

Nigeria Rising Population: Perceived Factors Responsible among Residents of Three Local Government Areas of Niger State: A Cross-Sectional Survey

Olabimpe Gbadeyan^{1,2*}, Adeola John Gbadeyan², Adedokun Adebayo Adekunle³, Tobi Gbadeyan⁴, Joseph Shettima Clark², Salma Gbadeyan⁴, Tola Gbadeyan⁵, Uchenna Uwaize⁶, Tolu Gbadeyan⁷

¹Department of Public Health, Texila America University, Guyana

²Department of Public Health Research, Citizen Hospital, Suleja, Nigeria

³Department of Hospital Services, General Hospital, Kontagora, Nigeria

⁴Department of Public Health Research, AyoCare Health Group, Rochester, NY, USA

⁵Department of General Practice, Ariel Healthcare, Taunton, UK

⁶Department of Emergency Medicine, Yeovil District Hospital, Yeovil, UK

⁷Department of Thoracic Surgery, Georgetown Public Hospital Corporation, Guyana

***Correspondence to be addressed:**

E-mail - gbadeyan22@yahoo.co.uk, **ORCID:** <https://orcid.org/0009-0001-6881-1649>

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Abstract Nigeria is widely known as the most populous country in Africa; however, the nation has been plagued by a weak economy, insecurity, infrastructural deficits, low industrialization, poor healthcare services, and other consequences that reduce quality of life and shorten lifespan. When the population of a geographical location is far above the available resources, chaos is the answer, which is the situation in the nation that has been projected to overtake the population of China in 2100. This study investigated the perceived factors, consequences and solutions of the rising population in three local government (LGA) of Niger state. A descriptive survey was conducted using questionnaires in KoboCollect among residents chosen randomly in selected wards; descriptive analysis was done with SPSS. We analyzed 3758 respondents; 86.9% were in the 21-50 years age range, the sample was male-skewed, the desired number of children (M) was 5.30, and there was no significant difference in child preference by gender. Majority (62.6%), agreed there is overpopulation, perceived factors were religion belief (56.5%), cultural belief (14.4%), husband decision (11.3%), and polygamous family practice (4.1). Increased births were attributed to emotional satisfaction (32.1%), improved social amenities (17.3%), while 32.1% disagreed on all the factors. Identified consequences of overpopulation included poor healthcare (37.0%), unemployment (26.1%), insecurity (10.1%), and a sub-standard educational system (9.5%). There is a need for population stakeholders' roundtable meetings for urgent, decisive, measurable actions before the breaking point is reached, to enable citizens to live quality lives and exhibit their potential in their fatherland.

Keywords Consequences, Factors, Niger State, Overpopulation, Perception, Solutions.

Introduction

Human population, according to Britannica, “is defined as the whole number of inhabitants occupying an area such as a country or the world. It is continually being modified by increases and losses, such as births, immigration, deaths and emigration [1]. The total population of a geographical entity, is usually calculated through a process called census. A census is used to collect data such as age, sex, occupation, residence and other population characteristics; the two common types of censuses are “de jure” and “de facto” [2]. The data obtained are used for planning, to provide or improve services in the areas of infrastructure, socio-economic, healthcare, business, workforce, etc.; politically, it is for policymaking, resource allocation, security, etc. Furthermore, for population projections and dynamics to help in gaining insight into the past, present and future trend, and associated challenges; provision of data is another important usage of population data to obtain accurate, reliable demographic vital statistics using birth rates, death rates, migration patterns, age and gender distributions. Lastly, is the protection of the environment and the inhabitants [3].

The total world population is projected to reach 10.3 billion in the mid-2080s from 8.2 billion in 2024 (an additional 2.1 billion), and 10.2 billion at the end of this century or beyond 2100. Population growth, population ageing, urbanization and international migration are four major demographic trends shaping our world according to the United Nations Department of Economic and Social Affairs World Population Prospect 2024 [4]. According to population transition in 2024, 63 countries (28% of the world population) have peaked and now declining, while 48 countries (14%) peak period, has been projected between 2025 and 2054. The remaining 126 countries are likely to continue growing through 2054, and projected to peak later in this century or beyond; unfortunately, Nigeria falls within this

last group. The reasons is youthful age structure conducive to population growth and fertility levels that remain above the replacement level [4]. Since human population is dynamic, factors that affect the size of the population includes diseases, environment, socio-economic, customs, technological development in the field of medicine, and public health [5].

