Calls for the Amendment of Vital Registration Act No. 69 of 1992 for Multi-Stakeholder Participation and Sustainable Development in Nigeria

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Abstract *- Vital registration is considered as the continuous, permanent, compulsory, and universal recording of the occurrence and characteristics of vital events such as live births, deaths, fetal deaths, marriages, divorces, and other civil status events pertaining to the population as provided by law, in accordance with the legal requirements in a country. This paper examined live births registration in Rivers State from 2007 to 2014 where an unusual situation was observed in 2008. Live births registration in 2008 rose to 543,873 from 30,394 in 2007 and then decreased to 60,546 in 2009. It was evident from the result that the National Population Commission (NPC) targets coverage of 60 percent in 2010 and 100 percent in 2015 as stated in its national work plan was not realized, and the phenomenal performance by the NPC in 2008 was attributed to the financial and manpower support given by the Rivers State Government to its Port Harcourt Office. Hence the calls for the amendment of vital registration Act No. 69 of 1992 for multi-stakeholder participation based on the Rivers experience. We therefore recommend the amendment of the Vital registration Act for expansion and redesign of the NPC registration hierarchy structure to include the Community Development Committee (CDC) at the ward level, health unit at the Local Government level, and Ministry of Health at the State level in order to bridge the funding and manpower gaps that exist in the registration process considering the importance of vital registration to natural resources utilization and national development.*

Key Words: *Vital registration, Live births, National Population Commission (NPC), Rivers State Sustainable Development*

1.0 Introduction

Birth registration is referred to as the official recording of the birth of a child by a state administrative process. It is the permanent and official record of a child's existence and is fundamental to the realization of children's rights and practical needs. Securing children's rights to a nationality will allow them to get a passport, open a bank account, vote and find employment. It helps ensure access to basic services, including immunization, health care and school enrolment at the right age (NPC 2008; UNICEF 2013; World Bank 2014; WEF and UNFPA 2012). Currently, it is estimated that millions of Nigerian children are not being registered at birth, meaning that these children are being denied the right to a name and nationality, a situation that may also lead to barriers in accessing other rights including health care and education. International and regional standards and national legislation are already in place to ensure governments commitments to the birth registration of all children and to invest in the care, education and protection of the child from harm and exploitation. These includes the United Nations Convention on the Rights of the Child, the 2002 General Assembly Resolution on "A World Fit For Children" the Millennium Development Goals; the African Union Charter on the Rights and Welfare of the Child and the Child's Rights Act 2003. In achieving the goals and the provisions set in these principles and resolutions, it is necessary for government to have accurate and comprehensive data on birth registration. Birth registration therefore is not only a fundamental right itself, but also fundamental to ensuring the fulfillment of additional rights for children. The value of birth registration as a fundamental human right is often overlooked due to the continuing lack of awareness that registration is a critical measure to secure the recognition of any person before the law; to safeguard his or her rights does not go unseen (NPC 2008).

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The first attempt at collecting data on births in Nigeria started in 1863 with the promulgation of the Ordinance No. 21 at the Lagos Colony though actual registration of these events started in 1892. The success spurred the

government to expand the programme to villages bordering the colony including Warri in 1903 and Calabar in 1904 (NPC 2008).

A more comprehensive legislation on the registration of vital events throughout the country was introduced in 1917. The Births, Deaths and Burial Ordinance of 1948 consolidated the provisions of the 1917 Ordinance even though application was restricted mainly to the townships.

Thus, in various parts of Nigeria one form of registration or another of births and deaths had been going on throughout the colonial period and beyond. There was no uniformity of operations nor complete coverage and objectives of registration was narrowed to the colonial needs for tax assessment and security needs.

In 1979, the first conscious effort was made to have a universal system of registration of births and deaths in Nigeria. This resulted from when the Federal Government, in pursuit of an alternative source of demographic data, promulgated the 'Births and Deaths Compulsory Registration' Decree (Now Act) 39 of 1979'. The decree came into effect on the 1st of September 1979 and provided for the establishment of a uniform system of vital registration nationwide.

The Act 39 of 1979 was followed by the 'Births, Deaths, etc (Compulsory) Registration' Decree (Now Act) No. 69 of 1992 which came into effect from 1st December 1992. The law gave the sole authority to register these events nationwide to the National Population Commission. The provisions were further strengthened by section 24 of the Third schedule of the 1999 Constitution of the Federal Republic (NPC 2008).

Registration System

As provided by the Act No. 69 of 1992, at the apex of the registration hierarchy, the office of the Registrar-General who shall exercise the powers and perform the duties conferred on him pursuant to the Act. The Registrar General may issue such general directions regarding registration of births and deaths as may be necessary for the efficient implementation of the Act and shall take steps to co-ordinate and unify the activities of all registration officials involved in the implementation of the Act.

There shall also be a Chief Registrar in every state and the FCT who shall be subject to the Registrar-General and be responsible for overseeing the activities relating to the registration of births and deaths within the State or the Federal Capital Territory, Abuja to which he is appointed.

There shall also be appointed for each Local Government Area within a State or each Area Council in the Federal Capital Territory Abuja, a Deputy Chief Registrar. The Deputy Chief Registrar shall be subject to the general direction of the Registrar-General and the Chief Registrar and be responsible for the implementation of the Act within the Local Government Area or Area Council to which he is appointed.

The law also provides for the appointment of registrars as the NPC may consider necessary for the enforcement of the provisions of the Act.

Therefore, the Act establishing the Vital Registration Programme makes provision for the posts of Registrar-General (Chairman, NPC), Chief Registrars (State Directors), Deputy Chief Registrar (Comptrollers of LGA) and Registrars (NPC 2008).

Birth Registration Coverage

A survey conducted by National Bureau of Statistics (NBS) in 2003 puts the registration coverage at 30.2 percent. This seems to have been the only assessment of the national birth registration in the country till 2007. The 30.2 percent coverage in the survey refers to all births registered by any agency of government, hospitals (government or private), religious organization and so on. The NPC took steps to increase birth registration coverage in Nigeria with the development of a strategy document that covers the period 2008 – 2011.The document has set coverage targets of 60 percent by the year 2010 and 100 percent by 2015.

