An Appraisal of the 2004 National Policy on Population for Sustainable Development

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Abstract

This paper sought to appraise the extent to which the 2004 population policy objectives and targets have been achieved ten years after its enunciation. Secondary data obtained from Central Intelligence Agency World Factbook (2013) and United Nations Statistics (2013), UNESCO (2011), UNICEF and other relevant literatures were used to compare the population targets with a view to determine their achievement and prospect of achieving the objectives. The study found that population growth rate reduced from 2.9% in 2004 to 2.5% in 2008 and 1.999% in 2009 but later rose to 2.55% in 2012. Apart from the reduction being contestable, population analysts argued that inflation and harsh economic conditions are responsible and not strictly government conscious efforts which resulted in oscillating growth. Target of fertility reduction is far from being achieved as evidenced by the increase in the rate which increased from 5.2 in 2004 to 5.5 in 2013 instead of reducing to 4.0. Infant morbidity and mortality still remains high at 72.97 deaths /1000 live births in 2013 which raises doubt of achieving target of 45 per 1,000 in 2015 as a result of childhood diseases such as malaria, diarrhea, and malnourishment. Maternal morbidity and mortality target of about 75 per 100,000 live births in 2015 is far from being achieved due to inadequate medical equipment and professional skills to handle complicated birth cases, poverty, lack of access to quality health care limited the sustainability of success of 350 per 100,000 as at 2012. Enrolments at primary and junior secondary schools have increased but about 10.4 million children of primary school age not in school while challenges of attrition, more skilled teachers and facilities face the possible realization of universal basic education goal by 2015. Literacy rate stood at 61.3% in 2013 and has no tendency of reaching 100% in 2020 going by the average annual increase of 1.65%. HIV prevalence reduced from 5.8% in 2003 to 3.4% in 2009, a reduction of 22.7% (46.55%) in eight years which translates to mean the target of 50% reduction every 10 years will not be achieved. Thus, none of the targets has been achieved. Based on the findings, the paper recommends that government should vigorously implement the policy strategies in order to achieve the targets and objectives with a view to achieving sustainable development.

Keywords: Appraisal, National Policy, Population, Sustainable development

1. Introduction

Nigeria's population rose rapidly over time but determining the country's population has always been controversial since independence due to some reasons such as fear of domination by other ethnic groups, religious and politics. However, statistics shows that the total population in Nigeria was estimated as 166.2 million people in 2012 from 45.2 million in 1960 which indicates an increase of 268 per cent during the last 50 years (Nigeria National Bureau of Statistics, 2012). The population of Nigeria represents 2.35 percent of the world's total population which arguably means that one person in every 43 people on the planet is a resident of Nigeria. The country's population has been described as youthful in which about 44 percent of Nigerians were under the age 15 as at 2004 which indicates high dependence ratio. The high fertility rate which led to having high number of young persons who are future parents constitutes an irresistible momentum for growth is built into the structure of the population. This has a lot of implications on quality of life, resources available for social services including education, health as well as economic growth and employment.

In view of the challenges posed by Nigeria rapid population, the need for preventive check as postulated by Robert Malthus (1882) arose in order to ensure balance between population growth and available resources and this necessitated her participation in international fora. According to National Population Policy (2004), Nigeria participated in the Arusha Tanzania, 1984 conference which was held before world population conference in Mexico. At the Arusha conference, Nigeria reported that its population was growing at a faster rate than the rate of food production. This observation was repeated at the Mexico 1984 World Population Conference.

One of the resolutions / agreements at the Mexico Conference was for countries that were yet to develop population policy to do so. As a response to this agreement, the Federal Government on February 4, 1988 approved the National Policy on Population for Development, Unity, Progress and Self-reliance. Due to the diversities in the country,

attempts were made in the articulation of the policy to consider the diverse interests of the generality of the country. However, some studies assessed the implementation of the 1988 policy and found that the objectives and targets were not achieved (Olikoye, 2000, Adekunle and Otolurin 2000). The evaluation of the policy's targets and objectives in the light of the 1995 and AD 2000 benchmarks revealed that the 1988 National Population Policy failed due to an underestimation of the huge financial resources required for implementation, lack of political will, poor and uncoordinated organization, gender – divide and the prolonged political instability. According to Lambo (2004) the 1988 population policy encouraged each couple to have four children but the policy resulted in an increasing population growth rate over the past 10 years to reach 3 percent in 2003. Thus, the aim of the policy was to reduce the number of children a couple would have to 4 by 1995 was not achieved.

