

Culture and Policy Implementation: An Appraisal of Population Policy in Nigeria

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Abstract

Population policies are deliberately constructed and sometimes modified institutional arrangements and/or specific programs through which government influence, directly or indirectly, demographic change. Most observers are surprised by the swiftness with which concern over the population problem has turned from intellectual analysis and debate to policy and action. Specifically, population policy may narrowly be seen as bringing about quantitative changes in the membership of the territorially circumscribed population under any government's administrative control. Such changes usually come with some relief that "at last something is being done" but there is no guarantee that what is being done is adequate. This is more so when viewed within a given cultural milieu. This paper therefore attempts a critical look at the overriding principle that informed the formulation of a National Population Policy in Nigeria and the place of culture considering the multicultural leanings amongst Nigerians which rather raise a question mark as to whether the policy has or has not achieved its envisaged attitudinal cultural changes that can bring about an improved standard of living as well as promote maternal and child health in Nigeria. It recommends a more culturally friendly policy(ies) that can appeal to the senses of the people rather than leaving the policy a dew pond.

Keywords: culture, population, multi-cultural health and immunisation

Introduction

The 1988 National Policy on Population which was midwived by the military administration of General Ibrahim Babangida with Late Professor Olikoye Ransome-Kuti as the then Minister of Health has as its main goal "to improve the standards of living;... to promote their health and welfare, especially through preventing premature deaths and illnesses among high risk mothers and children; to achieve lower population growth rates through reduction of birth rates by voluntary fertility regulation methods that are compatible with the attainment of economic and social goals of the nation..." (Nigeria, 1988: i). In its foreword, the Minister adds, "it is our hope that it will be widely distributed, read, discussed..." even though it was claimed that the policy document was an outcome of an intensive process of consultations and discussions involving various interest groups. To me, those discussions and consultations are yet to be concluded because those "interest groups" may not have included cultural groups.

The revised version of the policy published in 2004 in its foreword by the then civilian Head of State, General Olusegun Obasanjo admitted the diversities in the country (Nigeria, 2004: i). It went further to identify new challenges that emanated from 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. These challenges are pointers to the fact that, there is a strong relationship between the human number (population) and health. This shows the confluence point between population policy targets and that of the Revised National Health Policy of 2004: 8. Both policies have as their targets inter-alia to reduce

- Infant mortality rate (IMR)
- Maternal mortality
- The spread of HIV/AIDS

To evaluate the above policy targets and objectives, one has to look at the 2008 National Demographic and Health Survey (NDHS) which still present a gloomy picture of our health situation. Infant and child mortality rates are basic indicators of a country's socio-economic situation and quality of life. They help in identifying population groups at risk; planning, monitoring, and evaluating population and health programmes and policies; and monitoring progress towards the Millennium Development Goals to reduce child mortality by two-thirds by the year 2015 and by extension the visionary year, 20:20:20. The survey shows a modest decline of under-five mortality from 199 deaths per 1,000 to 157 deaths per 1,000 births (NDHS, 2008: 118) while infant mortality declined from 87 deaths per 1,000 in 1990 to 75 deaths per 1,000 in 2008. More worrisome is the fact that this rate differentials can also be found between, not only the urban and rural dwellers but amongst zones. For example, mothers in the North Central (46 percent), North East (40 percent), and South-South (36 percent) were reported not to have immunized their children due to absence of information (NDHS, 2008: 150). Awareness about HIV/AIDS was also reported as lowest in the above zones.

It is my contention that those observed slight declines over the years in our population may not be attributed to the policy but to the following reasons:

- The process and force of acculturation.
- An embrace of hedonism occasioned by a reversed wealth-flow philosophy