The NPC work-plan included steps to gradually reduce the population size of catchment areas from 60,000 to 40,000 by 2008 and to 30,000 by 2009. This would increase the number of functional registration centres from 3560 in 2008 to 4665 in 2009.

NPC planned for a concerted and sustained programme of advocacy, public education and enlightenment on vital registration. This was expected to be a collaborative undertaking involving all critical stakeholders such as the media, traditional and religious leaders, NGOs, CBOs, line Ministries and the general public.

This collaborative undertaking with stakeholders was to be extended to other critical areas such as capacity building of field functionaries, logistics and ICT support with the active support of UNICEF that has been the most dependable development partner of NPC in birth registration.

In line with its objectives, the NPC launched the national birth registration exercise on the 24th July 2007 to create awareness among the public and solicit support from stakeholders particularly state governments to ensure the attainment of the objectives stipulated in its work-plan.

2.0 Theoretical framework

Population Transition Theory

The Demographic Transition Model/Theory (DTM) is a model used to represent the process of explaining the transformation of countries from high birth rates and high death rates to low birth rates and low death rates as part of the economic development of a country from a pre-industrial to an industrialized economy. The demographic transition model/theory describes the changes that take place in birth and death rates as population passes from traditional or pre-modern social and economic conditions to an urbanized and industrialized modern society (see Figures 2 and 3). It is divided into four main stages (though sometimes other scholars put forward five stages). It was basically the western model that is used to relate the changes in both mortality and fertility throughout development process (Woods 1982, Weeks 1994, David 2000, Cunningham et al 2005, Ehrlich and Ehrlich 2008).

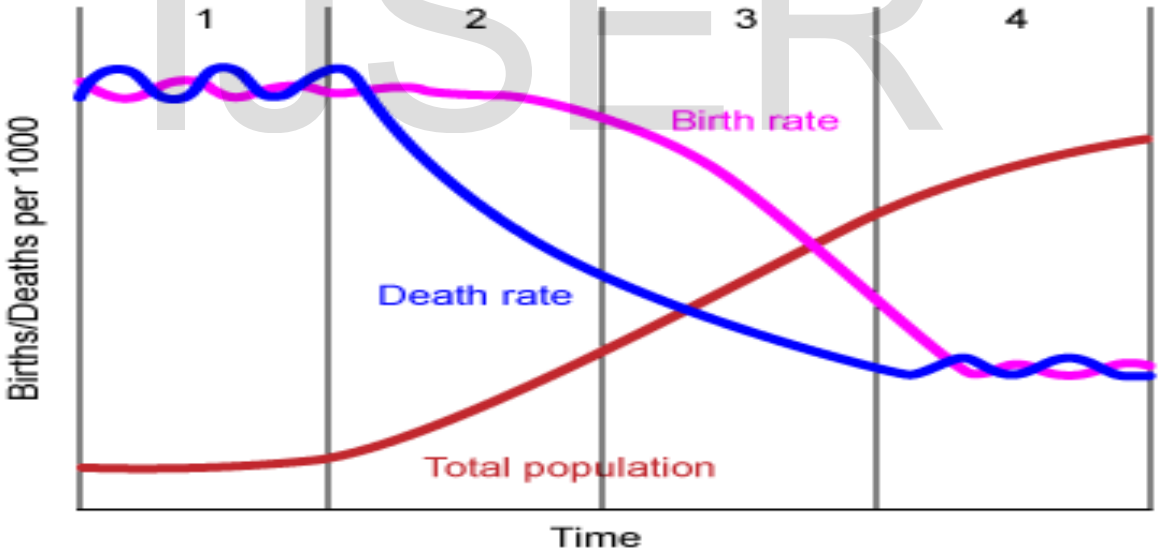
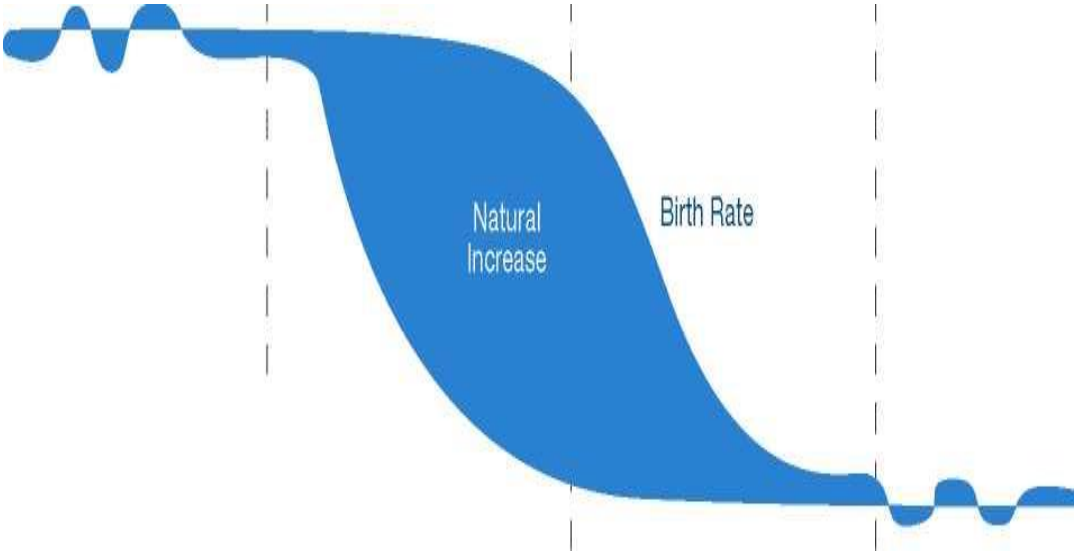


Figure 2: Stages in Demographic Transition Model

Source: Raven 1993; Bernard and Richard 1993; Eldon and Bradley 2004; Cunningham et al 2005.

