

Negotiating Development Prescriptions: The Case of Population Policy in Nigeria

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Abstract Countries of the global south must constantly respond to development prescriptions from donor organizations. In this paper, I develop a spectrum of response to these prescriptions that applies to key actors at the country level—national leaders, technocratic elites, and social groups—and ranges from acceptance to negotiation to rejection. The interplay of these responses in conjunction with the social, economic, and political context drives the overall response to, and impact of, development prescriptions. To illustrate this process I use the case of population policy in Nigeria, where a technocratic elite led by a charismatic minister of health accepted the policy largely on its own merits; national leaders negotiated the policy so it facilitated state-society relations, promoted nationalism, deflected blame for economic woes, and represented commitment to political restructuring; and the representatives of social groups rejected the policy. Donor pressure served as a backdrop to the whole process. Parsing country responses to development prescriptions in this manner explains why Nigeria, a country with pronatalist citizens and in which population was highly politicized, adopted a policy aiming to *limit* fertility. It also demonstrates that different actors within countries of the global south use development prescriptions as opportunities to achieve locally important goals. To make these arguments, I draw on rich primary data from key informants and Nigerian government documents. Ultimately, the rejection of the policy by women's organizations and religious groups, combined with financial duress, political chaos, and continued high desired fertility, prevented the policy from strongly influencing contraceptive provision or fertility.

Keywords Population policy · Nigeria · Governmentality · Policy diffusion · Ransome-Kuti

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Introduction

In 1988 Nigeria adopted a population policy designed to slow population growth, making it the first country in sub-Saharan Africa to do so in 20 years.¹ 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? To answer this question, as a heuristic device I develop a spectrum of possible responses to development prescriptions that can be applied to the key actors of impacted countries—national leaders, technocratic elites, and social groups—and that ranges from acceptance to negotiation to rejection. In most cases, including that of population policy in Nigeria, different actors fall at different points on the response spectrum. Understanding where different actors fall, and why, helps explain why particular development prescriptions are adopted, and in conjunction with the social, economic, and political context, drives the final impact of the development prescription.

In this paper, I show that Nigeria adopted a population policy because a technocratic elite led by the charismatic minister of health Prof. Olikoye Ransome-Kuti accepted the policy largely on its own merits; national leaders negotiated the policy so it facilitated state-society connections, promoted nationalism, deflected blame for economic woes, and represented commitment to political restructuring; and the representatives of large social groups rejected the policy on moral and political grounds. Donor pressure served as a backdrop to the whole process, and ultimately, the rejection of the policy by women's organizations and religious groups combined with financial duress, political chaos, and continued high desired fertility, prevented it from strongly impacting contraceptive provision or fertility. Importantly, however, national leaders' negotiation of the population policy demonstrates that countries of the global south can use development prescriptions as opportunities to achieve locally important goals. To make this case, I draw on primary data from interviews I conducted with members of the Nigerian technocratic elite working in the area of population, along with an analysis of Nigerian government documents and secondary academic and organizational literature.

The analysis presented in this paper treats policies as more than legislation. They are expressive, highly symbolic, and offer the potential to achieve non-policy related goals (Barrett and Tsui 1999; Lasswell et al. 1979; Shore and Wright 1997; Wedel et al. 2005; Yanow 1996). Policies are also a means through which governments create new types of individuals to be governed and define what it means to be “modern” as well as “normal” (Foucault 1988, 1991). Population policies, like all social policies, share these characteristics. Unlike policies having to do with education or housing, however, population policies represent an explicit

¹ While population policies can address all aspects of population composition, I use the term to refer to an explicit policy with a goal to reduce fertility rates and ultimately population growth. Kenya and Ghana adopted population policies much earlier, in 1967 and 1969, respectively (Chimbwete et al. 2005; Locoh and Makdessi 1996). See Sullivan (2007) for a full discussion of the factors explaining differential timing in adoption of population policies across African countries.

intervention in an intimate 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 to governments than other social policies to achieve goals related to governance.

Although the analysis below focuses solely on Nigeria, and on population policy, the findings are broadly applicable. First, while Nigeria is unique as the most populous country in sub-Saharan Africa, and one of the most wealthy because of oil revenues, its similarities to other African countries along multiple dimensions—ethnic diversity, British colonial history, extreme poverty and inequality, tenuous democracy, and indebtedness to international financial institutions—outweigh these differences. Second, although when compared to other development prescriptions population policy 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 local benefits to adopting development prescriptions, and the positions of different key actors in that process. Without such analysis, it becomes difficult to assess the outcomes of the implementation of the development prescription. Third, as the first sub-Saharan African country to adopt a population policy in 20 years, elements of Nigeria's experience were somewhat exceptional compared to other African countries, but again, many elements were similar, indicating that Nigeria's experience provides a window into the population policy adoption process in sub-Saharan Africa more generally.

The rest of the paper is organized as follows. First, I present background on the political, social, and economic context in Nigeria. Then I describe the heuristic device of a spectrum of responses to development prescriptions, both in general terms and specifically in relationship to population policies. Next I present evidence describing the elements of acceptance, negotiation, and rejection of the development prescription for a population policy in Nigeria. I conclude that against a backdrop of donor pressure, the technocratic elite led by the charismatic minister of health Ransome-Kuti accepted the policy largely on its own merits, Nigeria's leaders negotiated the policy to facilitate the process of governance, and social groups rejected the policy on moral and political grounds. Combined with political chaos that impacted donor funding and entrenched preferences for large families, the policy ultimately did not drastically improve contraceptive provision or lower fertility.

Background

Nigeria's response to the development prescription of a population policy was strongly influenced by features associated with the economy, the composition of the population, and politics. This section describes these three areas, as well as provides a brief background on governmental, nongovernmental, and donor involvement with family planning in Nigeria from the 1960s onwards. It also provides basic details on the development of the 1988 population policy.

Nigeria's economy post-independence has always been based on oil (e.g., Lewis 2007), and today oil accounts for 80% of government revenue and 95% of foreign

exchange earnings (Central Intelligence Agency 2011). Commercial production in the Gulf of Guinea began in 1958 and by 1970, oil had become Nigeria's main export (Dibua 2006; Gordon 2003). Following an incredible peak in the 1970s, however, the country's economy crashed particularly hard in the 1980s when the global recession hit and oil prices fell, leaving Nigeria a net food importer (United Nations 1988). Inflation was 50% by 1983, the real income of urban households fell 34% between 1980 and 1984, and unemployment for educated urban dwellers was 46% by 1986 (Forrest 1995). The worsening standard of living was exacerbated by the government's repeated implementation of austerity measures (Biersteker and Lewis 1997; Ebigbola 2000; Wright 1998), and Nigeria's oil-driven "golden age" had ended by the mid-1980s (Wright 1998: 3). Figure 1 shows these economic trends, which clearly reflect that the early 1980s were the worst period for economic growth in Nigeria's post-independence history.

