

***Family Planning and Socio-Economic Development of Women in  
Yenagoa Local Government Area of Bayelsa State***

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**Abstract**

*This study examined family planning and socio-economic development of women in Yenagoa Local Government Area of Bayelsa State. The ex-post facto research design was used for this study with a sample of 80 women selected using purposive sampling technique. An instrument titled Family Planning and Socio-Economic Development of Women (FPSEDW) questionnaire was developed, validated and administered to respondents. Data collated was analysed using percentage and z-test. The results indicated that socio-economic development of family-planning women was higher than the socio-economic development of non-family-planning women. The study recommended among others that family planning should be adopted by families as a means of improving the socio-economic development of women and family members.*

**Keywords:** Family, Planning, Socio-Economic, Development, women, Birth-rate, Population

**Introduction**

In the present economic dispensation in line with Millennium Developmental Goals and economic development plans, Nigeria like the rest of the global community aptly requires family planning for willing citizens so as to improve the income per capita of citizens. Nigeria is regarded as the most populous country in the West African sub-region (Ikechebelu, Joe-Ikechebelu & Okoye, 2005; Odimegwu, 1999). This requires careful planning for development, as a large population comes with

baggage of poverty, where resources are not well managed. Despite the fact that Nigeria has been endowed with so much natural and human resources, economic development has not been easy to attain as the nation has always suffered economic constraints judging by its GDP and income per capita. Nigeria's per capita income hit a thousand US dollars in 2006 and rose to its peak in 2014 at \$3,221.678; then continued to decline from 2015 to 2017 at \$1,968.558 (World Bank, 2017). Presently Nigeria's population stands at 197 million (Worldometers, 2018); with a population growth rate of 2.6%, a GDP of 376 billion USD, a GDP growth rate of 2.9% and a GDP per capita income of 2412.41 USD (GDP per capita purchasing power [PPP] of \$5338) with a GDP foreign direct investment (Heritage Foundation, 2018; Khadar, 2018, World Bank, 2018).

The effect of population growth on the environment, human and natural resources and the economy are readily visible in a developing country like Nigeria; especially on the standard of living of individuals in the society. The poverty circle is vicious and devastating as the population grows rapidly to chase limited resources and create social, economic, educational and political crises. Nigerian women have had to battle with socio-economic constraints in the course of child-bearing which have rendered them disadvantaged at one point or the other. This is because the woman bears the burden of carrying pregnancies to term, with accruing health risks and limitations in terms of educational advancement and job proficiency. These have left the Nigerian woman socially, academically and economically disadvantaged.

This calls for population control measures such as family planning to create the enabling circumstances for national development plans that is all-inclusive of women development. With family planning, women are expected to have more time for self-development such as socio-economic and educational advancement. Erfani (2012) carried out a study on 'impact of family planning on women's educational advancement' and found women's educational advancement to improve with their family-planning status. Thus teenage girls, who engaged in family planning gained more years of schooling, formal employment, determined their lives' course and experience substantial socio-economic gains (Starbird, Norton & Marcus, 2016).

Family planning is a mother and child health service that is considered an important indicator for the foundation of nations' productivity in African countries (Ko & Koh, 2016). That is why in response to these and other serious demographic and health issues, the Nigerian government put into effect a national population policy in 1989 that called for reduction in the birth-rate of the nation through voluntary fertility regulation methods compatible with the nation's economic and social goals (Odimegwu, 1999). Thus Adinma and Adinma (2011) see women's reproductive health as a panacea for reversing socio-economic underdevelopment in Nigeria. The

achievement of improved maternal health of women through family planning will also improve economic proficiency and longevity of women and promote their socio-economic development as well. Thus Joshi (2011) reported that a decline in birth rates promotes economic growth and reduce dependency ratios.

However important family planning is to socio-economic development of society, it is often rejected by the very people who need it most, the women. Many women are known to have died of child labour because of poor health and economic conditions which do not allow them to carry healthy pregnancies to term. This poses the question of reproductive health of women and how this affects society at large, especially in economic terms. The gap between population figures and GDP rates is what determines the income per capita of a nation, which is in gross disparity in the case of Nigeria. Thus family planning and reduction in birth rates is expected to throw in a balance or at least reduce the harsh effects of an exploding population growth which has equally reduced the socio-economic development of women in Nigeria.