Stage 1 Stage 2 Stage 3 Stage 4



Note: Natural increase or decrease is the difference between the number of births and deaths. The birth rate is the number of live births per 1,000 population in a given year. The death rate is the number of deaths per 1,000 population in a given year.Sources: Carl Haub and Toshiko Kaneda, *2011 World Population Data Sheet* (Washington, DC: Population Reference Bureau, 2013); and (for burials in 1693 and 1694): E.A. Wrigley, *Population and History* (New York: McGraw Hill, 1969

Figure 3: Stages in Demographic Transition Model

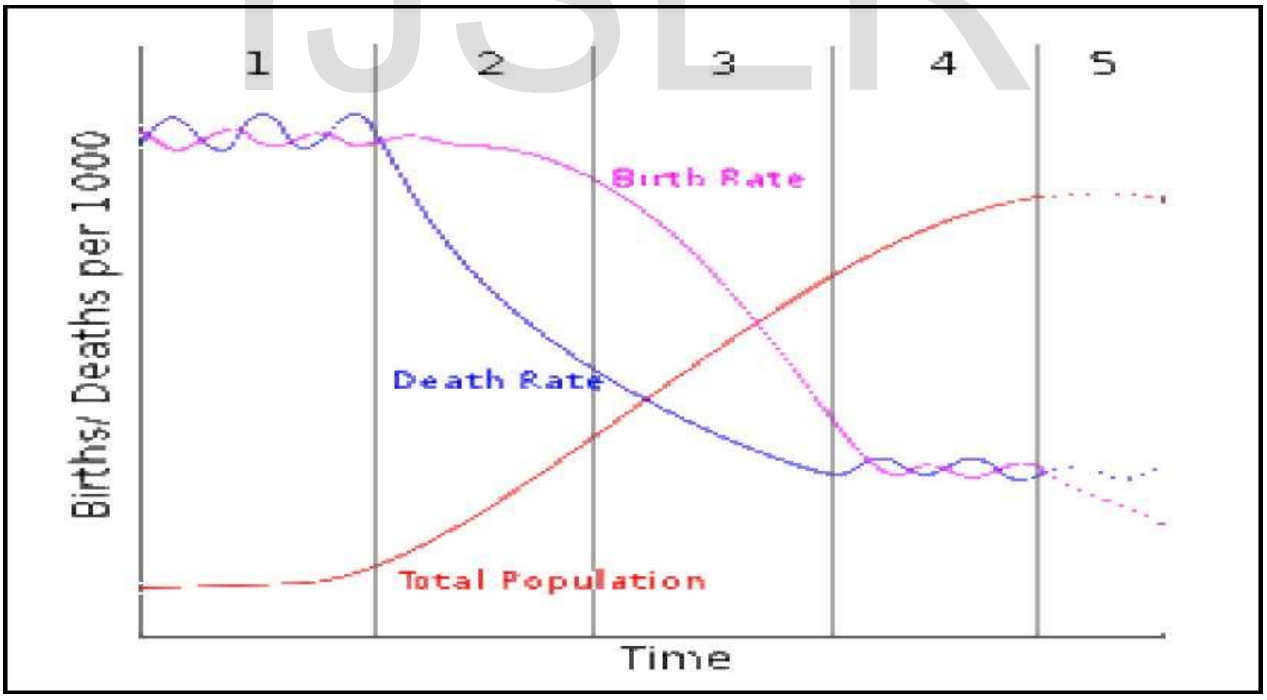


Figure 4: Stages in Demographic Transition Model with a (Possible Stage 5)
Source: David 2000.

The stages are clearly described as follows:

I. **Stage one** experienced high birth rates and death rates. High mortality rates were basically due to poor health and harsh living conditions. Life expectancy at birth was as low as 30 years. If birth rates had not been high societies would simply have died out and many did. Culture encouraged high birth rates through religious teachings and social pressure essentially encouraging people to be 'fruitful and multiply'. Socially a man's virility and a woman's status often were linked to the number of children they had. But large families also served a practical function on these societies - furnishing labour for family farms and providing support to parents during old age. Collectively large families also increased the economic, political and military power of the tribe or nation.

II. **Stage two** of the demographic transition began when death rate began to drop in response to improved living conditions and health practices, but the birth rate continued at or near its stage one level, thus igniting the population explosion. This was due to fall in mortality rates and not increased fertility rates. It is difficult to change culture of people, and if deemed necessary it takes a long time. That is why fertility was maintained high while mortality had declined. Mortality decline was due to technological and medical innovations and other aspects of modernization because of their obvious utility enemy death. Also improvements in the food supply brought about higher yields in agricultural practices and transportation prevent death due to starvation. Further improvements in public health especially in childhood such as vaccinations, as well the improvements in water supply, sewerage, food handling and general personal hygiene.

III. In **Stage three** of the demographic transition the birth rate moves downwards, eventually catching up with death rate. Population growth remains relatively high during the early part of the 3rd stage but fall to near zero in the latter part. The decline in fertility at this stage is accompanied by a number of factors such as

(i) Increasing rate of urbanization which changes the traditional values placed on fertility and the value of children in rural society

(ii) Decline in child mortality rate hence parents are sure of the survival of their few children to adulthood

(iii) Increased costs of upbringing children and provision of basic needs for them, for example, the introduction of compulsory education acts and the need for child education as well as medical costs

(iv) Availability of family planning and family planning campaigns

(v) Increased female literacy and employment which compel women to spend more time in their career activities rather than engage in child bearing activities.

(vi) Improvement in contraceptive technology.

IV. In the **Final/Stage four** of the transition the birth rate and the death rate are close together again but they fluctuate around relatively low levels as shown in figure 1. This occurs where birth and death rates are both low. Therefore, the total population is high and stable. Some theorists consider that there are only 4 stages and that the population of a country will remain at this level. Some of the countries in this stage have a Total Fertility Rate of less than 2.5.