Fifteen years after the enunciation of the 1988 population policy, the emergences of new activities and issues such as the 1991 National Population Census, 1994 International Conference on Population and Development, the 1999 HIV/AIDS summit in Abuja, poverty and food security and the population environment – development nexus issues make a revision of the National Population Policy necessary. Besides, other issues that have received equal attention since the 1994 International Conference on Population and Development (ICPD) in Cairo, Egypt include reproductive health and sexual health for all persons at all stages of the life cycle, reproductive health, special needs of the girl child, women empowerment, gender equity and equality, and population-environment development relationships. The policy outlines a multi-sectoral strategy for the challenges posed by rapid population growth in order to improve the standard of living and quality of life of the people. It was envisaged among other targets that by 2015, the population growth rate would have declined from 2.9 percent per annum in 2004 to 2 percent or lower and the total fertility rate would have reduced at the rate of at least 0.6 children every five years. The population policy is designed to influence population-related policies, strategies and programmes that contribute to the sustainable development of the country. The policy recognizes the population factors, social and economic development, and environmental issues as irrevocably entwined and are all critical to the achievement of sustainable development in Nigeria. The extent to which the policy has been able to achieve its targets calls for appraisal in 2014 which is a period of ten years after its enunciation with a view to determine what works and the challenges militating against the implementation.

1.1 Population Policy Targets

Targets are useful tools to monitor and evaluate implementation of the National Policy on Population for Sustainable Development over time. According to the policy document, the Government of Nigeria has set a goal of a 2 per cent population growth rate by 2015 or beyond in its National Economic Policy. The targets for reduction in the total fertility rate and increase in modern contraceptive prevalence indicated below are consistent with this goal. Thus, the following key targets have been set to guide policy, programme planning and implementation.

1. Achieve a reduction of the national population growth rate to 2 per cent or lower by the year 2015.
2. Achieve a reduction in the total fertility rate of at least 0.6 children every five years.
3. Increase the modern contraceptive prevalence rate by at least 2 percentage point per year.
4. Reduce the infant mortality rate to 35 per 1,000 live births by 2015.
5. Reduce the child mortality rate to 45 per 1,000 live births by 2015.
6. Reduce maternal mortality ratio to 125 per 100,000 live births by 2010 and to 75 by 2015.
7. Achieve sustainable universal basic education as soon as possible prior to the year 2015.
8. Eliminate the gap between men and women in enrolment in secondary, tertiary, vocational and technical education and training by 2015.
9. Eliminate illiteracy by 2010.
10. Achieve a 25 per cent reduction in HIV adult prevalence every five years.

1.2 Research Questions

The following questions are raised to guide the research.

1. To what extent are the population policy targets have been achieved?
2. What are the main factors militating against the achievement of the population targets?

2. Research Methodology

This is an evaluation study aimed at ascertaining the extent to which national population targets have been achieved or

the prospects of the targets being achieved prior to the set time period of 2015. A period of 10 out of 11 years which represents 90.9 percent is sufficient to determine level of achievement of a policy targets and objectives. That is between 2004 when the population policy was enacted and 2014.

There is no accurate primary data to do this evaluation but secondary data and estimates provided by United Nations Central Intelligence Agency World Factbook 2010, 2011, 2012 and 2013; Demographics of Nigeria obtained from Wikipedia, the free encyclopedia (2013), UNICEF (2013), Nigeria country Factfile obtained from Euromonitor International (2013), Nigeria Demographics profile (2013) obtained from Index Mundi, newspapers and population related documents. Descriptive statistics employed for analyzing the data include frequencies, percentages and bar chart.

3. Findings

Research Question 1: To what extent have the population policy targets been achieved?

Data are presented in the order the targets were stated. Targets are useful tools to monitor and evaluate implementation of the National Policy on Population for Sustainable Development over time.