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 because they serve as sources of identity and resources. As a result, there is competition between regions, individual ethnic groups, and even states, and much of this competition is framed in terms of whose group is largest, 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 (Gordon 2003; Yin 2007). In

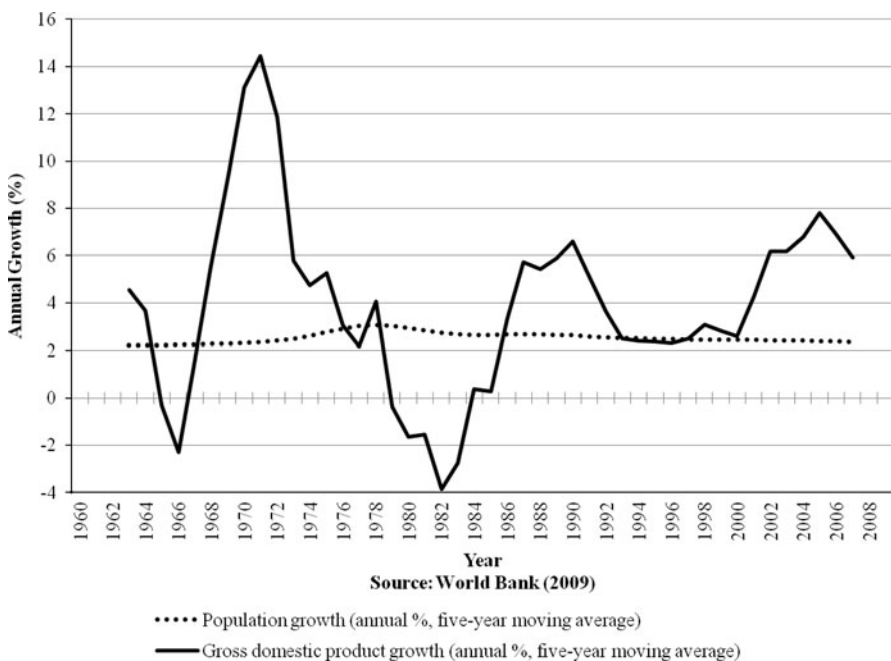


Fig. 1 Annual growth rates in gross domestic product and population, 1960–2009, Nigeria

response to such divisions, the Federal Capital Territory of Abuja, located in the geographical center of the country, was created in 1991 to make the capital more regionally (and thus ethnically) neutral than Lagos (Falola and Heaton 2008). Another response to manage these tensions is a widely-accepted effort to alternate the presidency between northerners and southerners.

The central government redistributes resources to states based on relative population size and interunit equality, 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).² In response to the politics of resource allocation, the number of states has increased over time from 12 in 1967, to 19 in 1976, to 21 in 1987, to 30 in 1991, and finally to the current 36 in 1996 (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. Given the benefits to populous regions and large groups, political officials and elites have at times double-counted people, as well as simply made them up (Suberu 2001). The government cancelled the 1962 census results because of inflated counts from the eastern and western regions, and so a second census was conducted in 1963 whose results were accepted, but the process culminated in bitterness in the east that contributed to the outbreak of civil war in 1967 (Falola and Heaton 2008; Goliber 1989; Gordon 2003; Suberu 2001). The 1973 census results were never released, largely because the southern elite objected to the north being found more populous, but also because the results showed an implausible 43 percent increase in the population since 1963 (Falola and Heaton 2008). In order to avoid conflict, no census was collected in 1983. Government creation of new localities and changes to the representation rules for state assemblies and the House of Representatives prior to the 1991 census facilitated general acceptance of the results (Suberu 2001). In both the 1991 and 2006 census, the government ultimately decided not to ask questions about religion and ethnicity (Adegbola 2008), lest fighting over the results prevent their being released at all. This experience with census collection exemplifies the politics of population that set the backdrop for the population policy.

Individual-level politics of population also exist in Nigeria. Access to resources in Nigeria's political economy depends on patron-client ties, and having more children produces more ties, increasing the odds that some will be beneficial (Pearce 1995; Smith 2004). Having people becomes even more critical in times of political and economic uncertainty (Renne 2003). The importance of "wealth in people" observed in Nigeria is common across African societies and creates powerful incentives for high fertility (cf. Guyer 1993; Johnson-Hanks 2006; Thomas 2003). Indeed, at the time of the policy, the total fertility rate in Nigeria was 6.0 children per woman, and the desired total fertility rate was only slightly less (see Table 1).

² The level of social development also began to play a role in redistribution algorithms in 1981, and the size and terrain of states were incorporated into these algorithms in 1990 (Suberu 2001).

Table 1 Demographic characteristics of Nigeria at the time of the population policy and in the present

Characteristic	1985–89 ^a	2003–2007 ^b
Total fertility rate	6.0	5.7
Ideal number of children	5.8	6.1
Married women using modern contraceptives (%)	3.5	10
Median age at first marriage	16.9	18.3
Infant mortality rate (per 1,000 births)	87	75
Under-five mortality rate (per 1,000 births)	192	157
Population size (millions) ^c	89.9	140.9
Population growth rate (% per year)	2.7	2.4
Population density (population per km ²)	98.7	154.7
Urban population (% total population)	33.2	46.2
Urban population growth rate (% per year)	4.8	4.0
GDP per capita (2005 international \$, PPP)	1,269	1,732
GDP growth rate (% per year)	5.7	7.8

^a Refers to the 5 years preceding the 1990 Demographic and Health Survey (Federal Office of Statistics & IRD Macro International 1992)

^b Refers to the 5 years preceding the 2008 Demographic and Health Survey (National Population Commission, & ICF Macro 2009)

^c Indicators above this row are from the Demographic and Health Surveys in the previous two notes; indicators in this row and below are from the World Bank (2009)

The high levels of desired and actual fertility also resulted from a variety of structural factors related to the economy, high infant mortality, and the generally low status of women (Dixon-Mueller and Germain 1994; McNicoll 2011; Pearce 1995).

In part because of tensions between different regions and groups, Nigeria's political history has been tumultuous. Since independence in 1960, the country experienced successive alternations between military and civilian rule. Following an initial post-independence period of civilian rule, the 1960s ended with a series of military coups in 1966, and then civil war in 1967, the result of the secession of the southeastern states of Nigeria, home to the majority of Nigeria's petroleum reserves. Nigeria was under military rule from 1970 to 1979, and again from 1983 to 1999. General Buhari justified the 1983 military takeover on the grounds that the civilian leadership had poorly managed both the government and economy (Gordon 2003). Similarly, the instigators of the 1985 coup that put General Babangida in power defended their actions on the grounds of Buhari's authoritarianism, and the economic decline (Wright 1998). Babangida remained in power until 1993, repeatedly delaying elections, and then ultimately annulling the results of the 1993 election of Moshood Abiola as president. The ensuing political disorder allowed Sani Abacha to forcefully assume power. It was not until 1999, following Abacha's death, that the country finally returned to democracy with the election of Olusegun Obasanjo.

This background illustrates how the economy, social dynamics, and politics 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 (McNicol 2011) and 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 a population policy—is risky.

The 1988 population policy was, however, not the first government acknowledgement of population growth or contraceptive needs. Each of the five-year national development plans³ that preceded the policy addressed population in some way, but only the plan immediately before the policy suggested anything negative about population growth. The first national development plan implied no need for concern about population growth by noting that agricultural production grew 30% while 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 capita income, and poor demographic data, but concluded that the economic and demographic situation combined “would have suggested stringent population control measures on a national scale in Nigeria, but for her resource base and development potentials” (Federal Republic of Nigeria 1970: 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 1981; De Sweemer and Lyons 1975; Federal Republic of Nigeria 1970: 78).

