some ways of uses the prescription to serve ends other than the surface-level goal of prescription. Population policy, also offered the chance for countries to redirect blame for economic problems and to obtain resources from donors in the form of international aid, Barret and Tsui (1999) found that countries that had adopted population policies received more funding from USAID.

From a Foucauldian perspective, population policy further connects the state to the population via mechanisms of bio-power, which tie individual sexual and reproductive behavior directly to national power Foucault 1994/2003 (in Richard 2013).

Rejection: The final possible response to development prescriptions is rejection, which can occur in either passive or overt form. The policy also has reference to population management it requires that “men shall be discouraged from having children after the age of 60 years” Federal Republic of Nigeria (1988, p. 34). Indeed, policy blamed high population growth for preventing the government from fulfilling this commitment to maintaining Nigerians’ standard of living (ibid). As a result of both group and individual level politics of population, the population policy’s efforts to reduce numbers of people were met with resistance.

Women’s groups supported some parts of the policy, such as its stated commitment to voluntary access to family planning, as well as to improving infant and child health, and the status of women, they also argued that the policy was discriminatory because fertility goals were expressed per woman (rather than per family) and because it enforced patriarch dominance (Dixon-Muller, 1993).

Christian religious leaders felt that the policy was unfair to Christians and non-polygynous families because it implied that a Muslim man, who could have up to four wives, could have up to sixteen children, whereas a Christian man could have only four children, Mazrui, (1994) Christian suspicions of ulterior motives behind the policy were heightened by the fact that Babangida is Muslim (ibid).

Renne (1996) said mistrust toward western-sponsored aid projects is not uncommon in northern Nigeria; it reflects local resentment toward top- down development approaches that fail to incorporate local input on what aid is needed and how to implement it (Vitalis et al., 2023). Furthermore, mistrust of the motives of western aid donors may be intensified when primary health- care services are declining while family planning programs appear to be advancing, or when a growing sense of the unequal distribution of wealth among nations suggests that the motive driving population programs. The reception of a federal population policy and of family planning programs in northern Nigeria cannot be understood without considering these distinctive local views in relation to domestic politics in Nigeria and to United States foreign policy, both in Nigeria and in the Middle East countries (Renne, 1996).

Although Islamic solidarity may be a factor in explaining resentment toward Western-sponsored family planning initiatives, but there is a sharp contrast with southwestern Nigeria, where perhaps half of the Yoruba-speaking population are Muslims, Eades (in Renne,1996), fertility appears to be declining. Strictly speaking, Islamic belief and practice do not explain northern Nigerians' responses to federal population policy; rather these reflect a complex combination of political, economic, historical, and socio-cultural factors.

3.3 Population as Separate from Development

Underlying the perception that development and population growth are separate issues is the belief that children are a God-given blessing and that procreation is an important aspect in marriage (Avong, 2000; Yar’Adua et al., 2023a). For some Nigerians, the idea of calculating births is anathema, and this view derives less from fatalism than from a form of humility. One accedes to the will of God, as some religious scholars explained and one should not try to supersede it (Renne, 1996). A secular government should not interfere in such matters for they

are not considered to be part of its legitimate domain. Nor should such private affairs as human reproduction be treated as a general public concern.

Rather, family size and the timing of childbirth are subjects for personal discussion between husband and wife or among peers within semi private settings. Thus, to treat child-bearing openly as a matter of calculation for the economic benefit of individuals and families and as a program of national development is considered offensive by some, because it associates childbearing with material interests rather than spiritual ones. This is the stand for many northern Muslims and some catholic Christians.

3.4 Communication Policies

The communication of population policy through mass communication is inhibited by many factors, low literacy, widespread poverty, ethnicity, and traditionalism (Mojaye & Aondover, 2022). In a study conducted by Pratt (1986) reports, most communication face-to-face that is interpersonal communication within group settings, which discussion of sensitive issues, such as those attempts to control the number of births are 'taboo', especially among unsophisticated villagers is important that such messages should be sensitive of the cultural environment. They must encourage an additional condition for increasing their chances of acceptance and popular support. In this regard traditional media channels (Yar'Adua et al., 2023b).

Part of government proposal, therefore, that rural-based discussion encouraged both for men and (separately) for women, of the overriding importance of same-gender communication, that is women professionals to discuss with women and young girls and men in the field should discuss with compound heads and husbands about family planning or family spacing, anti-natal knowledge and practice (Onyejelem & Aondover, 2024a). The breakdown of members is as follows, according to Pratt (1986, p.532).