4. Achieve a Reduction of the National Population Growth Rate to 2 per Cent or Lower by the Year 2015

There is no accurate data to do this evaluation but estimates provided by Central Intelligence Agency World Factbook 2010 and United Nations are used as basis for passing judgment.

Population growth rate in 2008 was 2.5% (estimate by United Nations) as against 1.999% and 2.553% in 2009 and 2012 respectively (CIA, 2010 and 2013). Although these figures can be questioned in that it is doubtful if the growth rate could fall from 2.5% in 2008 to 1.999% in 2009, a difference of 0.5001% within a year and the growth rate rose by 0.554% within three years indicating inconsistency. Again, World Statistics Pocketbook United Nations Statistics Division (2013) put the population growth rate for 2010-2015 as 2.5% which is far from 2.0% envisaged to be reached by year 2015. Similarly, table 1 presents trends of population growth rate in Nigeria

Table 1: Population growth rate in Nigeria from 2000 to 2012

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Pop. Growth Rate	2.67	2.61	2.54	2.53	2.45	2.37	2.38	2.38	2.03	2	1.97	1.94	2.55

Source: Index Mundi (2013).

The table shows a consistent decline in population growth rate from 2000 to 2005 but a slight increase in 2006 which was steady in 2007 and began to decline from 2008 to 2011 but suddenly rose in 2012. As at 2009 the 2% growth rate targeted in the national policy appeared to be achieved even up till 2011 but the sharp increase in the rate from 1.94% in 2011 to 2.55% in 2012, a difference of 0.61% within a year indicates inconsistency in population intervention programmes at addressing population changes.

However, a range of growth rate between 2% and 1.94% in 2009 and 2011 indicates a positive sign that the figure might fall to 2.0% or less in 2015 if more conscious efforts are made in this direction. All things being equal, it appears there is a prospect of achieving the target but the reduction in population growth rate might be attributed more to the effects of harsh economic condition and inflation, which are forcing people to bear sizeable number of children they can cater for than government's conscious efforts at implementing the policy.

5. Achieve a Reduction in the Total Fertility Rate of at Least 0.6 Children Every Five Years

Closely related to population growth is fertility rate. In 2004, total fertility rate was 5.2 and five years later it was expected to be 4.6 and further reduce to at least 4.0 in 2015. According to CIA (2010 and 2013), the estimate of total fertility rates were 4.91 and 5.38 children per woman in 2009 and 2012 respectively which were higher than the expectation or target of 4.6 and 4.0 respectively. In the same vein, total fertility rates were 5.7 and 5.5 in 2008 and 2013 respectively (Wikipedia, the free encyclopedia, 2014). This further confirms high fertility rate and hence the target of reducing total fertility rate by at least 0.6 children has not been achieved and may not be in the nearest years.

6. Increase the Modern Contraceptive Prevalence Rate by at Least 2 - Percentage Point per Year

In 2003, 13.3% of married women in Nigeria were using contraception (National Population Policy, 2004). This suggests that by 2013 at least 33.3% would have been using contraceptives whereas, according to United Nations Statistics Division (2013) contraceptive prevalence among ages 15-49 between year 2006 and 2010 was 14.6%. In 2008, use of modern contraceptive prevalence was around 11% (National Population Commission & ORC Macro; Nigeria Demographic and Health Survey 2008). These indicate that the target of at least 2% annual increase in use of contraceptives has not been achieved. The picture appears not impressive with some studies reports. For example, according to Okunlola, Olutayo, Okonkwo and Akingbola (2010) Nigeria had a total fertility rate of 5.9 births per women, yet only 8% of married women use modern contraceptive device. Previous studies (Obisesan, Adeyemo and Fakokunde, 1998; Okonofua, Odimegwu, Ajabor, Daru and Johnson, 1999) found high level of awareness about contraception but very low level of use among married women compared to other sub-Saharan countries. In the same vein, a study conducted by Ezechi, Gbajabiamilla, Gab-Okafor, Oladele and Ezeobi (2013) on use of contraceptives by women living with HIV found that the contraceptive awareness was high at 94.6% but low usage rate. This differs from a country like Malawi's experience where the contraceptive prevalence rate has increased from 26% in 2004 to 42% in 2009.