Nigeria is currently the most populous country in Africa, with a population of 237,527,782 in 2025, 6th in the world [6], and is projected to be 3rd by 2050; the country's population trend quadrupled within 50 years, with an estimate of 63,374,000 in 1975 to 233,343,000 in 2025. These trends bring challenges and opportunities; addressing the challenges and leveraging the opportunities are crucial to safeguarding our planet and achieving the 2030 Agenda for Sustainable Development goals (SDGs) [4]. However, some school of thought believed Nigeria is not overpopulated, with arguments based on the country endowment with vast abundant, arable land for agriculture, and natural resources (oil, gas, solid minerals, etc.). In addition, geographical location with few natural disasters, human capital with brainpower (which had been demonstrated worldwide), entrepreneur spirit and rich cultural diversity. They asserted that with good management, the above should be assets toward the country development, irrespective of the population figures [7]. It is sad, that the resources, rather as vehicles for accelerated growth, the opposite is the case due to mismanagement, politicization, ethnic mistrust, corruption and the lack of able and dedicated leadership to manage the country as obtained in other nations with the same colonial history.

Data have shown that unregulated population has negative impact on the social, economic, health, education, environment, and other lives of the populace. Data of some measurable indices in countries with manageable population and good governance have been demonstrated to be satisfactory, the

populace enjoying better standard of living and quality of life, compare to those in unregulated population growth and poor governance [8]. The enormity of the contrast and challenges can be further expatiated by a compare with countries in different population transition zones, manageable population and Nigeria (Table 1). South Korea is a country in the first transition in which population have peaked and now declining [9-11]. Thailand is in the second transition with population projected to peak between 2025 and 2054 [12, 13, 6]; while South Africa and Nigeria [14, 15, 6, 11] are countries with population that are likely to continue growing through 2054 [11]. It is worth mentioning that the Nigeria population data has

relied on projections and estimates from World Bank, UN, and other population related organization; census in the country had been riddled with regional manipulation and politicization which has impeded the development and advancement of the country, the last official national census was conducted in 2006 [16, 17]. In order to find solutions to the rising population and the detrimental effects, the perception of the citizens as stakeholders and the building blocks of the projected figures are important; thus, the aim of this study is to explore the perceived factors, consequences, and possible solutions responsible for the rising population in the country among residents of three LGAs of Niger State.

Table 1. Comparison between Nigeria and Three Countries in Different Population Transitions

Country → Indicators ↓	Nigeria	South Africa	Thailand	South Korea
Demographic				
Total Population	237.53M (2025) 223.80M (2023)	64.75M (2025) 60.41M (2023)	71.62M (2025) 71.80M (2023)	51.67M (2025) 51.71M (2023)
Population Growth %	2.1 (2025)	1.1 (2025)	-0.1 (2025)	-0.09 (2025)
Population Density (ppl per sq km of land)	261.0 (2025)	53.0 (2025)	140.0 (2025)	531.0 (2025)
Economic				
Gross Domestic Product US\$ (GDP) ¹	290.79B (2025)	427.18B (2025)	577.01B (2025)	1,87.79T (2025)
GDP Growth (Annual %)	4.0 (2025)	1.1 (2025)	2.4 (2025)	1.0 (2025)
GDP Per Capita [GDP/PPP (USD)] ²	1,224.3(2025)	6,597.7 (2025)	8,056.6 (2025)	36,227.0 (2025)
Inflation Rate %	23.0 (2025)	3.2 (2025)	-0.1 (2025) Deflation	2.1 (2025)
Poverty Rate (annual %)	41.8 (2026)	17.4 (2026)	0.0 (2026)	0.1 (2026)
Unemployment Rate (% of total labor force)	3.1% (2025; basically, informal/unorganized sectors like agriculture, trading, etc.; not easy to measure)	32.4% (2025) More formal, developed, and easy to measure	0.8 (2025)	2.68 (2025)
MEDIAN AGE (Years)	18.1 (2025)	29.7 (2025)	40.6 (2025)	46.2 (2025)
Net Migration	-15,258 (2025)	146,370 (2025)	27,509 (2025)	-2,787 (2025)
Environment				
Access to Safe Water %	29.9 (2024)	77.0 (2024)	100 (2024)	99.28 (2024)