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 contraceptive” 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’s *lack* of a policy was due to the sensitive nature of such an endeavor (Federal Republic of Nigeria 1981). The document acknowledged that the population was growing faster than had been previously thought (at 3.3% per year, rather than 2.5%), but that increasing education levels among the population would lead to lower desired family size, and ultimately lower fertility. Although a fifth national development plan was intended (United Nations 1988), it was superseded by structural adjustment, and no more plans followed (Wright 1998).

By the early 1980s, state-level Ministries of Health began to incorporate family planning into their maternal and child health care programs (Piotrow et al. 1990), and by 1986, most states had family planning programs (Rimon 1986). Prior to this point, Nigerians could, on a limited basis, obtain supplies and services through private outlets. Founded in 1958 as the Marriage Guidance Council (Orubuloye 1983), the Planned Parenthood Federation of Nigeria affiliated with the International

³ These plans were the primary means through which Nigeria organized government economic and social responsibilities until the mid-1980s, and paralleled the planning processes of many sub-Saharan African nations at the time.

Planned Parenthood Federation in 1964 (United Nations Population Fund 1981). In 1985, it had 28 local branches in 16 out of 19 states (United Nations Population Fund 1986). In addition, contraceptive supplies became available, on a limited basis, in the 1970s via commercial outlets, as well as from university-run clinics (De Sweemer and Lyons 1975).

Donors were also involved in the funding and provision of family planning prior to the adoption of the population policy. From the 1970s onwards, a variety of multilateral, bilateral, and international nongovernmental organizations (NGOs) also worked on population and family planning projects in Nigeria. The World Health Organization funded rural health services, including family planning, starting in 1972, the same year that the United Nations Population Fund (UNFPA) began funding a university-based family planning program in Ibadan (United Nations Population Fund 1981). The UNFPA also funded a variety of other family planning related projects starting in the 1970s, and a number of NGOs started work during that period as well (United Nations Population Fund 1981). The United States' bilateral aid agency, USAID, began population-related work in Nigeria in the early 1980s (The Futures Group 1983; United Nations Population Fund 1986), and the World Bank's first population-related project was with Sokoto State in 1985 (World Bank 2008).

Preparatory activities for the 1988 *National Policy on Population for Development, Unity, Progress and Self-Reliance* began as early as 1983, and population policy formulation was part of the UNFPA's 1981 funding package for Nigeria (United Nations Population Fund 1986, 1989). The policy was drafted in 1985 by the Interministerial Consultative Group on Population Policy, which included representatives from multiple local organizations and was co-sponsored by the Nigerian government, USAID, and the World Bank (Dixon-Mueller and Germain 1994; Osuide 1988; United Nations 1988; United Nations Population Fund 1986, 1989). The Council of Ministers approved the draft in 1986 (United Nations 1988), the Armed Forces Ruling Council approved the policy in February 1988, and the government formally "launched" (began implementing) the policy in April 1989.

The policy had four broad goals: improved quality of life, better health, lower population growth rates, and more even distribution of population across rural and urban areas (Federal Republic of Nigeria 1988: 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: 14). The population policy came to be seen as a "four-child" per woman policy due to the total fertility rate target, and the fact that Babangida himself spoke of "four children is enough" (Avong 2000; Caldwell et al. 1992; Renne 1996). 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, the remainder of the paper explores how different actors responded to the development prescription of a population policy in order to explain

why the government adopted a policy, and to assess the impact of the policy on contraceptive provision and fertility.

Responding to Development Prescriptions

Key actors in a country—national leaders, technocratic elites, and social groups—can accept, negotiate, or reject development prescriptions, and population policy is but one example of such a development prescription. Importantly, different actors will often take different stances, and sometimes the same actor will take different stances at different points, or on different pieces of the development prescription. Countries can thus reject one development prescription and accept another at the same time. National leaders are those with authority and responsibility covering areas that extend beyond that immediately touched by the development prescription, such as presidents, generals, and others associated with the executive. Technocratic elites work in the areas most directly influenced by the development prescription and hold posts in federal ministries as well as national and international organizations and even universities. As such, their stance is more likely than that of either national leaders or social groups to overlap with that of international donors as they may well work for international organizations at home and abroad. Social groups reflect the key dimensions that stratify society in a given country, which may be gender, ethnicity/race, region, occupation, or any number of other features. Such groups are often represented by nongovernmental or civil society organizations.

Most existing research has focused on the acceptance end of the spectrum, arguing that countries adopt policies, treaties, and even institutional structures either because of pressure from donor organizations or because of normative emulation. Donor pressure was particularly important in Nigeria, but the technocratic elite also believed ideas about the relationship between population growth and socioeconomic development that reflect some of the processes associated with normative emulation. Negotiation of a development prescription can occur for a variety of reasons, many of which are unique to the country in question. In the case of Nigeria, population policy eased governance by national leaders by facilitating state-society connections, promoting nationalism, deflecting blame for economic woes, and representing commitment to political restructuring, making policy adoption appealing enough to overcome associated risks. Finally, key actors can reject development prescriptions. Although national leaders and technocratic elites in Nigeria accepted the population policy, social groups representing women and different religions rejected it. I describe each of these pathways to policy, with particular reference to population policy, below.

Acceptance

Neo-institutional theory, which comes primarily from sociology and political science, aims to explain the increasing similarity across countries in policy adoption, treaty signing, and institutional structure. From the perspective of neo-institutional theory, countries adopt policies either because of coercion resulting

from power differentials between themselves and international organizations, which are often donors, or because of normative emulation (Henisz et al. 2005; Simmons et al. 2006).

International health and development organizations strongly promoted population policy in developing countries from the 1960s onwards, and widely in Africa starting in the 1980s (Barrett 1995; Barrett and Tsui 1999; Demeny 2011; Hodgson and Watkins 1997; McNamara 1984; Mosley and Branick 1989; World Bank 1986). These organizations believed that rapid population growth inhibited socioeconomic development, a so-called neo-Malthusian perspective, and that population policies and family planning programs would help slow rapid population growth and induce economic growth. Because of structural adjustment programs, the World Bank in the 1980s had a high degree of leverage in most sub-Saharan African countries, and the Bank's involvement in population-related activities accelerated at that same time (Gibbon 1991; Mosley and Branick 1989; Sinding 1991). In the 1980s USAID, also a major donor in Africa, funded a number of international NGOs ranging from The Futures Group to Family Health International to implement population and family planning programs. The sheer magnitude of money involved in the relationships between donors and developing countries provided leverage to donors and made coercion possible. Indeed, on average, among sub-Saharan African countries during the 1980s, loans and credits from the World Bank made up approximately 18% of gross domestic product, and multilateral debt service accounted for almost one-third of total debt service (author's calculations from World Bank 2009). As a result of donor desire for population policy combined with extensive leverage, many authors have described population policies as resulting almost exclusively from donor pressure (cf. Hartmann 1995; Liagin 1996), or as being strongly influenced by it (Connelly 2006; Luke and Watkins 2002).