7. Reduce the Infant Mortality Rate to 35 Per 1,000 Live Births by 2015.

A federal office of statistics survey reported the infant, morbidity rate to be 105 deaths per 1000 live births and child mortality rate to be 178 deaths per 1000 live births in 1999. As at 2000 infant mortality rate was 74.18 deaths / 1000 live births which rose to 94.35 deaths / 1000 live births in 2009 of which male infant mortality rate was 100.39 deaths / 1000 live births as against 87.97 for female. These figures declined to 74.36 deaths/1,000 live births while the corresponding male was 79.44 as against 68.97 deaths/1,000 live births (CIA, 2013). According to Mamalette.com (2013), the Multiple Indicator Cluster survey (MICS4) report shows that under-five mortality in Nigeria increased from 138 per 1,000 live births in 2007 to 158 per 1,000 live births in 2011. This indicates that 158 out of every 1,000 children born in Nigeria will die before they celebrate their fifth birthday.

On the other hand, in a study of the National Bureau of Statistics on national household survey designed to report on numerous MDGs indicators in 2012, Gbeneol (2013) reported that there has been a reduction from the 2008 NDHS figure for the under-five mortality rate of 157 deaths per 1,000 live births, to 94 deaths in 2012. UNICEF posited that Nigeria is yet to improve on the mortality rate of children under five which implies that 20 percent of child deaths in sub-Saharan Africa occur in Nigeria. With a year to 2015, achievement of 35 deaths per 1000 live births might be a mirage due to incidence of childhood diseases such as malaria, acute respiratory tract infections, diarrhea and vaccine preventable diseases like measles, tuberculosis, diphtheria, whooping cough, polio and tetanus constitute the most forms of morbidity. UNICEF (2010) stated that 70 percent of child deaths every year in Nigeria are attributable to six causes namely diarrhea, malaria, neonatal infection, pneumonia, preterm delivery, or lack of oxygen at birth. This implies that governments' intervention efforts in these areas need be intensified. In Nigeria, there are many cases malnourished children and infants that are the most vulnerable due to parents' poverty level suggesting that poverty eradication programme has not been significantly successful.

8. Reduce the Child Mortality Rate to 45 Per 1,000 Live births by 2015

Multiple Indicator Cluster Survey (MICS) estimates conducted in 2011 and published by National Bureau of Statistics, UNICEF, and UNFPA (2012) generally shows an increase in infant mortality over time, and specifically between 2007 and 2011 (i.e., from 86 deaths per 1,000 live births to 105 deaths per 1,000 live births). Estimate of infant mortality rate in 2013 showed a decrease in this figure. According to Index mundi (2013) total infant mortality rate stood at 72.97 deaths/1,000 live births, while male was 77.98 deaths/1,000 live births and female 67.66 deaths/1,000 live births. There is however no apparent evidence that the target of 45 per 1,000 live births could be achieved in 2015 in view of level of high level of poverty rate, prevalence of malnutrition and other child killer diseases.

9. Reduce Maternal Mortality Ratio to 125 Per 100,000 Live Births by 2010 and to 75 by 2015

Estimate as at 2004 put maternal mortality ratio between 700 and 800 maternal deaths per 100,000 live births. While the policy targets reduction of maternal mortality ratio to 125 per 100,000 live births in 2010 and 75 by 2015, World Health

Organisation (W.H.O) in the Nation April 30, 2010 reported that almost 60,000 pregnant women die from complications arising from childbirth every year in Nigeria. According to CIA (2013) maternal mortality rate estimated in 2010 was 630 deaths/100,000 live births. This falls far short of the target in 2010. According to Gbeneol (2013), in 1990, it was estimated that 1,000 mothers died per 100,000 live births in 2008 which dropped to 545 and further dropped to 350 in 2012. Nigeria is still 28.6% away from the 2015 target, but there is definite progression this area due to increase in skilled birth attendants which rose from 38.9% in 2008 to 53.6% in 2012. Some of the causes of maternal morbidity and mortality have been identified to include inadequate medical equipment, inadequate professional skills of medical officers to handle some medical issues such as multiple births, poverty, ignorance and lack of access to quality health care. Others include abortion related problems, excessive bleeding, anaemia, infections and pregnancy induced hypertension. About 11 percent of maternal mortality is caused by malaria which represents one in every 10 deaths of pregnant women (UNICEF in the Nation April 30, 2010).