Housing (Homeless)	28M; 13% (highest in the world) 2nd Slum population in the world (available houses more than the populace)	55,719 (2022)	2,700 (2022)	8,986 (2022)
Access to Electricity %	62.5 Unreliable & Epileptic (2024)	90.2 (2024)	100 (2024)	100.00 (2022)
Security (Global Peace Index) ³	2.91 (131st out of 134 countries)	2.51 (120th)	2.05 (70th)	1.84 (17th)
Healthcare				
Fertility Rate (total per woman)	5.14 (2022)	2.34 (2022)	1.32 (2022)	0.78 (2023)
Infant Mortality Rate IMR (per 1000 live births)	68.50 (2022)	27.50 (2022)	7.0 (2022)	2.40 (2022)
Under 5 Mortality Rate ⁴	105 (2023)	35 (2023)	9 (2023)	18 (2023)
Maternal Mortality ratio MMR/100,000	1,047 (2025) Currently rated as the worst place on the planet to give birth)	100.6 (2025)	34 (2025)	5.0 (2025)
Life Expectancy at Birth (in years)	54.78 (2025)	66.0 (2025)	77.0 (2025)	84.6 (2025)
Healthcare Index ⁵	49.1 (2025)	63.8 (2025)	77.5 (2025)	82.8 (2025)
Education				
Out of School Children (5 – 14 years)	10.5M (2024) Highest in the world according to UNESCO)	919,817 (2024)	71,223 (2024)	2,581 (2024)
Literacy Rate % (15 years and above who can read and write)	60 (2024)	95 (2024)	94 (2024)	99 (2024)

(Source: World Bank Data, Wordiometer, Hasell, et al.)

¹Standard measure of the goods & services produced over a period; ²Economic well-being of a country; ³Internal & external violent conflict, terrorism act, homicide, military expenditure as a % of GDP; ⁴Measure of a country health system; ⁵Cumulative outcome of life expectancy; IMR; disease prevalence; healthcare access, service, workforce density, quality, financing and expenditure, out-of-pocket payment and health insurance coverage

Materials and Methods

Study Design and Setting

A community cross-sectional survey was used to collect data from residents of selected

wards in Gurara, Tafa, and Suleja LGAs in Niger State. Gurara, Suleja and Tafa are among the 25 LGAs of the state in the North-Central region of Nigeria, and the state's projected population was 6,783,300 (2022). The LGAs are inhabited by people of different ethnicities, making the communities suitable for the aim of this study; they comprise both rural and semi-urban communities based on population, not on development or infrastructure. The majority of the residents work in the informal/unorganized sectors. The 2022 projected population for Gurara, Suleja, and Tafa was 155900, 368900, and 143900, respectively [18]. Each LGA consists of 10 wards, and five wards were

selected from each LGA. The proximity of the three LGAs to the Federal Capital Territory (FCT) allowed representatives from all the geopolitical zones to be present.

Sample Size

The sample size was calculated independently for each LGA using the Taro Yamane (Slovin's) formula for a known (finite) population [19].

$$n = \frac{N}{1+N(e)^2}$$

where, n = sample size; N = known population size; e = acceptable sampling error of 0.05 at 95% Confidence Level. The total calculated sample size was 1,318; Gurara 439, Tafa 439, and Suleja 440, with the inclusion of a 10% non-response rate.

Sample Technique

A stratified sampling method was used. Each LGA was stratified according to the already known administrative wards; five wards were randomly selected from each LGA. Simple randomization was used to select respondents from each ward. The inclusion criteria for participants were adults aged 21 years and above, both genders, community residents, and Nigerians. The exclusion criteria were non-residents, below 21 years, non-Nigerians and non-consented individuals.

Data Collection

The questionnaires were in English, structured, researcher-administered, and loaded onto KoboCollect, a mobile application program used for collecting data in the field [20]. Interpretations were done for respondents who did not understand the English language, confidentiality was promised, and no respondent's name was asked. The field officers were experts in data collection, versed in English and other local languages. The survey followed a pilot study that was conducted in a different ward. The questionnaires were pre-tested and the Cronbach Alpha coefficient was .74. Training

and briefing of the field workers were done in April and May 2026, and data collection was between May and June 2026.

Data Analysis

The summarization of the data was done with pivot table in Excel and analyzed in IBM SPSS version 27. A total of 3764 respondents, who were residents of the 3 LGAs were interviewed, 3758 analyzed, the remaining 6 were rejected secondary to data incompleteness. Descriptive statistics included frequencies, percentages, means to summarize the data, and compare attempted between some variables.