Although neo-institutional theory recognizes the role of coercive pressure in countries' behavior, it has tended to treat the adoption of policies covering a wide variety of areas—including education, environmental protection, welfare provision, gay rights, and war (Beckfield 2003: 401)—as the result of normative emulation of world culture, a Western, rational, individualizing culture that emerged in the twentieth century (Boli and Thomas 1997; Finnemore 1996; Meyer 2004; Schneiberg and Clemens 2006). In particular, normative emulation motivates nation-states to behave in ways that show their commitment to the particular principles of world culture, such as human rights and protection of the environment, and in so doing legitimate themselves and maintain their status with the global community. Neo-institutional theory thus helps explain why, for example, countries with terrible human rights records sign human rights treaties (Hafner-Burton and Tsutsui 2005) and why national parks and environmental ministries proliferated around the world at approximately the same time (Frank et al. 2000).

Adopting a population policy during the 1980s and 1990s indicated to donors that a country was committed to the reduction of population growth through family planning programs (Chimbwete et al. 2005), and so provided some degree of legitimacy to that country (Barrett 1995; Barrett and Frank 1999). Adopting a population policy was, however, slightly different than signing a human rights treaty or creating a ministry of the environment because the powerful countries at the

center of the world system did not themselves have population policies. This so-called “coreless diffusion” of population policy (Barrett et al. 2010) 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 (Chimbwete et al. 2005), and the second is technocratic elites who endorsed policies due to their attendance at international demographic conferences promoting the neo-Malthusian relationship between population and development (Barrett 1995; Barrett et al. 2010). From this perspective, policy adoption by a country is associated with the presence of a technocratic elite who participates in activities sanctioning elements of world culture. Such participation easily occurs given that nationals of a given country often work in key positions in the international donor organizations that promote development prescriptions like population policies.

While coercion in the form of donor pressure and normative emulation both help explain variation in policy adoption across countries, each explanation falls slightly short. On the one hand, accounts that emphasize donor pressure fail to recognize that countries may accept development prescriptions because those prescriptions are truly believed to have some benefit, either for reasons directly related to the prescription, or because the country is able to strategically deploy the prescription to suit other needs. To see only coercion is simplistic, as Thomas (2003) so eloquently argues for Kenya, where reproductive concerns are frequently a matter of “entanglement” between international and national actors because they touch on both political and moral order. On the other hand, accounts that emphasize normative emulation have often been based on statistical analyses of multiple countries, making it difficult to see how exactly change occurs, or does not occur, at the country level (Boyle et al. 2001; Finnemore 1996). The analysis of population policy adoption in Nigeria addresses both of these shortcomings by parsing out the benefits and drawbacks of the policy to different actors, and in particular by exploring a variety of strategic benefits the population policy offered to Nigeria’s leaders.

Negotiation

Negotiation of a development prescription implies that a country ultimately accepts the prescription, but successfully alters its terms in some way, or uses the prescription to serve ends other than the surface-level goal of the prescription. While such negotiation can occur in unique ways dependent on the country and the prescription, population policies offered great potential to African governments because they covered the productive area of population and reproduction, which meant they could be used by the government to deepen state-society relationships, and to assert the government’s right over competing social groups to manage those relationships. In addition, by virtue of addressing the quality of the population and linking that to the quality of the nation, population policy presented rich opportunities for nationalistic expression. 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. Indeed, across the world, Barrett and Tsui

(1999) found that countries that had adopted population policies received more funding from USAID.

Population policy offered African governments the appealing potential to better connect state and society. As many scholars of African states have argued, to fully govern, states must penetrate (Herbst 2000; Migdal 1988) or “capture” society (Hyden 1980). Capturing the population’s affection is particularly complicated in the African case because of diverse populations, large territories, and multiple points of allegiance other than the government (Clapham 1996; Englebert 2000; Herbst 2000; Migdal 2001). Specifically, to capture society, the state must convince people that it, and not the leaders of the ethnic and religious subgroups, can set the rules for how people should behave (Migdal 2001). Population policy offers such an opportunity as it provides guidelines about the timing, number, and type of children people should bear, and also presents a forum for reframing the relationship between citizen and state (Eberstadt 1994; Newland 2001).

From a Foucauldian perspective, population policy further connects the state to the population via mechanisms of biopower, which tie individual sexual and reproductive behavior directly to national power (C. Gordon, 1991).⁴ Conveniently, population policy is a tactic that simultaneously meets the needs of both of the poles of biopower: disciplining the body through management of individual fertility and regulating the population (Foucault, 1978). Drawing from governmentality (Foucault 1994/2003) and other authors’ applications of it (Ginsburg and Rapp 1991; Greenhalgh 2003; Newland 2001; Richey 2004, 2008), states may use population policy to regulate and manage the population as part of the art of government, thus reinforcing the power of the state, a preoccupation of many African leaders (Clapham 1996). Even the collection of demographic data, an activity all population policies dictate, can be thought of as a means to connect the state to the population by making society “legible” (Scott 1998). Population policy is thus a useful tool of government because it facilitates connections between state and society through a number of mechanisms.

Research on population policy adoption in Tanzania and Kenya exemplifies the ways in which countries have negotiated the development prescription of population policy. Tanzania’s 1992 population policy was strongly influenced by international donors, but Richey (1999, 2008) elaborates that the Tanzanian government has taken a “strategically ambivalent” stance towards population growth in order to balance the competing interests of international donors and local political and religious groups who do not support the policy. Thomas (2003) also refers to the benefits of an ambivalent stance on population in Kenya. There, President Kenyatta put aside his personal objection to family planning and facilitated the adoption of the 1967 population policy in part because it brought money for family planning that the government could redirect towards the maternal and child health care to which it was more committed (Chimbwete et al. 2005). Later on, however, President Moi embraced the neo-Malthusian relationship between population and

⁴ Foucault developed the theories of biopower and governmentality in reference to shifts in the locus of state power between the 16th and 18th centuries in Europe. Their applicability to the African case is, however, relevant given that the modern, liberal form of the state, which African countries inherited upon independence, still contains these elements.

development because population growth could be used to explain Kenya's slow economic growth (Chimbwete et al. 2005).

Thus population policy presents opportunities to countries as a tool of government by bringing state and society closer together, by allowing nationalistic expressions, by providing a source of blame for slow economic growth, and as a way to manage relationships with donors, possibly even extracting resources from them.

Rejection

The final possible response to development prescriptions is rejection, which can occur in either passive or overt form. Passive rejection may mean simply ignoring, or making little effort, to implement the reforms, policies, or programs suggested by donors. Such rejection can be thought of as an “everyday” form of resistance available to those who are otherwise disempowered (Scott 1985). As a result, the lack of policy implementation noted by neo-institutional scholars and referred to as “decoupling” (e.g., Meyer and Jepperson 2000) may thus not be evidence that policies were adopted because of normative emulation, but may instead indicate that they were adopted either because of coercion (Chamie 1994) or to serve negotiated purposes other than those stated directly in the policy, or simply that there was a lack of capacity to implement them (VanDeveer & Dabelko 2001).