Although Nigeria's oil and natural gas revenue are estimated at over \$40 billion per year, its human development indicators are among the World's lowest, and majority of the population suffer from extreme poverty (Ploch, 2009). This has implications for mothers and the health system. Maternal morbidity and mortality have great consequences on the children, family and the nation and therefore require increase attention.

10. Achieve Sustainable Universal Basic Education as Soon as Possible Prior to the Year 2015

In line with the importance of education to national development all levels of government are committed to Free and compulsory Basic Education for every Nigerian child as well as International goals on Education for All (EFA) and Millennium Development Goals (MDGs). In furtherance of this, the enactment of Universal Basic Education Act 2004 makes provision of basic education comprising ECCE, Primary and Junior Secondary Education free and compulsory. The financing of basic education is the responsibility of States and Local Governments while the Federal Government is intervening in the provision of basic education with 2% of its Consolidated Revenue Fund (Universal Basic Education Commission, 2013).

The progress of enrolment in basic education in 2000, 2005 and 2010 computed from Statistics of Education in Nigeria: 1999-2005 and Universal Education Commission National Personnel Audit Report (2012) are 6.9%, 15.5% and -8.5% in primary and 4.2%, 65.8% and 19.0% in junior secondary school respectively which indicates that more progress is made in upper basic (junior secondary) than lower basic education (primary school). In primary school, enrolment increased significantly between year 2000 and 2005 and then declined by 2010 which means more children of primary school age are missing school. This reduction is supported by other findings. Lewis (2013) cited UNESCO 2011 report in sub-Saharan Africa which showed that in some countries including Nigeria, the problem of enrolment, retention and completion is getting worse than better. According to UNESCO statistics in 2012, out of the 57 million out of school children around the globe in 2011, Nigeria has an estimated 10.5 million children out-of-school which makes the country to rank highest, followed by Pakistan with 5.4 million. With this statistics, UNESCO claims that Nigeria will be home to almost a fifth of the world's out- of- school children -18 per cent.

Despite efforts over the years in promoting Access and Equity there is high occurrence of school-age children who are out of school mostly in the northern part of Nigeria. There is also challenge of boys drop out in South-Eastern states and street children in northern states. Thus, there is still high rate of youth and adult illiteracy. The bar chart shows the proportion out-of -school children in the 36 states in Nigeria.

Source: UNESCO (2011)

The bar chart indicates that there is no state in Nigeria without share of primary school age children out-of-school even though the proportion varies. Ekiti state has the least percentage of out-of-school (2.9%) while Zamfara state has the highest number (76.2%) and this is followed by Borno state which might presently take the lead due to the effect of insecurity on life and schooling in the area.

The number of children of primary school age out of school is frightening but could have been arrived at due to challenge of inaccurate data. This perhaps explains why the figure has been rejected by the Minister of Education and significant proportion of stakeholders. All the same, Nigeria is far from achieving the EFA goal due the presence of street children in many states, conflicts/insurgency in places like Borno, Adamawa, Yobe, Benue, Plateau and Kaduna states.

11. Eliminate the Gap between Men and Women in Enrolment in Secondary, Tertiary, Vocational and Technical Education and Training by 2015

To achieve this target, many interventions have been put in place to increase access and equity at secondary, tertiary, vocational and technical education in Nigeria. Incentives have been given to Girl-Child education in some states in Northern Nigeria like Jigawa while Girl Education Programme (GEP) and Student Tutoring, Mentoring and Counselling (STUMEC) initiatives have been functional in more than six states in northern Nigerian states where girls enrolment, retention and completion rates are low as well as boy-child education in South-Eastern states by the Federal government (Federal Ministry of Education, 2009). In the same vein, the Federal Ministry of Education built special schools for people with special needs and other vulnerable groups such as almajirais with a view to boost by 20% gender focused enrolment and participation of disadvantage groups in education by 2011. More Federal and state universities have been built while more privates have been licensed bringing the total universities to 123. Incentives for technical and vocational education have been put in place. Thus, access and equity has been improved at all levels of education. The national Gender Parity Index (GPI) has improved progressively reaching 0.86 in 2006 at post-basic education, 13.9% of enrolment into technical and vocational education and training was female in 2005. In spite of the intervention efforts at reducing gender gap at all levels of education, the set target has not been achieved.