In Nigeria, demographers and economists demonstrate that population figures border on exacerbating economic crisis as it is not supported by corresponding increase in development; especially measured in increased per capita income (Bonagaarts, Mauldin & Phillips, 1990; World Bank, 2017). Family planning is therefore one of the most cost effective poverty and population intervention programs in the developing world as research has shown that family planning saves lives and improves maternal and child health (Gribble & Voss, 2009) as well as improve the economic situations of families. Joshi and Schultz (2007) reiterated these in their evaluation report on Matlab family planning program in which they identified the benefits of the program as improved health for mother and children, better educated children, higher incomes and sustained investment. A report by Gribble and Voss (2009) on family planning and economic well-being indicated positive relationship between family planning and families' improved welfare. Research has indicated improved socio-economic development among family planning families (Erfani, 2012; Gribble & Graff, 2010; Ko & Koh, 2016).

More and more women in Nigeria have benefitted economically from the birth control and spacing family planning programs as they have remained healthy to cater for a fewer number of children and therefore had enough time to advance themselves socially and economically. Thus this study sought to determine family planning status of women and the impact this has on their socio-economic development.

### **Research questions**

1. What is the family planning status of women in Yenagoa Local Government Area?
2. To what extent does the family planning status of women impact their economic development?
3. To what extent does the non-family planning status of women impact their socio-economic development?
4. To what extent does the socio-economic development of family-planning-families differ from non-family-planning families' in Yenagoa Local Government Area?

### **Hypothesis**

1. Ho1: The socio-economic development of family planning women (FPW) does not significantly differ from that of non-family-planning women.

### **Methodology**

The ex-post facto design was used for this study which was carried out in Yenagoa Local Government Area of Bayelsa State, Nigeria with a population of 500 family planning women out of the 170,045 projected women population (National Population Commission, 2006). A sample of 80 women was selected using purposive sampling technique, and comprising 40 family planning women and 40 non-family planning women. The independent variable being women's family planning status was already established and cannot be manipulated; and the dependent variable is the socio-economic development of families. The sample of women between the ages of 25 and 55 from family planning and non-family planning women were selected from health service facilities and from the same socio-economic background. The ex-post facto research design used for this study was aimed at determining the relationship between family planning status of selected women and their socio-economic development.

The instrument used for data collection was a 'Family Planning and Socio-Economic Development of Women' (FPSEDW) questionnaire which required responses to questions generating demographic data on children, family planning duration as well as data on the socio-economic development of family planning and non-family planning women. The FPSEDW instrument comprised 30 items. Section A comprised 5 items on age, family size, family planning duration etc while section B had 25 items comprising questions on educational status, occupation, work satisfaction, health profile, socio-economic status, self-respect, financial capability and security, family satisfaction, property acquisition, physical health, psychological health, academic performance, social relationships, social support and security, environmental conditions and happiness. The FPSEDW is a 4-point Likert scale

used to collate data on family planning status and socio-economic development of families, rated with 4 as Strongly Agree, 3 as Agree, 2 as Disagree and 1 as Strongly Disagree. It is therefore taken that 1 and 2 represent low or negative socio-economic development while 3 and 4 represent high or positive socio-economic development of women. The instruments were validated for face validity and its reliability established using the Cronbach Alpha, yielding reliability co-efficient of 0.78. The women were sought from family planning clinics and consent for their participation in the research obtained after the purpose of the study was clarified. Eighty (80) participating women were administered the 30-item questionnaire and data collated was analysed using percentage and z-test.

### Presentation of results

The study attempted to answer the following research questions raised for the study:

**Research question 1:** What is the family planning status of women in Yenagoa Local Government Area?

**Table 1:** Demographic characteristics and Family planning status of women in Yenagoa Local Government Area

Family Planning Status of Women	Age		Program Duration		No. of Children at Age 25		Present no. of Children		Mortality Cases	
	(25-30) %	(31-55) %	(0-9 yrs) %	(10 yrs & above) %	0-1 %	2&above %	1-2 %	3 & above	0	1-2
Family Planning Women	35	65	62.5	37.5	65	35	72.5	27.5	90	10
Non-Family Planning Women	50	50	100	0.00	27.5	72.5	40	60	43.5	56.5
Total	42.5	57.5	81.25	18.75	46.25	53.75	33.75	66.25	65	35