Countries do, however, overtly reject development prescriptions. Malawi famously ignored pressure from the World Bank and major bilateral lenders to stop providing fertilizer subsidies to farmers, and saw its agricultural yields increase dramatically (Dugger 2007). Thabo Mbeki's controversial claim that HIV does not cause AIDS can also be read as a rejection of donor prescriptions about how to manage an HIV epidemic (Butler 2005). Concerns about racist motivations of those funding family planning, both legitimate and otherwise, have led to resistance to family planning in many African countries (Kokole 1994). There are also more passive rejections of development prescriptions. The secondary literature described Swaziland as on the cusp of a population policy from 1989 onwards, but the government managed to stave off donor interest until at least 2008 (Dlamini et al. 2010; Schneider et al. 1989; Swaziland Environment Authority 2002). A draft of the Central African Republic's 1998 population policy, which otherwise resembles most other population policies, contains a family planning section which is entirely devoted to describing the benefits of contraception for reducing sterility, and thus *increasing* fertility (République Centrafricaine 1994). Although the political sensitivities around population issues may allow countries to more readily reject development prescriptions related to population than, for example, to neoliberal reforms, foot dragging and differential interpretation of donor mandates are certainly not limited to the population realm.

The analysis below illustrates these points further by describing where different actors—national leaders, technocratic elites, and social groups—fell along the acceptance/negotiation/rejection spectrum in relation to the population policy in Nigeria, and describes the impact of those positions on policy-related outcomes. In conjunction with Nigerian government documents and pronouncements related to

population, I use semi-structured interviews I conducted in 2006 with 13 members of the technocratic elite in Abuja, Nigeria regarding why Nigeria adopted a population policy,⁵ to parse out why a country whose citizens had cultural and economic preferences for large families, and in which population was highly politicized, adopted a policy aiming to *limit* fertility.

Acceptance

A group of technocratic elites as well as national leaders endorsed the neo-Malthusian relationship between population and development that implied limiting population growth was a logical response to the given economic circumstances and thus accepted a population policy that had been heavily promoted by donors. Both donor pressure and normative emulation played a role in this acceptance, as did leadership by the charismatic minister of health, Professor Olikoye Ransome-Kuti.

Donor Pressure

External organizations were clearly involved in the development of the population policy in Nigeria. As described in the background section, international involvement with population-related issues in Nigeria, particularly contraceptive provision, began in the 1970s, and these organizations remained active in Nigeria in the 1980s during the time of the population policy's development.

The Futures Group's OPTIONS project played a particularly important role (Hartmann 1995; Liagin 1996). This project, funded by USAID and begun in 1986, focused on 24 countries, including Nigeria (Liagin 1996), where it was implemented in conjunction with the Ministry of Health and the Nigerian National Population Bureau (United Nations 1988). Project-related materials were used by the policy drafting committee (Osuide 1988), and computer presentations, called RAPID (Resources for the Awareness of Population Impact on Development), highlighting the negative relationship between population growth and economic development, were shown to government officials at the national and local levels (Odimegwu 1998). These presentations were used to train Nigerian demographers as well as to explain to government officials and religious leaders why the federal government was interested in population policy (Sai and Chester 1990). By 1986, many public officials, opinion leaders, and NGO employees had seen the RAPID presentations (United Nations 1988).

A number of Nigerian scholars viewed the policy as coming from external sources (Ebigbola 2000; Obono 2003; Odimegwu 1998), and the authors emphasizing

⁵ Three of these technocratic elites participated in creating the 1988 policy; the remainder were people who came to work in the population field immediately after 1988 and were intimately familiar with the policy. All were located through a snowball sampling process carried out while in Nigeria and worked for the federal ministries, NGOs, and donors involved in creating and implementing the 1988 policy. All respondents were Nigerian, half were women, all had above-average levels of education, and many had obtained this education in Europe or the United States. I did not collect information on respondents' religious or ethnic backgrounds.

external organizations' role in population policy have focused on the World Bank. The World Bank was active in Nigeria in the 1980s because of negotiations over the structural adjustment program, implemented in 1986. Although some believe (e.g., Ebigbola 2000) the policy was a conditionality of the structural adjustment program, there is no evidence in World Bank documents for a direct link between the two. The Bank did, however, perceive itself as influencing the policy change in Nigeria, co-sponsored the group that drafted the policy, and funded Nigerian consultants to carry out the research behind the RAPID presentations (Sai and Chester 1990; United Nations 1988; World Bank 1989).

Although all respondents acknowledged the involvement of external organizations in the population policy process, particularly in providing technical support, only three, all of whom worked for international organizations, gave these organizations particularly great weight.

Quite frankly, I think the main thrust was external pressure. I think it is the multilaterals, the United Nations bodies. It was a military government where NGOs did not mean much at that time. But the multilaterals were significant, and the bilaterals, particularly I think the US. (International foundation representative #1)

I'm sure that UNFPA and others were also breathing on the government's neck and trying to see how the government might be encouraged to think differently from the way in which they were thinking before. (International foundation representative #2)

Most donor agencies were interested at that time. Perhaps one should mention the spearhead at that time, the World Bank. The World Bank was ready to assist, to finance, to ensure that the policy was retained, to ensure that the program was implemented. (Multilateral agency representative)

The remaining (majority) of respondents conceded that outside organizations and governments had been interested in Nigeria's adoption of a population policy, but given their political subjectivities, never described these outsiders' desires as the main cause for the policy. Indeed, several respondents fiercely defended Nigeria's independence in the policymaking process.

Ransome-Kuti must have influenced and been influenced by ideas from the World Bank, but I can assure you, he's not a 'yes' minister. (National NGO representative #1)

Just remember—we always tell people, "This is our program, our idea." The United Nations cannot impose. They can always make suggestions, but they cannot impose on us whatever they want to do. (Ministry of Information representative)

The secondary literature, publications from donor organizations, and Nigerian respondents indicate that donor organizations played a significant role in Nigeria's 1988 population policy. While there is no evidence of the population policy being a condition for aid, the relative power imbalance between Nigeria and its foreign

donors combined with the donors' strong interest in population policy suggest a significant role for donor pressure.

Normative Emulation

The bulk of the evidence for normative emulation comes in the form of national leaders and the technocratic elite justifying the population policy in neo-Malthusian terms. Representatives of both groups attended international conferences and trainings where neo-Malthusian ideas were promoted or simply the status quo. In addition, Nigeria was a signatory to the 1980 Lagos Plan of Action for Economic Development in Africa (Organization of African Unity 1981), and in 1984 participated in the Second African Population Conference and the International Conference on Population, all of which took for granted a neo-Malthusian relationship between population growth and economic development.

Nigerian leaders began to express this neo-Malthusian perspective in the mid-1970s. In 1974, General Gowon addressed the first meeting of the Population Association of Africa and noted that Nigeria's population growth exceeded growth in food production, was a stress on the available land, and that economic development depended on slower population growth (De Sweemer and Lyons 1975). In 1979, General Obasanjo told the African Leadership Forum that population growth would prevent Africa's successful development, and that governments needed to take action to slow such growth (Ehusani 1994). In 1984, as part of his address to the United Nations World Population Conference in Mexico City, General Buhari explained the government's lack of concern with population growth in the 1970s as the result of its belief that Nigeria's size and resources were capable of improving living standards (Buhari 1984). He also indicated that the government now thought population growth needed to be slowed.

