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Effects of Growing Population and Demand for Health Care Services in the Federal Capital City, Abuja*

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Contents

Ⅰ. Introduction

Population growth has been an issue that has generated a lot of arguments in the process of determining the actual census count of population in some developing countries. And like most developing countries, Nigeria has experienced its own share of population problems with respect to the rapid increases in the past 25 years. The inability to obtain an actual growth rate for the country has thus contributed to the problems of determining the actual growth rates for different urban population in the country. Though, some estimates of the urban population growth rates showed that they have been far above those of the rural population. While a growth rate of 3.8 percent compared to rural 1.9 percent was obtained during the 1931-53 period, an average annual percentage rate as high as 7.3 was recorded for urban population compared to 2.3 percent of rural population for the period 1953-62 (Nigerian Government, 1952-53, 1963 censuses). In view of this, the major components of population growth or the main factors contributing to the rapid growth of urban population have relatively not been easy to determine. However, one major factor has been an acceleration in the migration of individuals and families from other areas as to response to economic and social pressures. This as such has centred much on its effects on the available basic social services and amenities provided for the people in these areas.

Inasmuch as the potentials for a country's rapid development can be said to be considerably influenced by the numbers and quality of her population. So again, the quality and duration of lives of the people to some extent depend on the availability of the provision of public health and social welfare services, quantity and quality of housing, levels of medical knowledge nutritional values among other factors. The importance of these factors cannot be over-emphasized, hence unavailability and nelect of them could result to reduce

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the quality of human resources. And as such, the effects of endemic deseases or ill-health which sap energy and initiative may affect the working efficiency of the people and may result in unproductiveness of the people, thereby rendering labour force ineffective, and all these have adverse effects on a nation's economic development.

This paper examines the rate of population growth in the Federal Capital City, Abuja with respect to the avilable public provision of basic social and welfare services. Other objective of the paper is to provide reliable empirical evidence on health care delivery and public health conditions in the city. Lastly, the paper will present suggestions that would help in providing long-term guidance for the orderly implementation of the projects and health programmes embarked upon in the capital city, and also provides a general framework for development within which planning for various sectors can continue.

After the introduction, comes the methodology and this incorporates some measures of health status used to critically examine and analyse provision of health care services in the city. After this, some factors that will shape the demand for health services are discussed. The conclusion summarises the factors and presents suggestions for policy implications.

Ⅱ. Methodology

The Federal Capital Territory, Abuja was created in 1976 in response to the need for a new capital. This was due to the dual government role the city of Lagos was playing which made it incapable of functioning both as a Federal Capital and State Capital, coupled with the problem of inadequate land space for development commensurate with its status as the capitl of Nigeria.

The data used of this study were obtained from the population survey[1] conducted in the Federal Capital City, Abuja in 1985. The survey covered some integral parts of the territory namely, the Garki, Wuse, Gwarinpa, Karu and Nyanya districts. These areas comprise the ministries, housing units and other business sectors, and also accomodate most of the total population now residing in Abuja, and they are expected to form the major parts of the New Federal Capital City (NFCC) by the time all the other parts are developed. However, it should be borne in mind that the other parts of the territory which consist mostly, the rural population are not dealt much with in this paper due to non-availablility of reliable data. Besides, some of the rural population are in the process of being reallocated to other parts outside the capital city. In short, the reports and analyses in this paper are based on the data collected from the above-mentioned enumerated areas.

The details concerning the execution of the survey, sampling designs and enumeration procedures are discussed in NFCC Population Survey Report (1985).

Ⅲ. Findings of the Study

1. Age-Sex Distribution

The age and geographic distribution of the population are important in any demographic setting of a country, moreso, in the study of the characteristics of the population. Table 1 shows the population distribution by age-groups by sex. Of the 23,912 persons successfully enumerated in the survey, children below the age of 5 constitute the largest population of 19.4 percent, followed by age-groups 5-9 and 25-29 with 15.1 and 15.2 percents respectively. In all, the population of the city can be described as youthful, as the proportion of the adult population is slightly significant. About 82 percent of the population are below age 30. The activity ratio of the population indicates that 55.5 percent form the labour force

and persons in the age-groups 15-29 form the majority of the total working force.