V. In some instances as experienced in some countries, the **5th stage** (as proposed by some theorists, though not in the initial model) represents countries that have undergone the economic transition from manufacturing based

industries into service and information based industries called deindustrialization. Countries such as UK (the earliest nation universally recognized as reaching Stage Five), Germany, Italy, Spain, Portugal, Greece, and most notably Japan, whose populations are now reproducing well below their replacement levels, are not producing enough children to replace their parents' generation. In these countries, fertility is very low to the extent that it cannot replace itself. These countries are experiencing ageing populations, where women in their reproductive ages are no longer willing to give birth (David 2000, Cunningham et al 2005, Ehrlich and Ehrlich 2008).

Relevance of the Demographic Transition Model to Developing Countries (LDCs)

The theory of demographic transition evolved from the history of population growth in western countries. With their current low levels of population growth nations such as USA have largely completed the demographic transition. However in most developing countries are still in stage two or the early part of stage 3 of the transition.

Pace of mortality decline in developed countries was gradual and took very long time to realize the situation. In developing countries the pace has been very rapid due to importation of medical supplies and technology which caused death rates to plummer in many parts of 3rd world especially after 2nd World War.

The rapid decline in death rates without a coincident fall in birth rates ignited the unprecedented explosion in population growth in the developing world beginning in the 1950s and accelerating in the 1960s. Other countries experienced dramatic declines in birth rates in the 1980s due to availability of modern contraceptives - such as in Mexico, Brazil and Thailand. However, fertility has remained very high in developing countries especially Africa and Asia and Latin American countries. The former maintains that with sufficient modernization, fertility and mortality finally change in a predictable manner.

The role of international migration was possible during the transition in western countries where excess population was sent to new worlds in different colonies outside Europe. Currently there are no places where such magnitude of people can be deported.

Difference in marriage patterns between developed and developing countries. During the transition in western countries fertility declined among other factors due to late marriages and other women never married at all. In most developing countries age at marriages is still low and is almost mandatory. Everyone marries in these developing countries.

During the transition in developed countries, there were many opportunities for women to engage in as well as education opportunities. In developing countries however, there are very few opportunities for women to engage in labour force. Consequently they are home takers and waiting for their husbands to work for them. They basically have no control or say on matters relating to fertility (Finlay and Finlay 1989, Ehrlich and Ehrlich 2008, David 2000, Cunningham et al 2005).

According to the theory of demographic transition, the shift towards low mortality and fertility rates occurs when there is a process of overall modernization resulting from industrialization, urbanization, education, empowerment of women, as well as substantial overall socio-economic development. Such a shift leads initially to a

drop in mortality through progress in hygiene and medicine and, subsequently, to a decline in fertility occasioned by economic growth. Mortality decline as a precondition for fertility decline forms the cornerstone of the theory. In this regard, the classical wisdom often describes infant mortality as a decisive factor influencing parents to reduce their fertility. The relationship between socio-economic development and fertility decline has also been the focus of many discussions. Although the theory has experienced a great deal of critical analysis, it remains a useful framework for discussing the dynamics of fertility and mortality changes.

The theory is silent on the role of migration even though the experience of Europe has demonstrated that external migration provided a relief for internal population pressure. Europe, which experienced remarkable population growth in the nineteenth century, had the historic possibility of spilling over its surplus population through migration and transfer to the colonies. Currently, however, with so many restrictions on international migration, the opportunity of spilling over its surplus population to other regions through migration is not available to Africa.

Lessons Learned about Demographic Transition in Africa

The Economic Commission for Africa (ECA, 2001) in a study titled 'The State of Demographic Transition in Africa" published in 2001 observed that the demographic transition in selected countries of Africa has been a consequence of two major factors: an increase in the age at marriage and control of marital fertility. Socio-economic changes, especially with regard to better educational and health care systems, and a well-planned, carefully executed family planning system contribute to the transition. Additional factors include societal changes, extension of social benefits to a wide spectrum of population, investment in key physical and institutional infrastructure for service delivery, and efforts made to close the gender gap in accessing education and employment, particularly for women.

Consequently, for countries such as Botswana, Mauritius and Tunisia, the challenge is to sustain the transition but avoid lowering fertility below replacement levels. For countries that are in early stages of the transition, the challenge is for them to adapt and practice the lessons learnt from Botswana, Mauritius and Tunisia while avoiding the mistakes made by Cameroon, Mali and Nigeria.

Demographic Dividend Theory

The demographic dividend refers to the accelerated economic growth that begins with changes in the age structure of a country's population as it transitions from high to low birth and death rates. With fewer young people relative to the population of working-age adults, and with the successful implementation of key national policies over the long term, countries such as Thailand and Brazil have reaped many rewards from their demographic dividend (James and Jason 2012).

As a country's total fertility rate (TFR, the average number of children per woman) drops, the proportion of the population under age 15 begins to decrease relative to the adult working-age population (generally ages 15 to 64—the child dependency ratio). The decline in this ratio sets the stage for smaller families, who now have more resources to invest in the health, education, and well-being of each child. And with fewer people to support, a country has a window of opportunity for rapid economic growth if the right social and economic policies are developed and

investments made. As long as the child dependency ratio continues to decrease, the window remains open. Eventually, however, people ages 65 and older begin to represent an increasingly larger proportion of the total population, signaling the end of the first demographic dividend.

From a demographic perspective, these changes in the population age structure characterize the time frame during which a dividend can take place. But changes in the population age structure do not guarantee accelerated economic growth—the dividend is not automatic and requires a set of investments and policy commitments (James and Jason 2012).

3.0 The Study Area

Profile of Rivers State

Location

Rivers State is one of the 36 states of Nigeria. Its capital, Port Harcourt is the largest city in the Niger Delta region and is economically significant as the centre of Nigeria's oil industry. Rivers State is bounded on the South by the Atlantic Ocean, to the North by Imo, Abia and Anambra States, to the East by AkwaIbom State and to the West by Bayelsa and Delta states. It is home to many indigenous ethnic groups: Ikwerre, Ibani, Opobo, Eleme, Okrika, and Kalabari, Etche, Ogba, Ogoni, Engenni and others.