12. Eliminate Illiteracy by 2020

In 2003 literacy rate in Nigeria (age 15 and over can read and write) was 57% of the total population. According to Auta (2009) Nigeria literacy population was 66.9% while male literacy was 71.3% as against 62.4% of female. In 2013, CIA World Factbook put the total literacy rate at 61.3% while male literacy was 72.1% against 50.4% for female. This indicates that literacy rate dwindled between 2009 and 2014 and also shows wide gender gap. It can be deduced that between 2003 and 2009 a period of 6 years, Nigeria recorded 9.9% increase in literacy rate which later fell by 4.3% in 2013. All things being equal, it implies total literacy rate increases by 1.65% yearly between 2003 and 2009 and 0.43% between 2003 and 2013. Going by the latest rate, total literacy will be 64.31% in 2020 which is a far cry from elimination of illiteracy. Thus, it is very doubtful if the target of eliminating illiteracy by 2020 can be achieved unless policy implementation strategies are implemented accordingly. However, the significant number of out-of-school primary school age children may add to the number of illiterates in the nearest future which will make the target unachievable.

13. Achieve a 25 Per Cent Reduction in HIV Adult Prevalence Every Five Years

Available statistics have shown increasing HIV/AIDS sero-prevalence rates from 1.8% in 1991 to 5.8% in 2001 in Nigeria (Federal Ministry of Health, 2001). Based on these reports, it is estimated that about 3.5 million Nigerians were living with HIV/AIDS. There was a slight decline from 5.8% in 2001 to 5.0% in 2003 which further declined to 4.4% in 2005 (UNICEF, 2007). This figure further reduced to 3.4% in 2013 (Onyebuchi Chukwu, 2013). In the same vein, HIV/AIDS related deaths was 170,000 in 2007.

In 2009, the prevalence of the disease reduced to 3.1% (CIA World Factbook 2009). It suffices to say that between 2003 and 2009, a period of 6 years, the prevalence of the disease fell from 5.8% to 3.1% which is a decline of 2.7%. In effect, HIV/AIDS adult prevalence reduced by 46.6% within 6 years which is higher than 25.0% reduction expected every five years. However, in 2013 the prevalence rate was 3.4% (Onyebuchi Chukwu, 2013). This again indicates that the prevalence rate fell by 22.7% within a period of eight years .i.e. from 2005 to 2013. This indicates a very slow rate of reduction in the prevalence rate because within 10 years the reduction is expected to reach 50% when it only reduced to 22.7% suggesting that the target is not being achieved. Besides, the increasing number of children infected with the

disease has brought another dimension to HIV issue in Nigeria.

The 2013 progress report on the global plan on HIV shows that Nigeria has the largest number of children acquiring HIV infection in the world in which it accounts for nearly 60, 000 in 2012, a number that has remained largely unchanged since 2009 (Ovuorie, 2013). In the same vein, out of 6 million pregnancies annually, 230,000 are HIV positive and the incidence of mother to child transmission is on the increase and becoming a new dimension to HIV issue in Nigeria. According to Idoko (2013) there were 70,000 HIV positive infants occasioned by mother-to-child transmission annually, which makes the group a major source of HIV transmission followed by sex workers.

In the reviewed HIV policy, the federal government in 2010 was committed to reducing by at least 50 percent HIV incidents among 15-49 year old women by 2015, ensuring that at least 90 percent of all pregnant women have access to quality HIV counselling and testing by 2015 and that at least 90 percent of all HIV positive women and breast feeding infant-mother pairs would receive antiretroviral (ARV) prophylaxis, while at least 90 percent of all HIV exposed infants would have access to early infant diagnosis services and at least another 90 percent of pregnant women requiring antiretroviral therapy (ART) for their own health, would receive life-long ART. It is quite unfortunate that two years to the expiration of the deadline, Nigeria is still far away from achieving the set goals, while reports such as the latest UN scorecard means more needs to be done.