With regards to the sex composition of the city, about 53 percent of the total enumerated polation are males while only 47 percent constitute the female population. In each district, there is a predominance of males over their female counterparts. The reason may not be unconnected with the fact that the males dominated the total working force, and majority of the female population are more or less housewives who had to accompany their husbands to the city. The difference can also be assumed to be influenced by in-migration to the city whose male proportion greatly outnumbers that of the females. The sex ratio for the total population is 113.4 males to 100 females, which nevertheless is relatively high when compared with that of the country —102.0 (1963 census), and Lagos —108.0 (1961 census)[2]. High sex ratios observed in the age-groups 25-29 and above account for the movement of the civil servants (with males in majority) from Lagos to the new capital city. The sex imbalance which is observed in the age-group 25-29 rises dramatically towards the advancing age-groups and reaches the peak at ages 40-44, then gradually declines towards the older age-groups. Also, the normal sex ratio below the age of 5 accounts for

Table 1. Age-groups Across Sexes(percentages) and Sex-Ratios

Age-group	Male N=12,671	Female N=11,171	Total N=23,972	Sex-Ratios
0 ~4	18.8	20.1	19.4	106.0
5 ~9	13.3	17.0	15.1	88.9
10~14	8.8	10.7	9.7	92.6
15~19	6.6	12.8	9.5	58.0
20~24	9.8	16.9	13.1	66.1
25~29	17.1	13.1	15.2	148.5
30~34	10.4	4.7	7.6	251.8
35~39	7.1	2.6	5.0	311.5
40~44	4.0	0.9	2.6	524.7
45~49	2.1	0.5	1.3	516.0
50~54	1.1	0.3	0.7	418.2
55~59	0.4	0.2	0.3	266.7
60~64	0.2	0.2	0.2	121.1
65~69	0.1	0.1	0.1	100.0
70+	0.2	0.1	0.2	178.6
Age unspecified[a]	–	–	–	–
	100.0	100.0	100.0	113.4

Note : The unspecified ages and sexes (though insignificant) are included in the total counts for male and female population but are left out in the computation of percentages.

Source : Table 5. Report of 1985 Population Survey of the FCC, Abuja, and sex ratios computed by the author.

the children that were born in the city.

2. Measures of Health Status in Federal Capital City

Health plays a major role in the well-being of the people and serves as a per-requisite for high levels of productivity. And since health services function through use by people to reduce mortality, morbidity and natality, rapid population growth can thus affect the cost-adequacy and nature of health care services. The effects of population growth upon health services may depend significantly upon what actions and efforts are taken by the government towards ensuring and achieving an adequate functional health care delivery system, implementation of various health programmes, especially those geared towards controlling fertility as well as mortality.

The various indices used to measure the status of health care services are doctor / bed ratio, nurse / bed ratio, population / bed ratio and hospital events. These are classified in tables 2 and 3.

3. Health Manpower and Facilities

Doctors : As at 1985, there were 15 medical doctors in the whole capital city serving an enumerated population of about 25,500 giving a ratio of 1667 persons per doctor (see table 2). An increase of 5 doctors in 1986 reduced the ratio to 1 586 persons per doctor. Though, the ratio may not favourably compare well to those of many urban cities in developed countries (usually below 1,000 per doctor), it seems to be better than those found in some urban cities in Africa. However, it should be noted that for a city whose size of population is growing everyday, there is tendency for the doctor / population ratio to rise which will require recruitment of more doctors. With regards to the doctor / bed ratio, the ratio was 4 beds per doctor in 1985, but rose to 6 beds per doctor in 1986 due to the increase in beds.

Nurses : A ratio of 455 persons to a nurse was recorded in 1985, but reduced to 441 persons per nurse in 1986. Also, an estimated annual turnout of 40 or more nurses from the city administration controlled School of Nursing is assumed to be able to cater for the City's growing population. But, since this warrant an increase in the health capital expenditure, it depends on how much the city administration is ready to invest in health care delivery system.

Table 2. Numbers (and Estimates) of Hospital Facilities and Manpower, FCC, Abuja

Year	Population	Beds	Doctors	Nurses	Bed / Popu. Ratio	Dr. / Bed Ratio	Dr. / Popu. Ratio	Nurse / Popu. Ratio
1985	25,500	64	15	56	1:398	1:4	1:1,667	1:455
1986	31,718	120	20	72	1:264	1:6	1:1,586	1:441
1990	485,660[a]	1,220[b]	291[c]	–	–	–	–	–

Sources : 1985 FCC Population Survey Report: a Medical Records Unit, Department of Health: and Author's Analysis.

Notes : a Projected populations of FCC during 1990 and 2,000. (Source: Final Draft of Abuja Master Plan, FCOA, Abuja).

b Projected number of beds needed assuming 1990 projected figure.

c Projected number of doctors needed assuming 1990 projected figure.