The inland part of the State consists of tropical rainforest; towards the coast the typical Niger Delta environment features many mangrove swamps (*Rivers State Government Website, 2014*).

Rivers State, named after the many rivers that border its territory, was part of the Oil Rivers Protectorate from 1885 till 1893, when it became part of the Niger Coast Protectorate. In 1900 the region was merged with the chartered territories of the Royal Niger Company to form the colony of Southern Nigeria. The state was formed in 1967 with the split of the Eastern Region of Nigeria. Until 1996 the state contained the area now known as Bayelsa State (*www.citypopulation.de/php/ng-admin.php*).

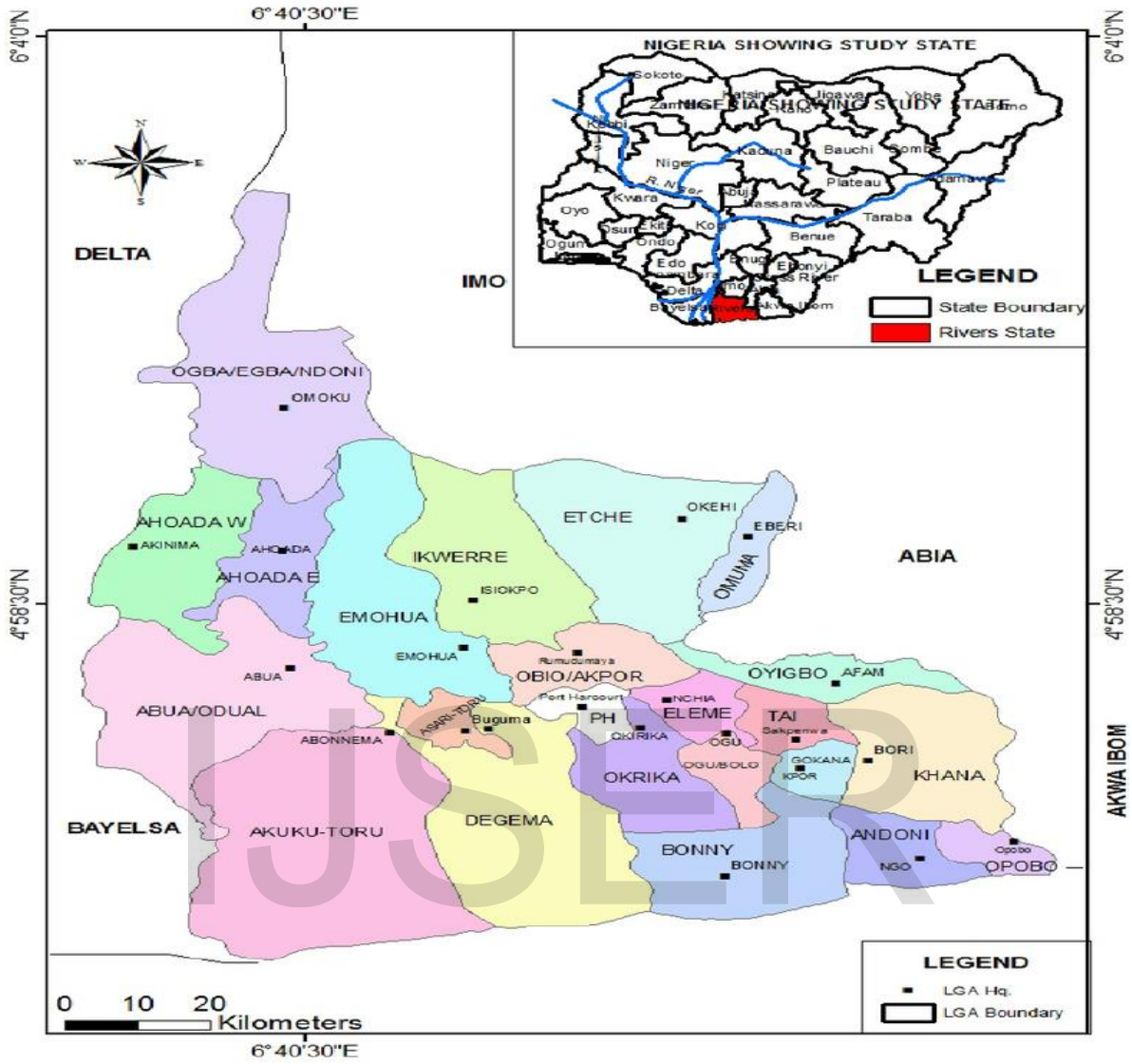


Figure 1: Map of Rivers State

Politics

Rivers State has 23 Local Government Areas, 32 House of Assembly seats, 13 House of Representatives seats and 3 Senatorial districts. It has a democratically elected Governor and Deputy as head of the Executive arm, Speaker of the House of Assembly as head of the legislature, and the Chief Judge as the head of the judiciary.

Economy

Rivers State has maintained its importance as a leading supplier of wealth to Nigeriafor centuries. In 2007, the State ranked 2nd nationwide with a gross domestic product (GDP) of $21.07 billion and a per capita income of $3,965 (Nigerian Tribune, 2014)

Natural resources

The State is famous for its vast reserves of crude oil and natural gas. It was perhaps the richest and most important section of the African zone of the British Empire. Rivers State has two major oil refineries, two major seaports, airports, and various industrial estates spread across the land. More than 40 percent of the country's output of crude oil is produced in the State. Other natural resources found within its boundaries are silica sand, glass sand and clay ((*Encyclopædia Britannica 2014)*