1. Community elders who are considered to be shrewd and well informed about all local matters within their experience. They will include retired public servants, farmers, businessmen, chiefs, and other traditional title- holders. Although village elders are generally understood throughout most of Nigeria to be men, there are also knowledgeable and influential elderly women who are certain to play the most effective role of any group concerning family planning.
2. Young parents who are likely to be most concerned about the implications of large and small families.
3. Mature adults who may or may not already have strong positive or negative attitudes towards family planning.
4. Students who have already been exposed to messages on population issues that have been incorporated in their social-studies curriculum.

3.5 Population Control as Critical for Development

Renne (1996) acknowledges that some groups of people see population growth as hindering development and tend to emphasize the economic aspects of development. They believe that once the material needs of a population are met, a situation more likely to occur in a society with declining fertility, the resolution of social and political problems will follow. Mirkin (2005) while people espousing this view are not unconcerned with broader social and spiritual issues, their perception of development is expressed largely in terms of economic, quantifiable progress for example, a higher per capita income, higher rates of education, lower rates of mortality, and an efficient infrastructure.

According to this view, in a modern society, a strong, centralized federal government should plan rationally for the future implementation of these goals; such plans should include a population policy aimed at reducing fertility. Limiting the number of children through family planning programs to those that can be cared for properly (that is, financially) is seen as part of the rational road to development and progress.

Such a perception of population differs considerably from the one described earlier in several ways. In a study conducted by Norwood (2009) reveals the pre-meditated planning of births and family size is viewed as moral and responsible behavior, not as an affront to God. Furthermore, limiting the size of the family limits economic hardship as well, because there are fewer children to feed, clothe, and educate. To participate in modern society a person needs to be economically rational. Adinma and Adinma (2011) in their view, the belief that a secular government not only has the authority but also has the responsibility to advance programs that will improve materially the lives of its people, programs that include the formulation, promotion, and implementation of a federal population policy (Onyejelem et al., 2024).

Norwood (2009) reports that millions of people were added on average to the world's population each year, it is important to note, however, that the world's population growth was not the result of 'excessive' fertility among poor women in poor countries. Equally important, the rate of fertility is not the cause of 'Third World' poverty. Mid-twentieth-century population growth was the consequence of reduced infant mortality and increased life expectancy. Advancements in medicine led to new vaccines which could treat previously incurable and terminal infectious diseases, especially for the under-fives. For all practical purposes, this should have been viewed as progress, not a problem.

Nonetheless, amid this population 'explosion', the issues of population, fertility, and reproductive control gained prominence. Pratt (1986) said the most pressing question for social scientists such as demographers, economists, sociologists, anthropologists, and geographers after World War II was: what impact would perpetually growing population have on the economies of already very impoverished nations? More importantly, to the developed nations, what impact (specifically, what political impact) will populations of the developing and under developed countries have on the global economic interest of the West? These were legitimate questions then and remain so today.

Demeny (1977) discusses at length the West's concern for what was termed 'Cold War Fertility'. He contends that the population control movement of the 1950s and 1960s 'was not a fringe movement' (p.120): 'indeed, it was so enmeshed in the language and ideology of Cold War fertility control that West used the terms "family planning," "birth control" and "population control" interchangeably' (ibid.). He argues that while the West believed that "'birth control" would reduce hunger, poverty, and disease while fostering economic stability', at the same time they also viewed population expansion in the West as a matter of national security: 'The expansion of undesirable groups in developing countries would foment poverty, unrest and the likelihood of war, creating an environment tailor-made for a communist takeover' Norwood (2009,p.908) this Nationalist fear was later translated into international public policy (Onyejelem & Aondover, 2024b).

By the 1960s, family planning operations began to spring up everywhere, and poor countries worldwide were soon capsized by Western pressure to create a population policy to address this 'global' and 'national' 'problem'. In Africa, Ghana was the first to adopt such a

policy, in 1969. Its population policy called for improving 'the quality of human resources and to assure a decent and modern standard of living for Ghanaian families', Ghana: Official Policy Statement (in Adepoku; 1975, p.472). It argued that the current rate of population growth might impede development efforts and neutralise national prosperity.