At this juncture, one may be tempted to ask some mind bugging questions as to why despite the claim that the policy was an outcome of a deliberate "intensive" process of consultations and discussions, its implementation and success fall short of its premise. Who were the "various interest groups"? Were they bureaucrats? Politicians or the arm-chair writers who imagine outcomes without field contact? Agreed that they were (are) Nigerians, whose interest were they serving? The quasi-federal structures or the cultural diverse people of 1914 political birth? If the latter was considered and consulted, the implementation of the policy would have been devoid of any hiccup considering its double-barrel nature – addressing population issues and the health of Nigerians. John Caldwell's inter-generational wealth flow theory asserts that "Other factors influencing a reconsideration of high fertility values appear to be the declining labour value children with urbanization, economic modernization and the spread of schooling..." He went further to state that "schooling and other social and economic changes have not only reduced the economic return from children, but have increased the necessary economic outlay upon them, most noticeably among the urban elite..." (1967)

Culture and Population Policy: An Intertwine

Before and after the amalgamation of Southern and Northern Protectorates into Nigeria, rulers of the various cultural units have a stake in the size and composition as well as the distribution of the population over which they have authority, hence an incentive to try to influence demographic change in a desired direction. Cultures evolve from the interactions of persons and others, and a person's belief or behavior becomes part of a culture when it is "externalized" (Wuthnow, Hurter, Bergesen and Kwrzweil, 1984: 24). Sir Francis Bason as quoted by Anderson, R. E. (1990: 42) adds "man commonly feel according to their inclinations, speak and think according to their learning and imbibed opinions, but generally act according to custom". This shows the importance of culture in population regulation. Measures encouraging marriage and sometimes immigration or migration in our communities today testify to this. The dominant influence setting the patterns of reproduction was located, instead, in a deeper layer of social interaction. Births, the key element affecting population change, are produced by individual couples – seemingly an intensely private affair yet one in which the immediate kin group and the surrounding local society in which that group is embedded have a material stake. Restrictions on freedom to act take the form of social expectations and pressures that individuals can ignore only at considerably personal costs to themselves. Typically, there is a strong expectation that men and women should marry and have children. Parental and kin obligations in the matter of bringing up children are well understood by all adults and informally enforced by the community.

In most communities in Nigeria today, there is the expectation that children are to be born to married couples only; that a husband is obligated to support his wife and father his child/children; and that he can expect reciprocal services from them. Besides, there are also informal rules shaped by community interest to effectively regulate the entry of foreigners. The fabric of such demographically relevant behavioural stances, supported by internalized personal norms and buttressed by religious injunctions, are all products of culture.

As a classic statement of the British demographer Alexander Carr-Saunders (1922: 223) put it, “persons and groups of persons are naturally selected on account of the customs they practice, just as they are selected on account of their mental and physical characters”. This in effect reflect a community’s value system which is understandable only through culture. In his article “Ethics and Population Limitation: What ethical norms should be brought to bear in controlling population growth?” Daniel Callahan (1975: 4) observed about four decades ago that solving the population problem can be viewed as determining at the outset what final values should be pursued. In present day Nigeria, it is difficult if not impossible to situate the value system which the population policy tends to pursue considering the different value systems inherent in the different cultures which the policy is meant to address. This points to the fact that as culture differs so does their health needs and approaches which in turn affects their socio-economic well-being.

Culture and Health Impediment: The Case of Immunisation

One of the National Population Policy’s target that relates to an improvement of health for Nigerians is the reduction of child mortality to 35 per 1,000 live birth by 2015. If this must be achieved, the cultural dimension must not be ignored. Gordon Marshall (2006: 137) argued that in America the concept of culture provide ways of explaining and understanding human behavior, belief systems, values, and ideologies, as well as particular culturally specific personality types. And that, in social science, culture is all that in human society which is socially rather than biologically transmitted. While a 2002 document from the United Nations Agency UNESCO states that culture is the “set of distinctive spiritual, material, intellectual and emotional features of society or a social group and that it encompasses, in addition to art and literature, lifestyles, ways of living together, value systems, traditions and beliefs”. In the light of the above, one can say that although a nation can be created out of people with cultural differences but the competition for scarce resources which are normally given ethnic and cultural colourations can not be ruled out. This is usually manifest in the interpretation of government policies, of which the National population Policy is a victim. Grange (2008) may have had this is mind when she wrote that 80-85 percent of Nigerians and Africans rely on traditional healers for health education and healthcare. Renne (2007) in an extensive study carried out in Zaria, argued that cultural and religious belief of the people accounted for over 60 per cent low utilization of infant immunizations and added that there was need for proper education of the people if the fight against diseases like polio must be won.