Agriculture

Prior to the discovery of oil in commercial quantity in 1958, Agriculture was the primary occupation of the people of Rivers State. Around 19th century when the industrial revolution reached its peak in England, the area was then referred to as Oil Rivers Protectorate, this was due to its abundant palm oil and kernel which basically constituted the main revenue source of the country. In a sample survey carried out by the Federal Ministry of Agriculture and Natural Resources, about 40 percent of the rural inhabitants were committed to farming in 1983. Rivers State is one of the leading states in the production of yam, cassava, cocoyam, maize, rice and beans. About 39 percent (760,000 hectares) of the state's total land mass, particularly in the upland area, is suitable for cultivation. Major cash crops produced are oil palm products, rubber, coconut, raffia palm and jute. Other crops grown for food include vegetables, melon, pineapples, mango, pepper, banana and plantain. The fishing industry is an important sector in Rivers State. Besides being lucrative, fishing is also a favorite past time activity. There are approximately 270 species of fish existing; with many artisanal fishermen in the riverine areas. The State provides valuable seafoods such as crabs, oysters, shrimps and sea snails among others. Vertebrates like birds, mammals and reptiles are also found in the region (*Encyclopædia Britannica 2014)*

Education

In 1999 the State had 2,805 Government primary schools and 243 secondary schools. The secondary schools are concentrated mainly in LGA headquarter towns and in Port Harcourt. Tertiary institutions include the University of Port Harcourt, Choba, Port Harcourt established by the Federal Government in 1975, the Rivers State University of Science and Technology, founded in 1980 by the State Government, the School of Health Technology, Port Harcourt, established by the State Government, the Federal College of Education (Technical), Omoku and the State-owned Rivers State Polytechnic at Bori, the Rivers State University of Education (Ignatius Ajuru University) at Rumuolumeni, NkpoluOroworukwo and Ndele and the School of Nursing and Midwifery at Rumueme, Port Harcourt. The Rivers State College of Arts and Science in Port Harcourt gained polytechnic status in 2006 (RIVCAS 2010).

3.0 Materials and Methods

Secondary data on the population of Rivers State were collected from the National Population Commission (NPC) and analyzed using descriptive statistical methods and demographic techniques.

4.0 Results and Discussion

Table 1: Registered Birth Rates of Rivers State (2007-2014)

S/N	Year	Registered Live Births in Rivers State
1	2007	30,394
2	2008	543,873
3	2009	60,546
4	2010	83,565
5	2011	91,407
6	2012	111,127
7	2013	124,715
8	2014	103,302

Source: NPC, Port Harcourt Office (2015)

