

Counselling and Population Control in Nigeria

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ABSTRACT In 1988, the Federal government of Nigeria, under the Military presidency of Gen. Ibrahim Babangida, introduced a National Population policy targets for the country. The main focus of the policy target was on how to control or reduce the population growth rate of the country. Eight out the ten specific objectives were directed on how to reduce the level of fertility and one on how to reduce the mortality rate, particularly the infant mortality rate. When one examines the present population situation of Nigeria vis-à-vis the National Population targets expectations, it is clear that not much has been achieved. The question that comes to any one evaluating the situation is, why has these objectives of the policy being difficult to realized. The simple but not too obvious reason is that policy formulators failed to appreciate the difficulties associated with attempts at changing traditional and internalized attitudes, habits, beliefs and behaviour of people. For example, how easily can you make people to appreciate the need for a woman to have only four children in a lifetime marriage, where a large family size is a cherished and valued thing around the people? How do you make government officials (who are the implementors of government policies) to be more committed to their duties, be less corrupt in order for the policy implementation to succeed? Changing internalized habits and beliefs require a long and consistent education. Such education when channeled through a well organized counselling system will achieve better result. Thus, the role of counselors in the desire for a reduced population growth rate by any Nation should not be over looked or undermined. This paper presents the relationship between population control and counselling processes, particularly for a country like Nigeria.

INTRODUCTION

The ever-increasing world population growth rate and the rapidity of such increase, particularly for developing nations, has been of concern to population analysts and policy makers. For most African countries, Nigeria inclusive, the situation can be said to be alarming. In 1990, the population of Nigeria was 108.5million, it increased to 126.9million by 1995 and in the year 2000, it has increased to 147.7ml (est), the urban population situation shows a higher increasing rate. Urban population in Nigeria rose from 49.8ml in 1995 to 63.9ml by the year 2000 (UNFPA, 1994). Although the Nigerian 1991 population census put the nations population at 88.99ml, the author wishes to rely on the one provided by the UNFPA, 1994 publication for obvious reason.

The population situations before and after this report are not quite different from what has been presented here. The population growth rate has being on the increase. The overall socio-economic consequences of this rapid rate of population increase cannot be over-emphasized. The fear of these consequences led the Nigeria government in 1988 to formulate a national population policy aimed at controlling the

country's population growth rate. The questions that arises when one examines the Nigerian population functions are: (a) has the major goals of controlling the population growth rate been realized? (b) if the answer is no, why has it not been or what reasons can one adduce for the failure of the policy?, (c) how can the obstacles to the realisation of the policy be reduced or removed?

The questions above will be addressed in subsequent sections of this write-up.

AN OVERVIEW OF NIGERIA POPULATION SITUATION

From the figures given in the introductory section above, the country's population increased by 20.8m% between 1995 and 2000, an average of 4.16ml per year. This represent 16.3% increase. The magnitude of this percentage increase cannot be appreciated except when compared with the figures obtained for a developed country for the same period as shown in table 1.

From table 1, it can be observed that the percentage increase for the U.S.A. was as low as 4.6 percent compared to the figure of 16.3 percent for Nigeria for the same period. By the

Table 1: Total population for Nigeria and the United States of America for 1995 and 2000

Country	Total Population (000s)		Percentage increase
	1995	2000	
Nigeria	126.9	147.7	16.3
U.S.A	263.1	275.3	4.6

Source: United Nations Population Fund (UNFPA, 1994).

same report, only 1.7ml, 1.5ml, 1.8ml and 2.0ml of the total population were Acceptors of family planning services by modern method in 1986, 1987, 1988, 1989 respectively. By 1990 and 1991, the number dropped to 1.9 and 1.5ml respectively. From the UNICEF (1995) multiple indicator cluster survey report for Nigeria, only 7.1 percent of the population were using modern method of family planning, although 67.7 percent had knowledge of family planning. Less than half of the population had access to safe water, 9.9 percent and a little over half had access to sanitary toilet, 57.3 percent. Education which is accepted by many as an important factor in the determination of fertility behaviour is also not accessible to a large proportion of the Nigeria population, particularly the female population in the Baseline Report of the National Population Programme sentinel survey of 1994. Of the sample survey population of 17,766 women, only 4.5 percent had post-secondary education, while 45.3 percent had no education. The report also shows that though the crude death rate had dropped to 14 per 1000 population, the crude birth rate is still very high at 75 per 1,000 population. The total fertility rate was 6.0 and mean number of children among women was 6.52. These figures are extremely high in a situation where the level of human development is still very low.