It is Government's view that something has to be done to ensure that the galloping population growth rate and over-urbanisation do not eclipse efforts being made by Government to improve the economy and enhance the quality of social service available for the people. We in Nigeria now feel that in the face of rapid population growth, a well articulated population policy is necessary. (Buhari 1984: 120)

This declaration was the first by a Nigerian leader explicitly calling for a population policy, and consistent with it, in 1985 General Buhari signed the "Statement on Population Stabilization by World Leaders." This short proclamation, written by the Global Committee of Parliamentarians on Population and Development (1985), noted the negative impacts of population size and growth on the environment, inequality, and political stability and stressed the need for leaders to adopt policies and programs to slow population growth.

Respondents also deployed a neo-Malthusian framework in explaining why Nigeria adopted a population policy, and why it did so in 1988. They described people's diminishing access to resources during the 1980s due to both population size increase and resource pool decrease, mainly because of the drop in oil prices.

Prior to 1988, the government of Nigeria, like governments of most African countries, felt population management was not an issue. Rapid population growth was not a problem. When you put this against the background that in the 70s Nigeria entered the era of oil boom—there was a lot of money and people felt that money was not a problem, therefore population was not an issue. As time went on, especially in the 80s, things started to take a new shape. Population grew rapidly and prices of oil was not stable... After the economic downturn, it dawned on people that it was difficult to meet employment, to build schools, to stock hospitals, to build good roads, supplying power. (Ministry of Health representative #2)

The economy of the country was no longer able to cope with the huge population growth... resources were dwindling and quality of life was deteriorating so fast. (National Population Commission representative)

The government realized the fact that we needed to have a population policy to make sure that we have the population that we can manage; we have a population that the economic resources can match. (International NGO representative)

As a result of national leaders' and the technocratic elite's support of a neo-Malthusian perspective, the text of the policy also utilized neo-Malthusian language. The policy described in detail the negative implications of population growth for health, nutrition, land-use, infrastructure, employment, gross domestic product, education, the environment, oil available for export, and resources in general. For all these reasons, the policy stated that "every effort needs to be made to adjust the rate of growth of the population to the resources available" (Federal Republic of Nigeria 1988: 6).

Given the neo-Malthusian stance of national leaders and technocratic elites, and the realities of population and economic growth in the 1980s, it is not surprising that these actors supported a population policy. Nigeria's population was both large and growing quickly in the 1980s. An estimated 1980 population of 70 million grew rapidly at approximately three percent per year and had reached more than 90 million by 1990 (World Bank 2009). Figure 1 compares annual growth rates of gross domestic product and population between 1960 and 2009. This figure shows that the population policy process began during the worst period of economic growth in the post-independence period, with the policy adopted just as positive economic growth was regained.

Charismatic Leadership

The technocratic elites, and the population policy adoption process overall, had a champion in the figure of Professor Olikoye Ransome-Kuti, Minister of Health from 1985 to 1992. A pediatrician trained in Ireland, Ransome-Kuti came from a prominent, activist, Christian, Nigerian family: his mother a publicly outspoken promoter of women's rights and reportedly the first Nigerian woman to drive a car; his father a minister and teacher who formed the Nigerian Union of Teachers; his brother, Fela Anikulapo-Kuti, a founder of Afrobeat music who dabbled in politics;

his brother Beko a human rights activist; and his cousin Wole Soyinka a Nobel Laureate (Ita 2006; Olukoya and Ferguson 2003; Raufu 2003). He is well known by Nigerians for the creation of the national health program, which focused on integrated, primary care, and for his public admission in 1997 that his brother Fela had died of AIDS, thus putting a “face” on AIDS in Nigeria at a time when many still believed it was a western conspiracy (Choices 2000; Raufu 2003). Following his retirement from the Ministry of Health in 1993, Ransome-Kuti went on to join and chair the executive board of the World Health Organization (Olukoya and Ferguson 2003; Raufu 2003). He died in 2003, garnering obituaries in both *The Lancet* and the *British Medical Journal* (Olukoya and Ferguson 2003; Raufu 2003).

Nigerian population experts described Ransome-Kuti as an enlightened, dynamic, internationally renowned, and good man with foresight, who was “key” and “instrumental” to the population policy process.

He took the bull by the horn and made sure that the policy came through, so he will ever be remembered for this policy. (National Population Commission representative)

The policy came from having the right minister, in the right place, at the right time. (National NGO representative #1)

Several respondents even attributed the policy’s passage to Ransome-Kuti’s closeness to the president, General Babangida. According to respondents, and in a published interview from 2000 (Choices 2000), Ransome-Kuti primarily saw the policy as a means of increasing reproductive health care provision, which would help reduce both maternal and infant mortality and morbidity, thus improving health overall.

That Policy was put there for the health of the woman. We told the woman, 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, as quoted in Choices 2000: 6)

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.⁶ Strikingly, the secondary literature on population policy in Nigeria is mute in terms of his role.⁷

Nigeria ultimately accepted the development prescription for a population policy. The acceptance resulted from donor pressure to some extent, but also because there was a technocratic elite committed to the neo-Malthusian perspective, led by a charismatic and powerful minister of health. In addition, there is evidence the government negotiated the population policy for achieving its own ends, as described in the next section.

⁶ The author has been able to locate the text of approximately two-thirds of African population policies; of those, no other comes from the Ministry of Health.

⁷ An exception is Adegbola (2008), who mentions Ransome-Kuti in the conclusion.

Negotiation

Nigerian leaders negotiated the population policy process in multiple ways. First, by using the policy to bring state and society closer together through mechanisms of biopower and governmentality. Second, by deploying the policy as part of a continuing nationalistic enterprise. Third, by integrating the policy into a contemporaneous, large-scale political restructuring and using population growth as a scapegoat for the country's economic problems. Frequent government turnover and continued military rule combined with a rapid decline in economic fortunes made finding such an explanation particularly expedient. Fourth, and finally, by perhaps using the policy to manipulate donors, and by negotiating the “ideal” number of children expressed by the policy.

Population Policy to Connect State and Society

The Nigerian government in the 1980s had multiple competing sources of authority resulting from a large, diverse population with approximately 90 million people, more than 250 ethnic subgroups, and two major religions (Forrest 1995; Gordon 2003). In addition, it had a relatively poor economic situation, including negative economic growth for much of the 1980s (see Fig. 1), and experienced continuous political instability in the form of alternation between military and civilian rule. Population policy thus presented the government with the opportunity to manage the population and bring society closer to the state.

The population experts described the population policy as way to manage the population. In particular, they believed the policy defined “responsible” parenthood and helped to guide the population in the proper direction.

People became aware that we need to plan our families, and so the policy kind of set the pace for family planning and responsible parenthood and protection of the health of the mother and the child. (Bilateral agency representative)

Population policy is more or less like informing the population, informing people, that we should be conscious of the rate of our growth, and we should be also conscious of the principle of cut your clothes according to your size. When you are big, cut it to that size to fit you, so that you will be able to arrange for unforeseen situations. (National NGO representative #2)

The policy document will guide citizens of the country. Policy serves as a motivator of citizens, who might not have considered it otherwise. If government is to meet its social obligations in the health sector, education sector, housing, feeding, and so on—it makes sense to plan your family. If there is no guidance from government, people will reproduce recklessly. (National NGO representative #3)

The population experts' faith that policy would help transform people's behavior, and that such guidance was necessary to induce proper behavior, reflects efforts to bring state and society closer through population policy.