Results

Demographic Characteristics of Respondents

Among the 3758 respondents analyzed, females were 1668 (44.4%) and males were 2090 (55.6%); based on LGA, Gurara, Suleja, and Tafa had 998, 1673 and 1087, with a similar female-to-male ratio pattern. Majority were in the 31-40 (34.8%), 21-30 (30.4%), 41-50 (21.7%) years ranges, only 13.1% were above 51 years. A very high proportion, 90.3% were engaged in the informal/unorganized sector, 9.3% civil servants and only 7 respondents identified as unemployed. On education attainment, 43.5%, 38.3% had secondary and higher education respectively, 9.2% had no formal education. At the time of the data collection, 65.9% respondents were married, 24.6% single; 57.6% practiced Christianity and 41.1% Islam. Monogamy was the family type preference of most respondents (75.5%), polygamy (22.9%), while a minority 1.6% supported single parenting.

By geopolitical zone, most respondents were from the North Central (41.6%), South East (15.1%), South South (14.4%), South West (12.7%), and North West (12.2%), while the North East had the Fewest (4%). The desired number of children averaged ($M = 5.30$,

SD = 3.42); however, gender preference was slightly higher for male children (Table 2).

Table 2. Current Number of Children, Desired and Gender Preference from Respondents

Items	Mean	Std. Deviation
Number of Children Currently	3.18	3.10
Desired Number of Children	5.30	3.42
Desired Number of Male Children	2.82	2.32
Desired Number of Female Children	2.54	1.85

Perceived Causes of Overpopulation

62.5% respondents agreed that Nigeria is overpopulated, 19.3% were not sure, and 18.0%

disagreed; above average, attributed rising population to religious beliefs (56.5%), cultural beliefs (14.4%), and husband decisions (11.3%) (Table 3).

Table 3. Perceived Factors Responsible for Rising Population in Nigeria from Respondents

Factors	Frequency	Percentage %
Age At Marriage	610	3.1
Cultural Belief	2795	14.4
Educational Status	534	2.8
Ethnic Background	340	1.8
Extended Family Influence	324	1.7
Gender Preferences	324	1.7
Husbands Decision	2182	11.3
Polygamous Family Practice	786	4.1
Political Vote Gain	525	2.7
Religious Belief	10954	56.5
Total	19374	100.0

On possible factors responsible for increased birth in the country, emotional satisfaction and improved social amenities were agreed by 32.1

and 17.3% of respondents respectively, while a significant 32.5% did not agree with any of the options (Table 4).

Table 4. Perceived Factors Contributing to Increase Birth in Nigeria from Respondents

Factors	Frequency	Percentage %
Advanced Technology	87	1.6
Emotional Satisfaction	1799	32.1
Food Security	312	5.6
Improved Health System	150	2.7
Improved Security	154	2.8
Improved Social Amenities	967	17.3
None Of The Above	1821	32.5
Raised Economic Power (Better Living Condition)	308	5.5
Total	5598	100.0

Perceived Consequences of Overpopulation

Over two-thirds of the respondents (59.7%) agreed that overpopulation is one of the causes of reduced life expectancy at birth. More than average did not agree that the government should make a law limiting the number of children a man (56.6%) and a woman (54.5%)

can have in their lifetime. On average, 4-5 children were the most common choice for men (61.6%) and women (61.4%), respectively. Poor healthcare 37.0%, unemployment 26.1%, insecurity 10.1% and a sub-standard educational system 9.5%) were the common factors the respondents associated with overpopulation in Table 5.

Table 5. Perceived Consequences of Overpopulation in Nigeria from Respondents

Consequences	Frequency	Percentage %
Bad Governance	583	3.2
Bad Roads	594	3.3
Communal Clashes & Land Disputes	410	2.3
Environmental Pollution of Land, Air & Water	221	1.2
Food Insecurity & Hunger	296	1.6
Insecurity	1823	10.1
Poor Healthcare System	6668	37.0
Poor Housing And Slums	285	1.6
Sub-Standard Educational System & Illiteracy	1712	9.5
Unemployment	4708	26.1
Unsafe Water	315	1.7
Unstable & Poor Electricity Supply	402	2.2
Total	18017	100

Perceived Solutions to Overpopulation

Table 6 summarized the possible solutions to overpopulation according to the respondents; over two-thirds agreed to all the suggested

incentives and proffered solutions; however, the positive responses were under two-thirds on raising the legal age a woman should start to give birth (57.7%).