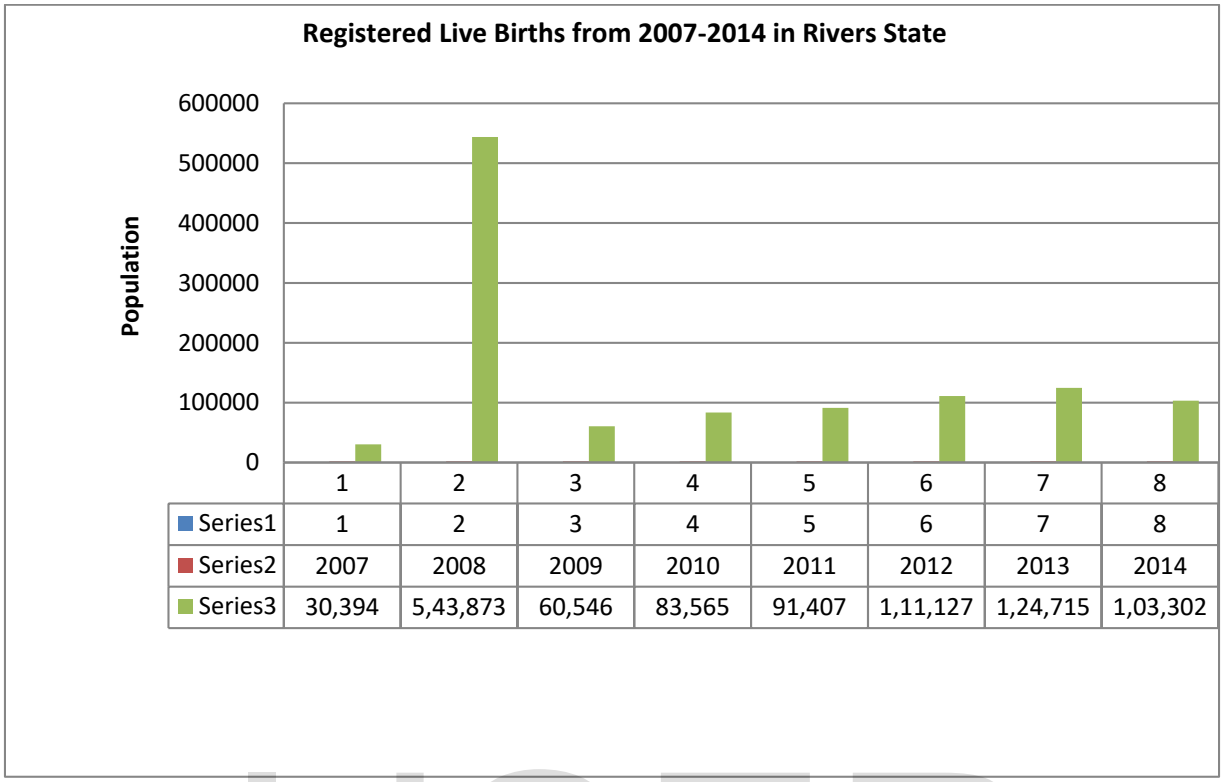


Figure 1: Distribution of Registered Live Births in Rivers State from 2007-2014

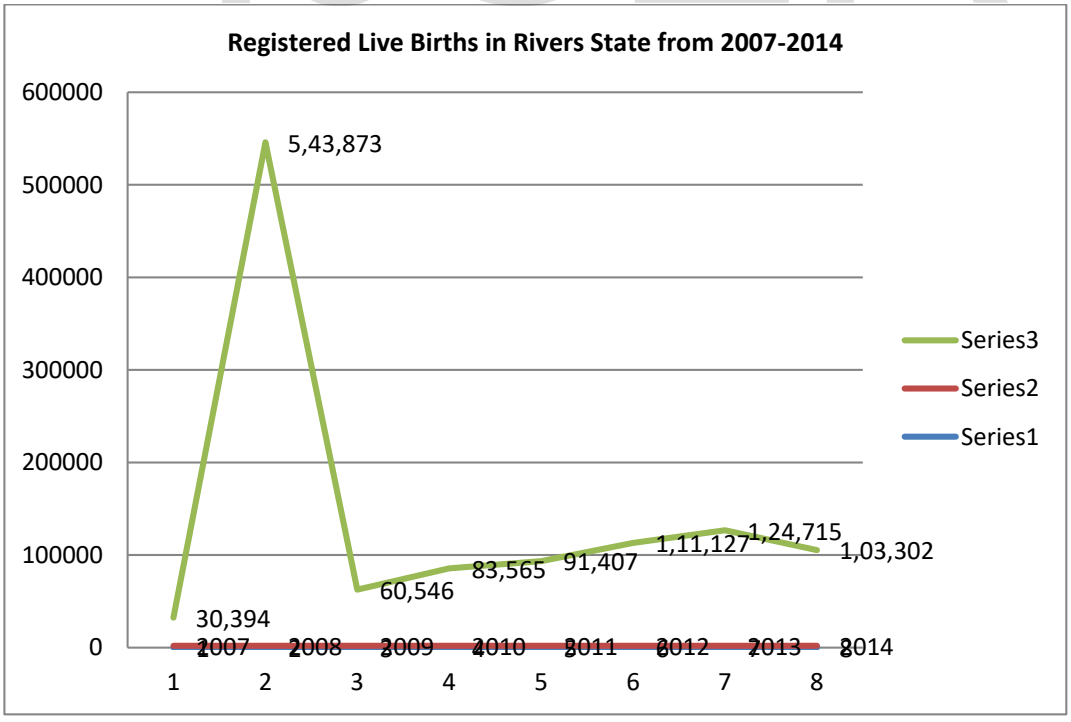


Figure 2: Distribution of Registered Live Births in Rivers State from 2007-2014

Table 2: Expected, Registered and Unregistered Births from 2007 - 2014

S/N	Year	Expected Births	Registered Births	Births Not Registered
1	2007	182,766	30,394	152,372
2	2008	188,980	543,873	-354,893
3	2009	195,405	60,546	134,859
4	2010	202,049	83,565	118,484
5	2011	208,919	91,407	117,512
6	2012	216,022	111,127	104,895
7	2013	223,608	124,715	98,893
8	2014	231,211	103,302	127,909

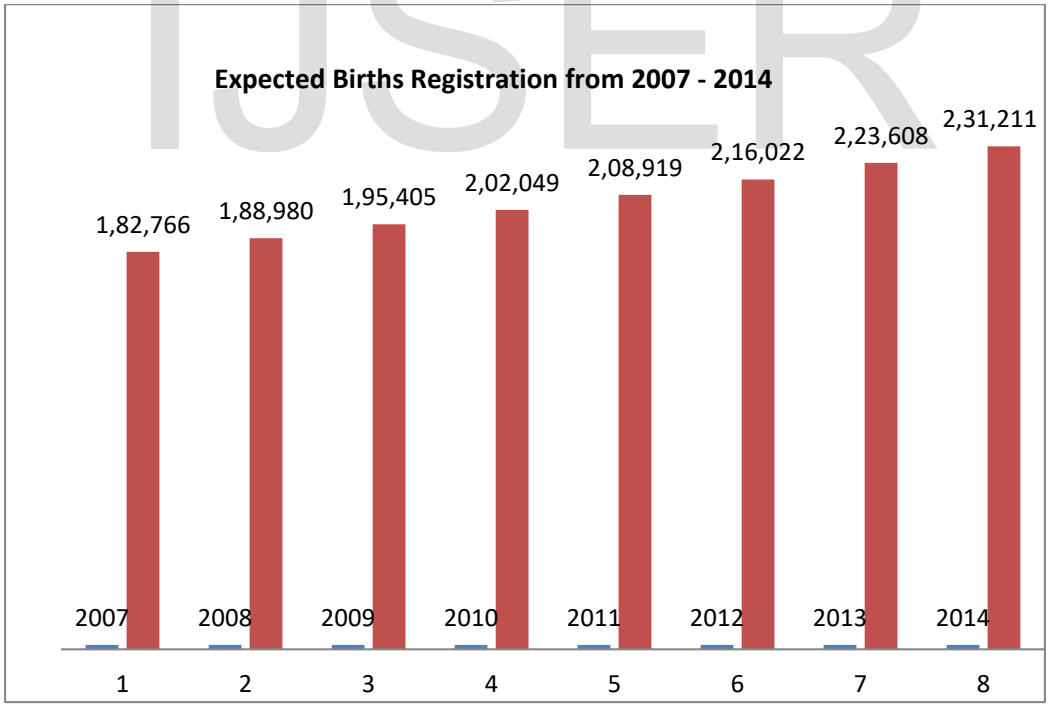


Figure 3: Expected Births Registration from 2007 - 2014

Table 1 shows the registered live births of Rivers State from 2007 to 2014. In 2007, 30,394 lives births were registered while 543,873 lives births were registered in 2008; for 2009 registered live births was 60,546; 83,565 for 2010; 91,407 for 2011; 111,127 for 2012; 124,715 for 2013 and 103,302 for 2014.

Figures 1 and 2 show the graphical illustration of registered live births from 2007 to 2014 as contained in Table 1. The year 2008 has an exceptional performance and success in terms of coverage and the number of live births registered.

Table 2 shows the year of registration coverage (2007-2014), the expected births based on the projected annual birth rates of Rivers State, the registered live births as given by NPC Port Harcourt office, and live births not registered based on the projected annual births rates.