14. Research Question 2: What are the main factors militating against the achievement of the population policy objectives and targets?

14.1 Challenges of use of modern contraceptives

There are many challenges militating against the achievement of population objectives and targets in Nigeria. Effective use of modern contraceptives has direct implications on reduction of fertility rate and population growth, however, this is faced with some challenges in Nigeria. Ankomah, Anyanti, Adebayo and Giwa (2013) in a study of barriers to contraceptive use among married young adults in Nigeria found that compared with women, men have poorer knowledge of family planning while women currently using family planning do so mainly for economic and health reasons. Thus, the impediments to women's contraceptive use are lack of support from husbands and other significant others as well as the absence of inter-spousal communication, real and perceived fear of side effects, rumours, myths and misinformation about contraceptives. Similarly, Odeh (2014) reported that the traditional belief in Africa bars young people from seeking family planning advises and services, as they are stigmatized for attempting such. For instance, in Nigeria the Federal Ministry of Health at High-Level ministerial meeting held at the African Union Headquarters in Addis Ababa on International Conference on Family Planning (ICFP 2013) reported that many of the young people were not getting access to the commodities because of the judgmental attitudes of the people. It could be argued that implementation strategies on family planning and fertility management might not be effective particularly the use of behavioural change communication to promote acceptance of family planning. Inadequate promotion of Community-based family planning activities and participation of non-governmental and private organisations is relatively low. In the same vein, inadequate commitment to provision of resources to improve effective planning and management services by government and other stakeholders is one of the challenges of effective implementation.

14.2 Challenges of achieving HIV/AIDS target

A higher reduction in the prevalence rate could be achieved if not for increasing poverty, weaving political will and commitment particularly at the state and local government levels, low awareness, low condom use and poor management of Sexually Transmitted Infections (STIs) contributing to the spread of the HIV/AIDS epidemic in Nigeria. Implementation of family Life and HIV and AIDS programme in schools is at lowest ebb in many states.

Mother To Child Transfer (MTCT) is fast becoming a burden in Nigeria compared to the rest of the world due to higher prevalence of HIV in women of reproductive age, high total fertility rate, characteristically prolonged breastfeeding culture, stigmatization by healthcare givers, and poor access to PMTCT interventions as a result of the Federal Government not living up to its promises among others.

14.3 Challenges of achieving sustainable UBE

Universal basic education has led to more enrolments at ECCDE, primary and junior secondary schools and by extension Senior Secondary Schools and more demand for higher education. With the UBE Act enacted in 2004, the programme

has come to stay and improved upon. However, achieving the target of full enrolment prior to 2015 is not feasible due to some challenges identified by Universal Basic Education Commission and cited by Nigeria Union of Teachers (2006). The challenges are:

- More than eight million children 6 – 11 years are not in school.
- Attrition rate in primary school is 9.3%
- Transition rate to secondary school is 61%
- UBE Programme needs more than 40,000 qualified teachers, 336,467 additional classrooms, 336,144 additional chairs and tables and 950,430 units of toilets to meet the present requirement.
- Fast tracking the process of getting states that are lagging behind in accessing the UBE intervention fund.
- Employment and retention of teachers of good quality.
- Tracking federal funds to ensure effective and efficient utilization.

These challenges though are being addressed but are still far from overcome.

Wide gap still exists between boys and girls enrolment in secondary, tertiary, vocational and technical education and training. Gender preference for some courses still exists at secondary and tertiary institutions. Findings of research on challenges of implementing basic education in some states as at 2013 are as highlighted below.

Abia state: Infrastructure deficit, dearth of qualified teachers, and work over load on the few ones lingered,

Bayelsa state: High dropout rate, shortage of educational teaching aids like laboratories, audio-visual aids, just as the large fishing population of indigenes is mostly not catered for.

Anambra state: Almost all public secondary and primary schools in rural areas were plagued by dilapidated buildings, insufficient classrooms, lack of chairs and desks, dearth of teachers, poorly equipped libraries and laboratories, absence of ICT tools and buses as enjoyed by their counterparts in the cities. There is preponderance of examination malpractices fed by the existence of 'miracle centres' in some parts of the state which has implications on quality.