Table 6. Proffered Solutions and Incentives for a Controlled Population in Nigeria

Suggested Solutions	Frequency	Percentage %
More Access to Family Planning	3314	88.2
Men Involvement in Family Planning	2549	67.8
Investment in Girl Child Education	3431	91.3
Enforcing Legal Age of Marriage	2793	74.3
Raising the Legal Age, a Woman Starts Giving Birth	2169	57.7
Gender Equality	2669	71.0
Suggested Incentives for a Maximum of 2 Children		
Monetary	3307	88.0
Scholarship	3469	92.3
Free Housing	3393	90.3
Reduced Tax	3442	91.6

Health Insurance	3500	93.1
Loan Offer	3344	89.0
Employment Offer	3532	94.0

Compare of Perspectives Based on Geographical Zone, Religion, Education, Gender and LGAs

Respondents' responses across different geographical zones, religions, educational backgrounds, gender status, and LGAs followed the same pattern as the total respondents; therefore, no statistical comparison was conducted.

Discussion

The survey has explored the opinions of randomly selected residents across three local governments areas of Niger State about the factors, consequences and solutions of Nigeria's rising population; in response to the projection that the country's population is on the path of surpassing China by 2100, the United States by 2050, respectively, to become the second and third-most populous globally [21]. With the above projections, it is no longer deniable that the Nigerian population is growing at an alarming rate; thus, 62.6% of the respondents agreed that the country is overpopulated, similar to findings from qualitative interviews by Population Matters in which more than 700 people from every region of the country; themes covered in the interviews were knowledge about population, gender, environment, sexual and reproductive health and human rights [8]. The slight male-skewed gender of 55.6% for males and 44.4% for females obtained in this survey is comparable to the country's recent projected total population by gender of 50.62% and 49.38% respectively, which had ranked the country as the "sixth-largest male surplus in the world", in contrast to the global slightly female-skewed gender population. This male skew has been said to be a characteristic of most young population countries, with advantages and

disadvantages in the areas of workforce, military, marriage, social crimes, gender inequalities, etc. [22].

Officially, Nigeria's unemployment rate of 4.48% can be rated as low, compared to some other African countries like South Africa (32.7%) and Ghana (12.8%); thus, it is therefore, not surprised that only 7 respondents identified as unemployed in this study, while the remaining 99.6% of respondents assented to be employed. However, this notion of a low official unemployment rate is fueled by the fact that most citizens work in the informal/unorganized sectors, the country's largest employers of labor [23]. In addition, the International Labor Organization (ILO) now counts anyone who worked for one hour in the past week and got paid as employed. The specific employment of the respondents, however, revealed that 90.75% work in the informal/unorganized sectors; occupations identified were business/trade, craftsmanship/artisan, crop/livestock, transportation, teaching, housewife, security guard, clergy, cleaner, herbalist, etc. [24, 25]. These jobs are mostly self-employed, private, small, and unregistered businesses; largely intermittent and irregular in nature; and offer very low wages, little job security, limited labor union affiliation and legal protection, and no pensions, health, or hazard insurance [26]. These disadvantages keep younger people pursuing jobs in the formal/organized sectors, which are limited and often unavailable, due to a dearth of industries in the country and reliance on importation of finished products.

The overwhelming response of religion belief as the primary cause of the rising population can be consider to substantiate the country title as the "fifth country with the most religious people in the world" [27]. This finding

is very worrisome when compare to the indices of other top four nations on the list . Cultural belief and husband decision which ranked second and third respectively as perceived factors, demonstrated how people are attached to their roots and their procreation also been dictated by it. Similarly, the husband factors portray that androcentrism and patriarchy are still entrenched in the country. Polygamy, age of marriage, educational status which ranked fourth, fifth and sixth respectively are known documented factors that can affect population rise directly and indirectly [28]. It is worth mentioned that political vote gain, ethnic background, and extended family influence perceived as minor factors in this study, is contrary to the opinions in some quarters. These factors have been attributed to high birth rate, especially in the northern part of the country [29]. Sadly, positive factors like advanced technology, food security, raised economy power; health system, security, and social amenities improvements, which are supposed factors for increased population growth received low perception among the respondents; thus, 32.5% of the respondents did not attribute any of these factors as a cause, rather, 32.1% perceived emotional satisfaction for the increasing birth rate. This could be ascribed to national failure with the assumption that these enabling factors are non-existent in the country context, or a mirage to the populace.