THE 1988 NATIONAL POPULATION POLICY TARGET AND CURRENT POPULATION SITUATION IN NIGERIA

In April, 1988, the Federal Government of Nigeria, under the Military Presidency of Gen. Ibrahim Babaginda, developed what it called 'The National Policy on Population for Development, Unity, Progress and Self-Reliance'. The major goals of the policy as noted in the Baseline Report (1994) was to reduce the growth rate of the nations' population by means of voluntary fertility regulations. The specific objectives of the policy were:-

1. To reduce the proportion of women who get married below the age of 18 years by 50% by 1995 and by 80% by the year 2000.
2. To reduce pregnancy to mothers below 18 years and above 35 years by 50% by 1995 and by 80% by the year 2000;
3. To reduce the proportion of women bearing more than four children by 50% by 1995 and by 80% by the year 2000;
4. To extend the coverage of family planning services to 50% of women of child bearing age by 1995 and 80% by the year 2000;
5. To direct a significant proportion of the family planning programme in terms of family life education and appropriate family planning service at adult males by the year 2000;
6. To reduce the number of children a woman is likely to have during her lifetime, now over 6, to 4 by the year 2000 and reduce the present rate of population growth from about 3% per year to 2.55 by 1995 and 2.0% by the year 2000;
7. To reduce the infant mortality rate to 50per 1000 live births by 1990 and 30 per 1,000 by 1990 and 8 per 1,000 by the year 2000;
8. To make available suitable family life education, family planning information and services to all adolescents by the year 2000 to enable them assume responsible parenthood;
9. To provide 50% of rural communities with the basic social amenities by 1990 and 75% by the year 2000 in order to encourage or enhance and sustain self reliant development and
10. To encourage male youths to marry not earlier than 25 years and for female youths not earlier than 18 years.

If these specific objectives are examined in relation to present population situation in Nigeria, it is evident that not much has been realized. For example, by 1994 the birth rate was still consistently high, with a TFR of 6.0 births per woman and women in age group 20-24, who already had 1.13 children desired 6.3 children (Baseline Report, 1994). Current fertility was 5.47. Again the inter-censal growth rate remain at 2.8 percent. As noted earlier, the percentage of the population currently using any modern family planning services remains very low.

In terms of the provision of basic amenities to the population, the population policy objective has not been realized. For example, by 2000,

only 67.6%, 69.96% and 48.94% of the population had access to safe water, electricity, and sanitation respectively. (F.O.S. General Household survey, National Report, 2000).

The assessment of the present level of achievement of the population policy objectives can be drawn from one of the conclusions reached in the Baseline Report, that "current fertility levels seem not to have changed significantly in the last fifteen years. The level far exceeds those required to attain the policy objective".

This conclusion answers the first question in the introduction section of this write-up. Given the fact that the policy objectives have not been realized, what can one adduce for this failure? The simple answer is that the issue of population control cannot be dealt with in isolation. It must be related to the fertility behaviour of the population and such fertility behaviour are tied to the peoples personalities which are products of the socio-cultural and economic conditions of the people. This leads us to the last question of how we can reduce or remove the obstacles that have militated against the population policy programme. The next section deals with this problem.

THE COUNSELLOR AND POPULATION CONTROL

First, let us answer the questions of, what do we mean by counseling? And who is a counsellor? Oladele (1987), observed that "counseling has been used to denote a wide range of procedures including advice giving, support in times of trouble or need, encouragement, information giving, and test interpretation". In line with this general conception of the concept of counselling, some of the following definitions have been given by various authors. Dustin and George (1973) conceived counselling as a process of learning by an individual "designed to increase adaptive behaviour and to decrease maladaptive behaviour". In Iwuama's (1991) view, the definition sees counseling as a helping process given to an individual in order to bring out hidden qualities in him which are in conformity with societal norms and thus discouraging anti-social tendencies in the individual. Thomsen and Poppen (1972) cited in Oladele (1987) refers to counselling as a process of a person-to-person relationship in which one of the individuals is assisted by the other to

overcome or resolve areas of conflict. Some others see counselling as a way of helping the individual become aware of himself and his reactions to behavioural influences of his environment (Blocher (1966) in Oladele (1987)). The very relevant definition of counselling in relation to the role of the counsellor in population control is that given by Tyler (1969). According to Tyler, counselling's main purpose is to "facilitate wise choices and certain kinds of decisions on which a person's later development depends".