Table 1 shows 35% of women with family planning status (FPS) and 50% of women with non-family planning status (NFPS) to be between 25 and 30 years with a total of 42.5% of women in this age bracket; while 65% of women with FPS and 50% of women with NFPS are aged between 31 and 55 years with a total of 57.5% of participants in this age bracket. Table 1 also shows 62.5% of women with FPS and 100% of women with NFPS to have program duration of between 0 and 9 years with a total of 81.25%; while 37.5% of women with FPS and 0.00% of women with NFPS have program duration of 10 years and above with a total of 18.75%. Furthermore, 65% of FPS and 27.5% of NFPS women had between 0 and 1 child at 25 years with a total of 46.25% women in this birth bracket; while 35% of women with FPS and 72.5% of women with NFPS had 2 children and above at age 25 with a total of 53.75%. Table 1 also indicates 72.5% of women with FPS and 40% of women with NFPS had between 1 and 2 children at the time of the study with a total of 33.75%; while 27.5% of women with FPS and 60% of women with NFPS had

between 3 children and above at the time of the study with a total of 66.25%. Table 1 also indicates 86.5% of women with FPS and 43.5% of women with NFPS had mortality birth rates of 0 cases with a total of 90%, while 10% of women with FPS and 56.5% of women with NFPS had mortality birth rates of 1 and 2 children with a total of 35% women within this child mortality bracket.

**Research question 2:** To what extent does the family planning status of women impact their economic development?

**Table 2:** Socio-economic development of family planning women

S/N	Socio-Economic Development of Family-Planning Women	A %	D %
1	Before you started the program did you have problems controlling your fertility?	75	25
2	Was your decision based on your health and those of your children?	77.5	22.5
3	Do you think your family planning status has helped you to stay healthy?	65	35
4	Has your family planning improved yours' and your children's health and reduced mortality incidence?	90	10
5	Would you recommend your family planning status to others as a way of improving maternal health and reducing maternal and child mortality?	90	10
6	Do you think family planning helped keep your children well-spaced and growing healthy?	72.5	27.5
7	Has your family planning status given you the opportunity to plan your life?	82.5	17.5
8	Have you been able to acquire a degree, diploma, craft or trade due to the opportunity created by your family planning status?	95	5
9	Did you acquire your dream job or business as a result of your family planning status?	77.5	22.5
10	Do you think you are better matured and equipped socially and economically to care for children when you decided to have them?	95	5
11	Do you enjoy a good socio-economic status due to the number of children you have?	75	25
12	Do you think the number of property you are able to acquire is as a result of your family planning status?	67.5	32.5
13	Are you satisfied with the number of children you have?	92.5	7.5

14	Do you consider your family planning status a satisfactory one?	80	20
15	Do you have a satisfactory relationship with your husband and children?	77.5	22.5
16	Do you consider yourself happy because of the type (small or big) of family you have?	80	20
17	Do you think your resources are able to cater for your children satisfactorily because of their spacing and number?	78.5	21.5
18	Do you think your social status is as a result of your family planning status?	62.5	37.5
19	Do you think you are better able to save due to the size of your family?	82.5	17.5
20	Do you enjoy financial security due to the number of children you have?	92.5	7.5
21	Do you think you are better able to provide for your children's education because of their number and your family planning status?	55	45
22	Do you think your children perform better in school due to their spacing and your family planning status?	65	35
23	Do you consider your children happy with your family planning status?	75	25
24	Do you think the overall quality of life of your family has improved with your family planning status?	82.5	17.5
25	Do you think your standard of living has improved with the resources you are able to save for your family?	77.5	22.5
Total		78.54%	21.46%

Results from Table 2 show high (78.54%) positive impact of family planning status (FPS) of women on their socio-economic development as against low (21.46%) negative impact. Thus there was positive impact of family planning on the socio-economic development of women in Yenagoa. Family planning had helped 75% of women control birth rates, 77.5% of women base their family planning decisions on health issues; helped 65% of women to stay healthy; improved 90% of women's health and reduced mortality incidence; 90% of women would recommend family planning for other women; family planning helped 72.5% women keep their children well-spaced; given 82.5% women the opportunity to plan their lives; 95% of women had acquired a degree, diploma, trade or business as a result of family planning; 77.5% of women acquired their dream jobs and business as a result of family planning; 95% of women were more mature, socially and economically equipped to care for children; 75% of women enjoy a good socio-economic status; 67.5% of women acquired more property due to family planning; 92.5% of women were

satisfied with the number of children they have; 80% of women were satisfied with their family planning status; 77.5% of women had satisfactory relationship with their spouses and children due to family planning; 80% of women were happy with their small families; 78.5% of women had enough resources to satisfy their children's needs due to spacing and number; 62.5% of women enjoy a high socio-economic status due to family planning; 82.5% of women are better able to save due to their family size; 92.5% of women enjoyed financial security due to family planning; 55% of children are better able to cater for children's education due to family planning; 65% of women's children perform better in school due to their spacing and number; 75% of women's children are happy with their family planning status; 82.5% of women's quality of life improved with their family planning status and 77.5% of women's families' standard of living improved with their family planning status.