Considering the current economy downturn, high inflation, insecurity and the associated untold hardships, it will be expected that families will self-limit the number of children being borne, resulting in decreased fertility rate outcome. Conversely, from the study, the obtained desired number of children ($M = 5.30$) is higher than the recent national total fertility rate of between 4.2 and 4.5 [30], a far cry from progress toward a managed population, and a wake-up call against the realization of overtaking China. The reason for this cannot be dissociated from the deeply rooted religion

inclination of the populace beliefs in “God as the giver and sustenance of children” and similar to the outcome of a study in Malawi [31]. In contrast, most countries at the same population as Nigeria are putting in place measures to curtail their population, the country should not be an exemption. Another setback from the study against population control in the country, is the disagreement by slight majority (56.6%) on laws to regulate the number of children to be borne by both male and female, a weapon that had been used successfully in countries like China, Vietnam and some states in India, etc., though with some controversies and criticism about the modality of implementation, some of these policies have been suspended in some nations. [32]. Similarly, the majority acceptance of “average of 4-5 children” to be borne by a woman in her lifetime is laden with negative consequences to the health of women; the country already rated as “the worst place to give birth on the planet”. It is worth noted that the slight preference of male children ($M = 2.82$) to female ($M = 2.54$) is a welcome shift from the old school, the demonstration of a cultural shift in the acceptance of the girl child’s potentials which had been the norm in a highly cultural setting as Nigeria; the desired for male children was also identified as one of the factors responsible for high birth rate in a cross-sectional study in Urban slum of Enugu, a Southeast state of the country [33].

The consequences of overpopulation are devastating in any climes, and are in tandem with the perceptions from this study; thus, poor healthcare system (37.0%), unemployment (26.1%), insecurity (10.1%) and sub-standard education (9.5%) stood out as negative sequelae. These factors can be regarded as precursors, and cannot be dissociated from the others such as poverty, illiteracy, poor housing, bad roads, frequent communal clashes and land disputes; food insecurity and hunger, environmental pollution (land, air and water, unsafe water), and poor intermittent electricity

supply [34]. The aftermath of these are the poor ranking in some indices that had given the country derogatory labels internationally. Few examples are, “the poverty capital of the world” 62% multidimensional, 75% rural and 42% urban) [13], “top 6th of African countries where inflation is rising fastest in 2026”, “161st position in human development index”, based on life expectancy at birth, educational and standard of living dimensions according to the UN human development index” [35], “highest population of out of school children at 10.5m” [36], “highest people with homelessness and 2nd slum population in the world” [37]. Lagos, the country mega city, is “one of the world’s least liveable urban centers in 2026”, occupying 168th position among 173 cities across the world; based on stability, healthcare, culture and environment, education, and infrastructure [38]. Poor healthcare is reflected in the country’s poor healthcare index of 49.1, a cumulative outcome of life expectancy, IMR, disease prevalence, healthcare access, services, workforce density, quality, financing and expenditure, out-of-pocket payment, and health insurance coverage [39]. Furthermore, the average life span of the country is currently at 54.6 to 54.9 years (2026), in contrast to the global average of 73.4 years, and regarded as “the lowest in the world” according to UN World [40].

The insecurity plaguing the country has earned it the “131st position among 134 countries in global peace index as “a place unsafe to live”; this ranking was attributed to the overpopulation, poverty, and low literacy level. The high level of insecurity can be linked to high unemployment of youth, the “expected pillars and cornerstone” of industrialization, turned into bloody, thirsty, religious zealots depriving communities of their ancestral lands, homes, social lives and happiness [41]. These mass abductions and kidnappings are setbacks to developments and industrialization, with no investor willing to bring their money into the country.