The policy also has references to population management in the form of defining the relationship between citizens and the state. For example, it states that “Men

shall be required to lawfully consummate and register marriages with appropriate authorities” and also that “men shall be discouraged from having children after the age of 60 years” (Federal Republic of Nigeria 1988: para 5.3.4–5.3.5). Overall, it can be read as a social contract between the government and the people of Nigeria, whereby the government has agreed to provide for Nigerians if in turn they behave appropriately by having fewer children. Indeed, the policy blamed high population growth for preventing the government from fulfilling this “commitment” to maintaining Nigerians’ standard of living (Federal Republic of Nigeria, 1988: 6).

For these reasons, and in conjunction with its overall stated goals to alter the fertility behavior of women and collect demographic data on the population, the policy served to bring state and society closer together.

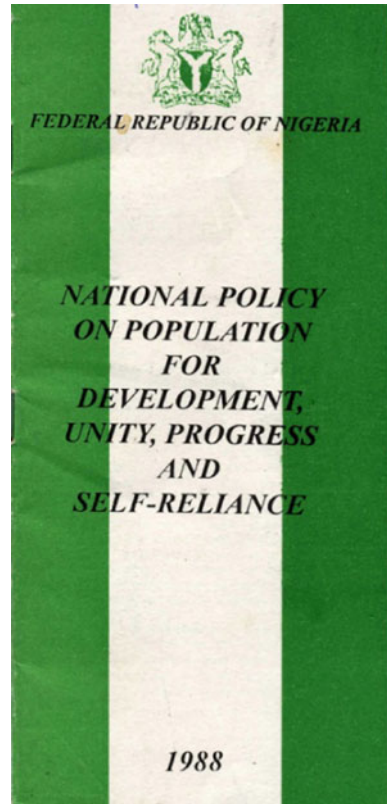
Population Policy for Nationalism

The population policy also served as an excellent opportunity for nationalistic expression by virtue of the fact that it addressed the quality of the population, which had already been linked to the quality of the nation through mechanisms of biopower. Such nationalistic expression was important to a military government, but also to one trying to govern in hard economic times. The policy was published in pamphlet form, as a means to aid dissemination of its ideas to citizens, with a green and white cover like Nigeria’s flag (see Fig. 2). Professor Ransome-Kuti, as Minister of Health, wrote the foreword to the policy, saying “Government enunciates policies to provide a framework and appropriate guidelines for examining and solving national problems in a coherent and realistic manner” (Federal Republic of Nigeria 1988). The policy emphasized Nigeria the nation-state, consisting of a government and a population, all striving to improve their standard of living (to “develop”). Population is described as the “nation’s most valuable asset” (Federal Republic of Nigeria 1988: 1). The policy accentuated the *Nigerian* population, the *Nigerian* nation, and in the foreword, Ransome-Kuti even referred to the voluntary nature of the policy as a “Nigerian approach” to population issues.

Supporting materials also emphasized nationalistic elements related to the policy. The Population Information Communication Branch of the Ministry of Information published a pamphlet entitled, *A Nation’s Population as an Asset, Not a Liability*, after the policy was adopted. The pamphlet, also green and white like Nigeria’s flag, had the national family planning logo on it: a man and women holding a baby, superimposed on an outline of Nigeria’s borders. The pamphlet’s subtitle solidly tied population management, government, and health by conflating all three: “A planned nation is a healthy nation.” Specifically, under the heading “Population and Development,” the pamphlet read:

A nation’s population is its greatest asset. The quality of this asset depends on the quality of the population that constitutes it. Therefore a nation’s development is closely a function of its population. However, a nation starts with the individual family. The size and quality of the family determines the size and quality of the nation. If the family is *managed* properly at the individual family level, it will be easier to *manage* the country at large,

Fig. 2 Cover of Nigeria's 1988 population policy



through the judicious *management* of available resources to meet the demands of the population. (Population Information Communication Branch, Undated: 4, emphasis added)

This quote exemplifies the nationalistic rhetoric associated with the population policies, as well as reiterating how population policy connects state and society through management of the population.

Population Policy as Politically Expedient

Nigeria also negotiated the population policy by using it as a means to deflect blame for economic troubles away from the government. The population policy, through its linkage of population growth and economic development, simultaneously presented population growth as a scapegoat for economic problems, as well as provided a solution to those problems. In addition, the policy specifically attributed poor economic performance to additional factors outside the government's control, including the world economic recession of the 1980s, natural disasters, and migration. Immigrants, described as first coming to Nigeria in the mid-1970s, were blamed for "exert[ing] social and economic pressures on the nation's resources" (Federal Republic of Nigeria 1988: 5).

Table 2 Nigerian government policies adopted 1986–1992

	Year	Policy
There is also evidence for a book policy (Panel on National Book Policy for Nigeria 1987). See references for full citations to policies	1986	Agricultural Policy for Nigeria National Policy on Science and Technology
	1987	National Mass Communication Policy National Shipping Policy
	1988	Cultural Policy for Nigeria National Health Policy and Strategy to Achieve Health for All Nigerians National Policy on Population for Development, Unity, Progress, and Self-Reliance
	1989	Industrial Policy of Nigeria National Policy on the Environment
	1990	Trade and Tourism Policy
	1991	National Housing Policy for Nigeria National Mental Health Policy for Nigeria
	1992	National Urban Development Policy for Nigeria

Against a backdrop of economic crisis, the policy was also politically expedient because it fit with concurrent government restructuring. At the time of the population policy, Nigeria had been under military rule since 1983, and General Babangida had come to power through a coup just like his predecessor General Buhari. There was thus immense public pressure to return the country to democracy. In order to plan this process, and to reassure people that he *was* planning the process, in 1986 Babangida formed the Political Bureau, a commission of academics created to propose a plan for political reform. The commission's 1987 report in particular recommended restructuring government institutions (Dibua 2004), which reinforced, and perhaps facilitated, a simultaneous flurry of policy activity. While Babangida was head of state, from 1985 to 1993, the government adopted at least thirteen different policies, including the population policy. Table 2 lists these different policies, which range from agriculture to industry to culture. The population policy was adopted in the middle of this policy outpouring, and appears to have been a piece of the overall restructuring process.

Manipulation of Donors

There is also the possibility that Babangida used the policy as a ploy to keep donors happy: adopt a policy that the donors want in order to curry their favor for other issues, and then apply minimal effort towards implementing it. Indeed, given the challenges to introducing fertility-related behavior change, an unsuccessful population policy could be blamed on many sources other than the government (e.g., culture or religion). Although there is no direct evidence that he adopted the policy for such reasons, Babangida was well known as a shrewd and savvy politician (Diamond et al. 1997; Forrest 1995; Wright 1998). Nicknamed “Maradona” after the deft Argentinean soccer player (Smith 2007; Wright 1998), he was adroit at pleasing

western donors while not overly angering Nigerians (Smith 2007). In particular, he managed negotiations with the International Monetary Fund and the public about an unpopular, yet potentially lucrative, structural adjustment program in such a way that the 1986 budget looked like it contained a homemade structural adjustment program, the public felt that it had been consulted, and all parties were left satisfied (Biersteker and Lewis, 1997; Dibua 2006; Forrest 1995; Smith 2007). The extent to which Babangida put these skills to use relative to the population policy is unknown, but his overall dexterity does not rule out the possibility.