Benue state: Benue is among 19 states in the country where the NUT declared indefinite strike in April 2013, over non-implementation of the N18, 000 minimum wage and 27.5 per cent Teachers' Enhanced Allowance. As a result of government failure to adequately address teachers demands, the primary school teachers resumed the strike in October 2013 and suspended in early July 2014, a period of nine months of academic loss to the pupils (Babajide, 2014). Attendance and quality were disrupted while some pupils might not return to school again. Furthermore, the state is one of those states yet to access most of the funds from the Universal Basic Education Board in Abuja because it is was yet to satisfy its counterpart funding requirements.

Borno state: Basic education in Borno state since the outbreak of violence by the dreaded Boko Haram insurgents has suffered a serious setback. Within the last one year, not less than 50 primary and secondary schools have been attacked and destroyed, meaning significant reduction in accessibility to schools. According to Borno state Ministry of Education (2013), 88 primary schools and 22 senior secondary schools were closed for long period which affected schooling of 20,180 pupils at basic level and 11,210 students in senior secondary.

Many children of school age have been driven into hideouts due to security challenges of sending children to schools to learn. On 18th April, 2014, about 276 secondary school girls were abducted by the Boko Haram sect. Basic and post-basic education in many areas in the state are in state of comatose. Yobe and Adamawa states have their share of insecurity just as Plateau and Kaduna states had recently. The insecurity affects enrolment, attendance, retention and completion rates at basic and post basic institutions.

At a quarterly meeting of Universal Basic Education and State Universal Basic Education Board Chairmen held in July 2013, it was reported that teachers in various states have not performed well in proficiency tests administered by their States. This suggests that teachers' quality is low which has implications on quality of pupils' learning achievements. On funding, N41.3bn of the matching grants still remained un-accessed by some States as at July, 2013.

14.4 Challenge of underfunding

Overall, there is there is challenge of underfunding of population related activities which led to the targets, objectives and goals of the policy not being achieved. Federal and state budgetary allocations to population programmes are grossly inadequate while government has not provided sufficient encouragement to organized private sector to support population programmes.

15. Conclusion and Recommendations

The paper appraised the extent to which the targets of the National Policy on population have been achieved after nine years of its enunciation. Available Nigeria population indicators from CIA World Factbook 2010, WHO, UNICEF and United Nations Reference Bureau and other relevant documents were used to compare the population targets to ascertain if the country has the potential of achieving the targets, objectives and the goals in general. There are indications that some of the targets might be achieved if more conscious efforts are made. For instance, 25 percent reduction in HIV adult prevalence every five years, reduction of the national population growth rate to 2 percent or lower by the year 2015 have the potential of being achieved and sustained but others do not appear so particularly all those related to health issues, basic education and gender issue in enrolment in secondary tertiary and technical education and training. Infant and maternal mortality and morbidity are still worrisome.

In order to ensure the policy goals and objectives are achieved and by implication the Millennium Development Goals (MDGs) there is need to pursue the implementation strategies more aggressively by involving the stakeholders and realizing of funds for population related activities. There is need for the establishment of population coordinating unit in each state to coordinate the implementation of population related activities. Furthermore, poverty eradication efforts should be improved by providing basic infrastructures in the rural areas to improve the quality of life, empower women to widen their economic choices and increase their contributions to the family and society. More aggressive promotion Behavioural Change Communication (BCC) programmes to increase reproductive and sexual health knowledge, HIV/AIDS awareness, and other population related issues that require behavioural change among Nigerians. Coordination of stakeholders (Development partners, Ministries, Departments, Agencies, Non-governmental Organisations, community Based Organizations, Civil Organisations and Faith-based Organizations) to avoid duplications and unnecessary replications.

Effective management of the national population programmes is a national priority which demands the commitment, co-operation, collaboration and support of all the stakeholders as well as the political and opinion leaders, policy makers in government, mass media, traditional and religious leaders, development partners, civil society groups and the general public. Also, there is the need for the Nigerian government at all levels to increase funding and strengthen capacity building, improving co-ordination and integral Maternal, Newborn and Child Health (MNCH) programmes.

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