It stressed that fertility levels could be modified by changing cultural preferences for example, influencing attitudes that favoured male over female children, or traditional gender expectations that prized women's status according to the number of children she bore. Such attitudes should be transformed by education or fertility-limiting programmes like family planning (ibid). The policy further urged that immediate benefits of lower fertility would mean improved maternal and child health and a decline in child mortality, while the consequences of high fertility would be higher dependency ratios, higher total costs for education, increased pressures on medical personnel and health facilities, population surplus in urban communities, and poor health for children (Norwood, 2009).

The subject of fertility invariably leads to concerns about women. Some in the population establishment, essentially neo-Malthusians, believe that population growth impedes economic development, exacerbates poverty, destroys the environment, and fuels conflict, Norwood (2009; p.907). Their answer to the 'women problem' was to incorporate women in the development process as a safeguard against high fertility levels. Feminist scholars, such as Bonnie Mass, amply point out the deceptiveness of this approach. Mass (in Furedi 1997, p.127), Mass argues that this is a manipulation of feminist rhetoric which veils the interest of the population establishment 'behind a mask of false feminism'.

These international meetings and the ensuing policies on population and women's issues raised strong interest and a powerful response from religious conservatives, in particular the Vatican and the US Christian Right. These joined forces in defence of 'innocence' and 'the natural family'. For the Vatican, abortion and contraception were an 'unrelenting evil', and reproductive decisions belonged in the family, not the domain of government, Buss and Herman (2003, pp.105-8). Together these conservative voices wield strong opposition to what they characterise as a 'radical feminist' agenda which champions women's sexual and reproductive rights above those of the family and at the expense of the 'defenseless'.

Despite the poor quality of demographic data in Nigeria, both indirect and direct estimates have indicated consistently high levels of fertility since the 1950s. Orubuloye (in Renne, 1996) posits that all population surveys in this period have recorded ideal family sizes of 6 children and above, and even among the educated sector of the population, there has been no change in fertility levels. The persistence of large family size has been attributed to the socioeconomic benefits parents expect to derive from having many surviving children and the desire to have at least one surviving son for lineage continuity. Nigeria has formulated policies aimed at reducing fertility and rural-urban migration, but government action has, in the past, been limited to mere recognition of the link between demographic factors and economic development. The general objectives of the national population policy are: 1) to improve the population's standard of living and quality of life; 2) to promote health and welfare, especially among high-risk mothers and children; 3) to reduce birth rates through voluntary contraceptive acceptance; and 4) to achieve a more even rural-urban population distribution.

Components of the population program include the provision of family planning services to all those who want them and the strengthening of maternal-child health services.

To reverse rural-urban migration, efforts are being made to strengthen rural economies. The plan further calls for the regular collection of demographic data (Onyejelem & Aondover, 2024a). An office of Planning and Coordination for the Population Program is being established within the Ministry of Health. It remains to be seen whether the voluntary nature of the program will be sufficient to achieve the demographic goals, the commitment of the Nigerian Government to this task has been impressive.

IV. Conclusion

In contestation, this paper fully supports the position of the human-capital economists, because their emphasis on 'population quality' is feasible only in the rather distant future, particularly in the famine-ravaged and debt-ridden nations like Nigeria. Because any long-term strategy inevitably comprises a sequence of more immediate measures, one of these must surely be to reduce the number of babies being born every year. Notwithstanding any counter-arguments, a number of countries are responding to the difficulties associated with soaring populations by adopting family-planning techniques to limit population growth in the long run.

The outlook of Nigeria's population policy can be assessed in terms of its recognition of population problems based on the dynamics of population, the perceived interrelations between population dynamics and socioeconomic development, and the proposed solution to existing population problems. Nigeria's 3rd Development Plan indicates that although the country has a large and rapidly growing population, these demographic factors do not appear as yet to constitute a significant or serious obstacle to domestic economic progress.

It is believed that the high tempo of social and economic development will help to accentuate the decline in the birth rate in the long run. Avong (2000); Adinma and Adinma (2011); and Robinson (2012) corroborate that as a supportive measure of this economic approach, the government planned to integrate the voluntary family planning schemes into overall health and social welfare programs and to accelerate the provision of family planning information and services on a voluntary basis.

As a long-term objective, the policy is aimed at reducing morbidity and mortality levels through curative and preventive health programs. The relevance of Nigeria's population policy lies in the quantity and quality of demographic information it contains and the degree of utilization of this information in the planning and policymaking processes. This is in recognition of the major emphasis of the world population plan: That population policy should be integrated with social and economic development programs and that this cannot be done effectively without information.

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