Complex as population control is, it is significant that majority of the respondent supported measures to curb the rising population with the provided options. These measures include more access to family planning, which is low in the country at a prevalence rate of 17% as against other African countries like Malawi (66%), Kenya (65%), Rwanda (64%), Capo Verde (56%), and South Africa (55%); additionally, men’s involvement in family planning has been demonstrated to increase women uptake of family planning with fewer births [43]. Since girls are the harbinger of population explosion, girls’ education is a profitable investment to reduce multiple births by delaying the age of marriage, and first child birth. These strategies were similar to the findings of Population Matters in conjunction with Civil Society Legislative Advocacy Center (CISLAC)/Transparency International Nigeria (TI-Nigeria) [8]. Nigeria currently does not have a single, universally enforced legal age of marriage and thus, legal age of first birth is ambiguous. Although, adult suffrage is 18 years and serves as minimum age of marriage, however, religious and cultural undertone in some parts of the country make this difficult to implement, and young girls are given out in marriage as early as 15 years of age [44]. A new dimension to this malady is the introduction of politico-religious motivated, state government sponsored “mass wedding” which is becoming the order of the day in some northern states; the aftermath of these marriages can better be imagined with number of unwanted children, divorces, separation, poverty, out-of-school children (the country is already battling with having the “highest out of school children in the world” at 10.4M according to UNESCO), vulnerable youths for recruitment into terrorism, etc., and the resultant rise in population.

The overwhelming agreement accorded to the suggested incentives (monetary, scholarship, free housing, reduced tax, health insurance, loan offer, employment offers) from

the study are worth experimenting, toward a manageable population. Although, each of these solutions are feasible, possesses merits and demerits, short and longtime outcomes and challenges. They are capital intensive, especially with the current economic climate of the country, thus, the political-will by policy makers must be certain. Another shortfall are non or partial implementation of policy, overbearing religiosity, multiple ethnic interests, deep cultural influence, unstable political climate and corruption in the country. Other foreseeable obstacles are, of lack of ownership, reliance on foreign donors to fund policy with “a square in a round hole” tradition, laden with insincerity, non-involvement and mobilization at the grassroot, lack of proper accountability, monitoring and evaluation. [45, 46]

Suggestions

A willing administration to effect control on the rising population of the country will firstly, conduct a real time and accurate census of the country with international standard. Secondly, put in place season professionals and stakeholders on population to study the social-economic, environmental, health parameters and indices which are (being) affected by the rising population. Thirdly, establishment of the policy framework, devoid of religion, ethnicity, corruption and with legal backing. Fourthly, is awareness campaigns, advocacy and education at all level, about the advantages and benefits of a moderate family size, manageable population, and the resultant benefits. Fifth, government must by obligation fulfil its part as regard the incentives to be promised. Sixth, to immediately put in motion the industrialization and development revolutions to reduce the current sufferings due to the overpopulation effects. Lastly, is vigilance in monitoring and evaluation of the rising population figures, to avoid Nigeria population from surpassing China as being projected.

Conclusion

The findings from the study have identified some perceived factors responsible for the country rising population according to the residents of the study setting. There is the need for policy and political leaders to be proactive and decisive on the way forward at all levels of government. All stakeholders should be concerned and sensitized irrespective of religious, geographical, ethnic, and sociocultural affiliations. Short, medium, and longtime measures that can lead to controlled population must be urgently activated. The inevitable catastrophe of the rising population must be stopped, and those who understand the impending consequences should not be silence.

Limitation

There was delay in obtaining the ethical approval; also, apathy of the respondents because of the worsening insecurity and dwindling economic situations; and reliance on projected population figures, since the fact that the country has not conducted census since 2006. The survey setting, being in the North-Central geopolitical zone, could have resulted in the higher frequency of respondents from the zone, and a source of bias.

Further Research

A national survey with similar objectives should be conducted with equal representatives from all the ethnic groups in the country. Quantitative studies is also advised to dig deeper into some of the factors identified from this study among the populace, and other stakeholders with equal representatives.

Conflict of Interest

The authors have declared that no conflict of interest exist.

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Author Contributions

Conceptualization: OG/AJG/TG⁴;
Methodology: OG/TG⁵; Data Collection:
AJG/OG/JSC; Writing: OG/UU/TG⁵; Reviews:
TG⁴/SG/UU/TG⁷; Ethical Approval:
AAA/OG/JSC; Supervision: AJG/SG/TG⁷

Ethical Approval

Approval was obtained from the state ministry for local government, community development and chieftaincy affairs;

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additionally, each respondent was briefed about the aim of the study and voluntary informed consent duly obtained before being interviewed.

Data Availability

All data for this research will be made available on request through the corresponding author following standard guidelines.

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