Nigeria did receive large amounts of funding for population activities following adoption of the policy. The World Bank issued Nigeria a credit of \$78.5 million for the National Population Project, to be administered by the Population Activities Fund Agency, an organization created specifically for that task (Ehusani 1994; Odimegwu 1998; World Bank 1991). The World Bank-funded National Population Project was approved in 1991 and in addition to provision of family planning, emphasized institutional restructuring (World Bank 1991). USAID also gave \$67 million, making Nigeria the number-one recipient of population aid from the agency at the time (Liagin 1996; Mazzocco 1988). Although many respondents noted the inflow of money that followed policy adoption, they did not believe that Nigeria had adopted a population policy as a way to obtain money from donors.

A final way in which the government negotiated the population policy related to the “ideal” number of children that it put forth (Smith 2003), widely interpreted as four per woman. The external organizations pushing the policy would have undoubtedly preferred a number closer to the two children per woman that are required to stabilize population growth. Given that *desired* fertility was close to six children per woman at the time of policy adoption (see Table 1), clearly a lower number would have been untenable, and so the focus on four children indicates a “Nigerian” aspect of the policy.

Nigeria’s negotiation of the development prescription for a population policy took four forms. First, the government used the policy as a part of governance processes. It presented the opportunity for the government to set the rules for the relationship between citizens and state, and thus to manage the population. Second, the policy allowed for expressions of Nigerian nationalism, which were particularly important at the time given economic and political uncertainty. Third, the policy fit well with the political restructuring associated with Babangida’s promised return to democracy, and facilitated the government’s need to find a source of blame for poor economic outcomes. Fourth, Babangida may have used the policy as part of his negotiation of the structural adjustment policy, perhaps to keep donors happy or even to obtain resources. Overall, Nigeria’s negotiation of the population policy helps explain why a country with a pronatalist population would adopt a policy designed to limit fertility.

Rejection and Policy Outcomes

Outspoken groups representing large segments of the general public did not receive the policy well. The politics of population in Nigeria, as well as broader concerns

over whether the state or smaller groups had the right to manage population, drove this negative response.

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. Specifically, much of the negative reaction to the policy at the time of its passage, as well as respondents' discussion of it, was framed around the issue of four children per woman. Although 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 mortality 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 patriarchy (Dixon-Mueller 1993; Dixon-Mueller and Germain 1994; Osuide 1988).⁸ 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 also have up to 16 children, whereas a Christian man could only have four children total (Mazrui 1994). Christian suspicions of ulterior motives behind the policy were heightened by the fact that Babangida was Muslim (Mazrui 1994). Others objected to the policy because it endorsed contraception and planned fertility in general, and Muslim groups in particular were disappointed that the policy proposed that population and family life education take place outside of the home, a responsibility they felt lay primarily within the family (Dixon-Mueller 1993; Dixon-Mueller and Germain 1994; Osuide 1988).

In addition to the issues related to the appropriate number of children, there were also broader concerns about the population policy. Its overall credibility was put into question by the government's generally poor levels of performance at the time (Renne 2003). More damning were the connections many Nigerians perceived between the West and the policy. Several respondents mentioned that (Muslim) Nigerians from the North felt that the policy came from the West and was motivated by a desire to reduce number of Nigerians, particularly Muslim ones, a finding echoed in the literature (Adegbola 2008; Ekwebalam and Eseani 1999; Mosher 2008; Renne 1996). For all these reasons, the population policy was met with resistance by groups representing major sections of the general population: a rejection of the development prescription.

It is difficult to estimate the impact of this rejection on implementation efforts, but combined with the political instability of the 1990s, and the associated loss of foreign aid, it greatly set back reproductive health access in Nigeria. Human rights abuses during Sani Abacha's rule in the 1990s led to Nigeria's 1995 suspension from the Commonwealth of Nations (Wright 1998), and "decertification" by USAID, thus ceasing most flows of aid. Only \$10.5 million of the \$78.5 million designated by the World Bank for the National Population Project were ever disbursed, and the project was closed in 1998 (World Bank 2008), in part because of rivalries over responsibilities and control of funds (Adegbola 2008). Following the return to democracy, in 2004 the Nigerian government released a new population policy, which reflects the reproductive health agenda of the 1994 United Nations

⁸ Section 5.3.1 reads, "The patriarchal family system in the country shall be recognised for stability of the home" (Federal Republic of Nigeria 1988).

International Conference on Population and Development and includes newly emergent issues, such as HIV, aging, and disability (Federal Republic of Nigeria 2004). Despite these efforts, as Table 1 shows, the total fertility rate declined only marginally between the late 1980s and the present, and remains at near six children per woman. The percentage of married women using modern contraception almost tripled during the same time period, from 3.5 to 10%, but remains at a very low level. Most respondents felt that were it not for the loss of foreign aid during the 1990s that greater progress in expanding access to contraception would have been possible, but acknowledged that multiple other factors related to culture, education levels, and poverty contributed to continued high fertility and low contraceptive use.

Conclusion

Developing countries are constantly faced with an array of suggestions, prescriptions, and priorities from multilateral and bilateral organizations as well as international NGOs. Countries' responses to these prescriptions are not uniform given that policymakers, presidents, and the public may all have very different end goals. The case of population policy in Nigeria exemplifies these different reactions, and illustrates a number of key points. First, national leaders may choose to embrace a development prescription for reasons that are only peripherally related to the prescription itself. Second, developing countries may often have a technocratic elite that genuinely supports the global agenda, such as the relationship between population growth and socioeconomic development. Their ability to produce policy, however, may rest strongly on the existence and power of charismatic individuals, either in their ranks or part of the political elite. Third, the reaction of the general public, or certain powerful groups within it, to the development prescription may be diametrically opposite to that of national leaders and technocratic elites, which can severely hamper implementation of the prescription.

Why did Nigeria adopt a population policy in 1988? Because a technocratic elite led by a charismatic minister of health accepted the policy largely on its own merits, and national leaders negotiated the policy so it facilitated state-society ties, promoted nationalism, deflected blame for economic woes, and represented commitment to political restructuring. Donor pressure served as a backdrop to the whole process. It is not clear, however, that this technocratic elite would have been effective in the absence of its charismatic leader, Ransome-Kuti, who believed firmly in the need to expand access to family planning as a means to improve health in general, and reproductive health specifically. Importantly, because the policy was a *population* policy, it allowed the government rich opportunities to better connect state and society through mechanisms of biopower. Taken together, these factors help explain why Nigeria was the first country in sub-Saharan Africa in 20 years to adopt a population policy.

The above analysis of Nigeria's experience with population policy adoption is a crucial contribution to sociological neo-institutional research because it provides a detailed account of the interaction between the global architecture of power, national political and technocratic elites, and the groups representing the local

public. This case study shows that countries may “accept” but ultimately transform development prescriptions to suit their needs, often in the face of extreme pressure from donors. This finding indicates that local characteristics can matter in policy diffusion, and certainly influence what happens after policy adoption.

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