**Research question 3:** To what extent does the non-family planning status of women impact their socio-economic development?

**Table 3:** Socio-economic development of non-family planning women

S/N	Socio-economic Development of Non-Family-Planning Women	A%	D %
1	Before you started the program did you have problems controlling your fertility?	37.5	62.5
2	Was your decision based on your health and those of your children?	25	75
3	Do you think your family planning status has helped you to stay healthy?	42.5	57.5
4	Has your family planning improved yours' and your children's health and reduced mortality incidence?	27.5	72.5
5	Would you recommend your family planning status to others as a way of improving maternal health and reducing maternal and child mortality?	20	80
6	Do you think family planning helped keep your children well-spaced and growing healthy?	40	60
7	Has your family planning status given you the opportunity to plan your life?	20	80
8	Have you been able to acquire a degree, diploma, craft or trade due to the opportunity created by your family planning status?	27.5	72.5
9	Did you acquire your dream job or business as a result of your family planning status?	37.5	62.5
10	Do you think you are better matured and equipped socially		

	and economically to care for children when you decided to have them?	50	50
11	Do you enjoy a good socio-economic status due to the number of children you have?	37.5	62.5
12	Do you think the number of property you are able to acquire is as a result of your family planning status?	45	55
13	Are you satisfied with the number of children you have?	47.5	52.5
14	Do you consider your family planning status a satisfactory one?	42.5	57.5
15	Do you have a satisfactory relationship with your husband and children?	37.5	62.5
16	Do you consider yourself happy because of the type (small or big) of family you have?	55	45
17	Do you think your resources are able to cater for your children satisfactorily because of their spacing and number?	30	70
18	Do you think your social status is as a result of your family planning status?	42.5	57.5
19	Do you think you are better able to save due to the size of your family?	37.5	62.5
20	Do you enjoy financial security due to the number of children you have?	30	70
21	Do you think you are better able to provide for your children's education because of their number and your family planning status?	25	75
22	Do you think your children perform better in school due to their spacing and your family planning status?	22.5	77.5
23	Do you consider your children happy with your family planning status?	55	45
24	Do you think the overall quality of life of your family has improved with your family planning status?	52.5	47.5
25	Do you think your standard of living has improved with the resources you are able to save for your family?	45	55
	Total	37.3%	62.7%

Results from Table 3 show low (37.3%) positive impact of non-family planning status (NFPS) of women on their socio-economic development as against high negative impact (62.7%). Thus there was low socio-economic development of non-family-planning women; as there was negative impact of non-family planning status

on the socio-economic development of women in Yenagoa. Women's non-family planning status had not helped their socio-economic development but rather impacted negatively on it. Thus 62.5% of non-family planning women had problems controlling their fertility and birth rates; 75% of non-family planning (NFP) women did not base their decision on health reasons; 57.5% of women did not think family planning would help them stay healthy; 72.5% of NFPS women's health had not improved or reduced child mortality incidence, 80% of NFP women would not recommend family planning for others; 60% of women's NFPS did not help keep their children well-spaced; 80% of women did not have the opportunity to plan their lives due to their NFPS; 72.5% of women had not acquired a degree, diploma, trade or business as a result of their NFPS; 62.5% of women had not acquired their dream jobs and business as a result of their NFPS; 50% of women were not more mature, socially and economically equipped to care for children when they started families due to their NFPS

More so, 62.5% of women had not enjoyed good socio-economic status due to their NFPS; 55% of women had not acquired more property due to their NFPS; 52% of women were not satisfied with the number of children they have; 57.5% of women were not satisfied with their family planning status; 62.5% of women had no satisfactory relationship with their spouses and children due to their NFPS; 45% of women were not happy with their large families; 70% of women had not enough resources to satisfy their children's needs due to lack of spacing and number of children; 57.5% of women had not enjoyed a high socio-economic status due to their NFPS; 62.5% of women had not been able to save due to their large family size; 70% of women had not enjoyed financial security due to their NFPS; 75% of women were not able to cater for children's education due to their NFPS; 77.5% of women's children had not performed better in school due to their spacing and number; 45% of women's children were not happy with their family planning status; 47.5% of women's quality-of-life had not improved with their NFPS; and 55% of women's families' standard of living had not improved with their NFPS.