Figure 3 shows the expected live births registration in Rivers State from 2007 to 2014. The juxtaposition of expected live births and registered live births registration in Rivers State between 2007 and 2014 as shown in Table 2 gives a clear indication that much needs to be done in terms of coverage as majority of live births recorded during the period under consideration were not registered. For instance, in 2007 only 16.5 percent of the expected live births were registered. In 2008, it was an exceptional case of outstanding performance by NPC in terms of coverage based on the manpower and financial support given by the Rivers State government to mob-up live births registration across the state. Thus, 543,873 live births were registered in 2008 as against the expected live births of 188,980 meaning that live births of previous years not registered were captured during the 2008 state-sponsored mop-up of live births registration. Because the support from the State Government did not continue in 2009, live births registration dropped to 31 percent. This lack-luster performance owing to State Government withdrawal of its manpower and logistical support continued through 2009 to 2014. In 2010 it was 41 percent; 43.8 percent in 2011; 51 percent in 2012; 55.8 percent in 2013 and 44.7 percent in 2014.

5.0 Conclusion and Recommendations

It is evident from the result above that the NPC targets coverage of 60 percent in 2010 and 100 percent in 2015 as stated in its work plan is yet to be realized. Hence the calls for multi-stakeholders involvement and amendment of the Vital Registration Act No. 69 of 1992 particularly the sections on NPC registration structure to include the Community Development Committee (CDC) at the ward/community level, Health Department at the Local Government, Ministry of Health at the State level in order to bridge the manpower gap required to capture all live births in the State and indeed the entire country. The involvement of these multi-stakeholders will reduce the overhead and overall costs required to effectively capture all live births registration in the country as well as providing reliable and dependable demographic data needed for national planning for sustainable development which is currently lacking in our planning architecture.

It is therefore appropriate and expedient for the concerned authorities and agencies of government at all tiers particularly the federal government to take steps that will provide reliable, dependable and holistic demographic data because of the nation's demographic characteristics. According to Makama (2010), Nigeria is the 8th most populous nation in the world with a population of over 140 million people. Nigeria's population grows at an estimated rate of 3.2 percent per annum. Fourty-nine percent of the total population is female. Of this 51 percent are in the reproductive ages (15-49). Twenty-three percent of women age 15-19 are already mothers or are pregnant with their first child. Total fertility rate for Nigeria has remained high (5.7) in the last five years. The current use of modern family planning methods among married women is only 10 percent (2 percentage point increase in the last five years). These phenomena represent a built-in momentum which will continue to stimulate rapid population growth for years to come.

Therefore, it is recommended that Vital Registration Act No. 69 of 1992 establishing the structure of vital registration in Nigeria be amended to broaden the hierarchy of authority and involvement of more stakeholders in the registration process for effective planning and sustainable development considering the Rivers State experience of 2008.

References

1. Bernard J. Nebel and Richard T. Wright (1993). Environmental Science: The Way the World Works, Fourth Edition, Prentice Hall, Englewood Cliffs, New Jersey.
2. Carl Haub and Toshiko Kaneda (2012). World Population Data Sheet (Washington, DC: Population Reference Bureau, 2011).
3. Cunningham W. P., Cunningham M. A, and Barbara Saigo (2005). Environmental Science: A Global Concern, 8th Edition, McGrawHill Higher Education.
4. David Waugh (2000). Geography: An Integrated Approach, Third Edition, Nelson Publishers, Nelson House, United Kingdom.
5. Economic Commission for Africa (ECA) (2001). The State of Demographic Transition in Africa, ECA/FSSDD/01/10, P.O. Box 3005, Addis Ababa, Ethiopia. www.uneca.org
6. Ehrlich, P.R. and Ehrlich A.H. (2008) Population, Resources and Environment: Issues in Human Ecology.
7. Eldon D. Enger and Bradley F. Smith (2004). Environmental Science: A Study of Interrelationships (9th Edition), McGrawHill Higher Education, New York.
8. *Finlay, A. and A. Finlay (1989),* Population and Development in the third World, *Methuen*
9. James N. Gribble and Jason Bremner (2012). *Achieving Demographic Dividend,* Population Reference Bureau, Vol. 67, No. 2 December 2012.
10. Makama Samu'ila Danko (2010). Item 4: General Debate on National Experience in Population Matters: Health, Morbidity, Mortality and Development. 43rd Session of Commission on Population and Development (CPD), New York.
11. National Population Commission (NPC) (2008). Report on Live births, Deaths and Stillbirths Registration in Nigeria (1994-2007).
12. National Population Commission (NPC), Port Harcourt Office Annual Report, Live Births Registration of Rivers State (2007-2014).
13. *Nigerian Tribune, 8 September 2014. "Remittances from diaspora Nigerians as lubricant for the economy". Retrieved 3 December 2014.*
14. *"Nigeria: Administrative Division". City Population. Retrieved 28 November 2014*
15. Raven Berg Johnson (1993). Environment. Saunders College Publishing, Florida, USA.
16. RIVCAS (2010). *"Rivers State College of Arts and Science". Rivers State College of Arts and Science. Retrieved 2010-03-04.*
17. *"Rivers State government website". Retrieved December 7, 2010.*
18. *"Rivers". Encyclopædia Britannica. Retrieved 30 November 2014.*
19. United Nations Children's Fund, UNICEF. (2013). Every Child's Birth Right: Inequities and trends in birth registration, UNICEF, New York, 2013 http://www.unicef.org/esaro/5480_birth_registration.html
20. Weeks, R.J. (1994), Population - An Introduction to Concepts and Issues, (5th Edition): California: Wadsworth Publishing Company. Wadsworth Publishing Company.
21. Woods, R. (1982), Population Analysis in Geography, Longman London (1982) Pp 4 - 7.
22. World Bank Group (2014). Global Civil Registration ad Vital Statistics. Scaling up Investment Plan 2015-2024. Available at http://wwwds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2014/05/28/000456286_20140528170841/Rendered/PDF/883510WP0CRVS000Box385194B00PUBLIC0.pdf
23. World Economic Forum (WEF) and UNFPA (2012), "The Missing Link in Sustainable Development: A Call to Integrate Population in the Water, Food, Energy Nexus", Statement of a Global Expert Panel, March 2012, UNFPA, New York.