Hospital Beds : There were 120 beds for an estimated population of 31,718 giving a ratio of 264 persons per bed (or 3.79 beds per 1,000 population). This is an improvement over the 1985 ratio (398 persons per bed).

Dispensaries and Health Clinics : Apart from the only one standard hospital in the capital in 1985, there were 35 dispensaries and 13 health clinics to cater for the demand of health services in the capital. Out of the 35 dispensaries, only 32 are functioning of which four are sited in the enumerated areas, while the rest are located within the local government areas in the territory. Mobile clinics are also made use of the transport people with chronic ailments from other parts of the territory to the city hospital.

Hospital Events : Table 3 shows records of some hospital events such as births and deaths. About 1386 births were registered in 1986 compared to 1342 and 1312 in 1985 and 1984 respectively. This gives an increase of 3.3 and 5.6 percent. The total number of registered deaths increased by 6.4 at 52.2 births per 1,000 population in 1985 but fell to 43.7 births per 1,000 population in 1986. The percent when the two figures for 1984 and 1986 are compared. However, if occurence of under registration of some events are not overlooked, the demand is bound to be greater. This is evident in the records of crude vital rates for the city in 1985 and 1986. The crude birth rate (CBR) stood effect of the decrease in CBR is seen in the general fertility rate (GFR) which reduced from 237.5 to 183.1 births per 1,000 women of child-bearing age (15-49) in 1986. However, the decrease in CBR and / or GFR is rather attributed to the increase in population size of the city in 1986 resulting from in-migration into the city than to restraint in reproductive behaviour. There is not much difference in the crude death rates and infant death rates when 1985 and 1986 figures are compared.

Table 3. Crude Vital Rates According to Registration Data, FCC, Abuja

Year	Births	Registd[a] Deaths	Registd[a] Infant Deaths	Registd[a] CBR	CDR	Infant[c] Death Rate	Fert[d] Rate
1984	1,312	113	19	–	–	–	–
1985	1,342	165	54	52.2[a]	6.4[a]	40.2	237.5
1986	1,386	185	57	43.7[b]	6.3[b]	41.1	183.1
1990	22,529[e]	–	–	–	–	–	–
2000	68,782[e]	–	–	–	–	–	–

Source : Data collected from Medical Records Unit, Department of Health, MFCT, Abuja; and author's analysis

Notes : a Registered number of Births (deaths) in 1985 per 1,000 of the enumerated population.

b Base population used is adjusted to account for a rough estimate of migrant population in 1986 (N=31,718).

c Per 1,000 registered live-births.

d Per 1,000 women aged 15 - 44.

e Projected births.

4. Future Levels of Health Services

To predict the levels of healt services in the city in the year 2,000 is to project the alternative trends of the factors which will affect the development of the city in the next 15 years.

The development of the city is supposed to be rapid going by the Federal Government intention to shift the federal seat to Abuja before 1992. However, it is doubtful if the pace of development will be quicker than what it is now taking into consideration the economic problems of the country. But if it is assumed that Abuja becomes fully operational as the federal capital before 1992, then an unprecedented increase is expected in the population of the city. According to the final draft of the Master Plan for Abuja, a population size of about 1,642,000 people is projected for the whole Federal capital city alone in the year 2,000, while 485,660 people are expected to occupy the city by 1990[3]. The total projected figures were based on the age distribution from the country's 1963 census with adjustments made for minor changes in fertility rates and an overall aging of the population over time, and the projected impact of the U. P. E. program on the proportion of growth in the new city. The age distributions for the new federal capital city for the years 1985, 1990 and 2,000 are shown in table 4. Based on the total enumerated population of the city in 1985, and the estimated population in the year 2000, an interpolation is done to distribute the population of the city by various age-groups according to the estimate given for 1990. The interpolation method is used to give a rough picture of what the age-structure of the city would look like in 1990. The projection method cannot be totally useful here because it will only take into consideration the 1985 population age-structure of the city alone, moreso, when the rate of in-migration into the city cannot be accurately predicted. Furthermore, the age-structure of the city is going to be constantly distorted by the movement of workers (and their families coming from Lagos and other parts of the country) into the city.

As earlier stated, future levels of health services cannot be totally predicted due to some reasons, namely : one, the total demand for medical services in the city would be difficult to predict owing to the migrant population and their time of arrivals into the city ; two, since the age-structure of the migrant population cannot be fully determined, there will be constant distortions in the age distribution of the city ; three, it is doubtful if the city can record the 1990 projected figure ; four, the readiness of the city administration to provide adequate health services to cope with the growing population cannot be fully guaranteed unless their efforts are complemented and aided by the federal government.