**Research question 4:** To what extent does the socio-economic development of family-planning-families differ from non-family-planning families' in Yenagoa Local Government Area?

From table 2, the socio-economic development of family-planning-families improved with their family-planning status by 78.54% and differs from that of the non-family-planning-families by 37.3% on table 3. It therefore shows that the family-planning-families had 78.54% socio-economic development as against that of the non-family-planning-families with 37.3% socio-economic development.

**Ho1:** The socio-economic development of family planning women (FPW) does not significantly differ from that of non-family-planning women.

**Table 4:** Z-test of socio-economic development of family planning and non family planning women

<b>Socio-economic Development of Women</b>	<b>Mean</b>	<b>SD</b>	<b>N</b>	<b>Z-Cal</b>	<b>Z-Crit</b>
Family-Planning Women	44.7	31.23	40	2.62	1.96
Non-Family-Planning women	28.6	23.17	40		

P < .05; critical z-value = 1.96;

The calculated Z-value (2.62) is greater than the critical Z-value (1.96) so the null hypothesis is rejected in favour of the alternative. There is significant difference between the socio-economic development of family-planning women and those of non-family-planning women.

### **Discussion**

Based on the findings of this study it is therefore inferred that family planning does have impact on the socio-economic development of women. The socio-economic development of family-planning women was higher than those of the non-family-planning women. There was significant impact of family planning on the socio-economic development of family-planning women. This is congruent to Joshi and Schultz's (2007) report on the Matlab family planning program in which they identified the benefits of the program as improved health for mother and children, better educated children, higher incomes and sustained investment. Gribble and Voss (2009) in their report on 'family planning and economic well-being' also found positive relationship between family planning and families' improved welfare. Starbird, Norton and Marcus (2016) also reported improved quality of life, health, quality education, food security, gender opportunity, equality and empowerment of women as some of the advantages of family planning.

Family planning enables women and couples to plan and space the number of children they want to have so they would be able to cater for their needs and upkeep as well as have the time to work and save for investment. Financial security is one of the ways women's socio-economic stability can be established in families and society generally. Gribble and Graff (2010) also reported improved economic security of larger incomes, greater accumulation of wealth and higher levels of education of families, households, and communities. These findings also corroborate Erfani's (2012) findings which showed significant impacts of family planning on women's educational advancement.

Ko and Koh (2016) also found significant effects of family planning on participants' lifestyles in terms of economic improvement, improved family happiness and quality of life. This is an indication that family planning enables families to control birth rate, family size and family expenditure and income. More children means more mouths to feed, much more school fees to pay, more responsibilities and care-giving; and less time for self-improvement and economic stability. These situations found among the non-family-planning women indicate less time for self-improvement and improved income which leaves them with less income to spend, less socio-economic development for both women and their families.

On the other hand, family-planning women had more time for self-improvement, improved income and propensity to save, increased investment, improved health and socio-economic development. Large families and high populations come with economic constraints in terms of huge expenditures, limited resources and low personal incomes and income per capita. These constraints are always felt by women with large families with less income, savings and less time to earn and support their families. There is therefore the socio-economic implication for every fertile woman to engage in family planning in order to space their children, control their birth rates and have time to plan and develop their lives. The educational implication of this study is that women can carry pregnancies, have safe births, raise children and still be able to develop themselves socially and economically due to family planning.

### **Conclusion**

Family planning enables women plan pregnancies and control birth rates as well as determine their families' lifestyles through self-improvement, improved income, planned savings, investments and spending. Small size families have less expenditure on family upkeep and children's education. They have the opportunity to improved income, socio-economic development and quality of life. Large families however spend more income on their families' upkeep and education and less time for self-improvement as they have to cater for more people. This leaves them struggling to make ends meet more than the well planned and spaced families.

### **Recommendations**

As a result of the findings, the following recommendations are proffered:

1. Family planning should be considered an option for birth control and for the socio-economic development of women and their families.
2. Non-family planning women should be encouraged through enlightenment campaigns in the health facilities and at the grassroots to engage in family planning.

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