The national population policy is at poles end when considered from the point of culture. Since culture is the way of life of a social group; the group’s total man-made environment, including products of the group which are transmitted from one generation to another. This “way of life” and the “man-made environment” is inclusive of religion, that is, the belief system. In Nigeria, the place of religion in policy formulation, interpretation and implementation cannot be waved with the hand. The boycott in some parts of the country against polio immunization in the early 2000s is a case in point. The cultural and religious belief that the polio vaccine was contaminated with anti-fertility drugs so that young girls would be unable to reproduce affected the exercise. While writing on religion and the new polio outbreak in Nigeria, Dike (2004) explained that Islamic northern Nigeria refused government vaccines imported from the western world alleging that the vaccines were laced with other deadly poisons meant to depopulate the Muslim community in Nigeria as part of a war against terrorism.

He observed that when the Nigerian government resolved to go ahead with the immunization campaign to contain the epidemic, it met with frustration as the persons affected refused to be immunized and others in order to escape immunization embarked on cross-border migration through Cameroon, Togo and other neighbouring countries thereby raising a regional alarm and outcry from the government of these countries and the World Health organization. The same policy that aims at improving the health of Nigerians now creates the problem of forced migration. It goes to show that demographic events are cultural events, and that for any national population policy to succeed, it must consider the cultural differences inherent in our national structure. Or better still, different population policies to meet the different cultural interpretations of our nationhood. The various leadership structures amongst the different cultural and religious groups must also not be ignored. These leaders possess a unique opportunity to mobilize communities towards the eradication of child killer diseases that can help reduce infant mortality in Nigeria. It was not until the conviction of the Organization of Islamic Communities (OIC) Secretariat and the intervention of the Regional Director of WHO, that religious leaders began to speak out in favour of immunization against polio. To this effect, Fatwas – Islamic religious rulings – were issued in favour of polio vaccines and the rumours about a western plot to wipe out Muslims began to dispel (Global Health Forum, 2009).

This regional differentials in fertility is better captured in the 1991 census analysis where the southwest had the lowest Total Fertility Rate (TFR) of 5.73, while the Northwest had the highest total fertility rate of 6.39. The 1999 National Demographic Health Survey (NDHS) also reveals that the Northwest as a region had the highest TFR (6.79). Culture also permeates the intellectuals within a social group especially when they command respect and followership either by their professional calling or position in the group. The fear of contaminated vaccine was brought to public consciousness when a respected medical practitioner, Dr. Dattiu Ahmed claimed that the vaccine was contaminated with HIV/AIDS virus, anti-fertility substances, and other dangerous elements. This suspicion and belief was more so caused by a cultural misperception. Kaufmann and Fieldbaum (2009) argued that if local populations are given a poor understanding of the vaccines itself and the kinds of disease it prevents, then, they can create unrealistic expectations of this vaccines. The above scenario if not properly addressed through the recognition and consideration of Nigeria's cultural environment in the formulation of population policy, then much still need to be desired especially in our drive to achieve our policy and millennium target of Health for All. Because health is an integral part of overall development, inter-sectoral cooperation and collaboration becomes inevitable especially in the area of policy and its implementation.

Conclusion

It seems clear that the national policy on population's desire to solve health related issues may after all be a mirage. It is true that Nigeria is an inhibitor of population growth amidst absence/poor healthcare facilities. The high population growth rate may continue unabated if Nigerians continue to rely on such a policy document that from its inception has the traits of failure as it ignores the cultural pluralism of our nation state. The most important step towards developing a new population policy that can achieve its set objectives and target especially in the area of health, is to recognize and understand the existing contending cultural differences and how culture provides the "eyes" for analyzing and accepting a policy of such. Furthermore, the existing policy regarding a reduction in infant and maternal mortality relate not merely to prescription regarding certain means of achieving quality health but also integrating population elements into development planning. This can only be possible when the policy contains/reflects cultural flair that can accommodate the different cultures in Nigeria or by implication different policies for different cultures but with a single national health objective(s).

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