Although there seems to be an emphasis on counselling as a process of one-to one person relationship, this is not necessarily the case. Counselling could also be done on a group basis. As noted by Uba (1990), modern counselling involves "deliberate effort made by a particular group or movement to help people live well, cope better, understand more, work more effectively, love well and be more effective on any activity in which they engage".

The relevance of the counsellor in population control stems from the fact that dealing with population issues, including control, is a very sensitive, emotive and controversial matter. This situation is most intense in a country like Nigeria where population issues have become entangled with the politics of the state.

It is generally accepted that effective control of population growth can be achieved by controlling fertility behaviour, which is better achieved through family planning programmes. However, this is not totally correct, because as Liu et al. (1996) noted, while family planning programme are important instrument in slowing down population growth, one profound impact of dynamic changes in public health and socio-economic conditions should not be ignored, as it is mostly done by most studies or population control programmes. Such dynamic changes in public health and socio-economic conditions include the state of health services, choice of health, family planning services, attitude to such changes, level of education and the socio-economic status variable and of course quality of life. Gu (1989), observed that, the prolonged decline in Chinese fertility rate in the 1980s should not be attributed solely to birth control efforts, but that of a product of a combination of five independent factors, namely: structural development, quality of life; moments status, rural consumption level, and family planning.

What is being said here is that fertility

behaviour is a product of socio-cultural, political and economic variables. Therefore to deal with the issue of fertility behaviour and thus achieve population control objectives, like the 1988 National Population Policy Targets, one must have an in dept understanding of the various processes involved. It is at this point that the counsellor becomes very relevant.

In Nigeria today fertility behaviour is tied to such conditions as poor public health, low level of education, poor information system, particularly those relating to family planning methods and their advantages, traditional beliefs and values relating to marriage and child-bearing, et cetera. Traditionally. The Nigerian; and in short, the African, cherished polygamous (polygynous) marriage and a large family size, abhors birth control particularly that relating to limiting the number of children. That a family should have, lacked information on modern family planning and today lacks accurate information on the state of economic conditions in Nigeria and the relationship between family size and quality of life. In general, most Nigerian couples particularly, the rural ones, cannot make proper fertility behaviour choice because they lack adequate information necessary for making such choice. Therefore, to change their fertility behaviour means changing their attitude, thoughts or mental orientation and socio-economic status. Those changes are also bound to lead to emotional and psychological stress for the people. In dealing with these dynamic and emotive situation, the counsellor is central, no matter the method he may be using. Nwachukwu (1990) notes that the counsellor's actions is usually in "the form of assisting some-one to change attitude and become more self-directing". He went further to note that; the interest of the counsellor is that of changing people and making them to grow and to "change the attitude and behaviour of counselees by changing the thinking which has led to these attitude and behaviour". Herr and Crame (1979), regards counseling process as a verbal process that leads to a better understanding of himself by the clients which in turn leads to 'good' decision making. The counsellor will also help in dealing with the emotive and psychological aspects of changing internalized traditional attitude toward fertility behaviour, such as feelings that family planning is 'immoral and ungodly'. The counsellor's role also comes in by providing the necessary information to the people

and making them accept these new ideas about family health and fertility behaviour. The counsellors role will also extend to institutional or community. Counselling, because the Nigerian governments today requires more counselling on the strategies for obtaining population control targets than the citizenry

CONCLUSION

In this paper, the author attempted to briefly present the population situation in Nigeria, which has been shown to be growing rapidly and the aspiration of the Nigeria government in terms of low to control this rapid growth rate as reflected in the 1988 National Population Policy Targets. It was also shown that these targets have not been realized even by the year 2002, fourteen years after its formulation. The author also noted that one of the reasons for this failure can be traced to the dynamics of fertility behaviour and that these were not properly handled. It was pointed out that handling such dynamics of fertility behaviour requires in addition to other actors, the counsellor, whose contributions were outlined in section 3 of this write-up.

One important recommendation that must be made here as a concluding remark of this write-up, is that population control is a process that could be said to be multi-faceted and to deal with it, a wide variety of professional knowledge and services are required, including that of a counsellor.

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