Also, the effects of population growth on future levels of health services would depend partly on availability of personal health services. This itself depend in part upon the probable effects of other factors besides population which help determine the levels of doctors, hospital beds and expenditures in the next five to fifteen years. Thus, the relationship will be that of the direct demand more population creates for more health services.

5. Effects of Migrant Population on the Demand for the Health Services

Though not much demographic and socio-economic data are available on the intending migrant population and those already resident in the city, but effort is made to discuss briefly and give a sketch on the data which are available. As mentioned earlier, the size of migrant population would consist mostly the government workers, construction and private sector workers, those constituting the service sectors, then the families and relations of the stated categories, and those

that will be engaged in informal employment. About sixty five percent of these categories are expected to form the total labour force by 1990, then, decreasing to 52 percent by the year 2,000[9]. The migrant population would form the bulk of the estimated city population of 485,660 by 1990. But this would depend on two factors ; one, that Federal Government fulfills its intention of completing the movement of its workers into the city before 1990. This would quicken the pace of development of the city, thereby attracting the services of private sectors and other categories of migrants who will form a significant portion of the estimated population figure. Two, there should be adequate provision of infra-structural facilities that will sufficiently cater for the families of this migrant population whose population also form a substantial part of the projected figure. Thus, attempt to predict what the demand for health services would be in the city by 1990 and years after will yield partial or inaccurate estimates. That is, demand for medical services would greatly depend on the migrant population and their families ; since their age structure would be entirely different from that existing in the city, and it would be greatly charcterised by a relatively high proportion of grown-up children (mostly students' population), mothers and middle aged adults at above Nigerian average levels of education and income. This is evident in the percent population of these categories in the projected figures for 1990 and 2,000 (see table 4). Different time of arrivals of the migrant population is another factor that will shape the demand of health services in the New Federal Capital City (NFCC).

Rapid economic development of the city would depend in a great part on the private sectors whose presence in the city depends on the movement of government ministries and parastals. As at now, the presence of the private sectors is partially visible in the city. The problem likely to be encountered is how they will cater for their workers in terms of housing and other infrastructures, when at the same time the city administration is finding it difficult to accomodate their own workers. Though, the available medical services in the city now one may say is partially adequate to cater for the present population, but this will be grossly insufficient to cater for the health services that will be demanded by each segment of the migrant population as they settle in the city. And not much improvement is expected to have been done in terms of provisions of more hospital facilities and manpower to cope with the problem should the situation arise.

Since the proportion of the population living in the city is expected to be increasing each day, thus the accurate rate of increase cannot be ascertained. Rate of growth will continue to rise as the city grows in size and becomes more urbanized. Also, the rate of migration in the future will depend on many factors, including the desire for better health services which is most likely to be influenced by future government policies. If the 1990 projected figure is again assumed, an urban rate of growth in the city over five years will be 19.1 percent which indeed is very high. However, the rate might be decreased if migration (that is, movement of people) is on a more moderate scale. Thus, it suffices to say that future size of the city population is dependent upon the rate of growth of population and the rate of migration into the city. So, planning for better health services must take account of the volume of migration which will influence the type and size of health service. Before 1990, two major hospitals (Gwagwalada General Hospital and Wuse Hospital) are expected to be completed to cope with the provisions of health services demanded by the growing population. In 1985, the bed / population ratio which stood at 398 persons per bed, and if this is to be maintained, an additional 1220 hospital beds will be needed for more than 0.4 million

people expected in the city above before 1990. Similarly, additional 291 doctors will also be req uired. The rates would be higher if the rest of population of FCT is taken into consideration. And it is expected that the major hospital cases and services will still be treated and provided by the major hospitals in the city to t he rural population segments of the Federal Capital Territory.

Other aspects of migration likely to affect the adequacy of health services will include the rapid growth of shanty townships around the edges of the city. This is expected to accompany the arri-vals of migrant population. Rapid urbanization of the city would attract other migrants in search of job opportunities whose welfare will not be directly borne by the government, and this will necessitate the springing up of shanty townships. Here, social amenities such as good housing, pip-ed-borne water supply and sewage disposal will be lacking and the density of population in these areas will be high. Such conditions will encourage the spread of diseases. Another aspect likely to increase the demand of hospital services may be due to industrialization which will be accompanied by different patterns of diseases such as industrial accidents, motor accidents, mental diseases and so on. It should be borne in mind that if the population of the entire territory is considered, an additional cost of providing hospital beds in total health expenditure is expected. By the year 2,00 0, it is assumed that the other parts of the terri-tory would have been equipped with major hos-pitals to treat major cases of diseases which are being transferred to the city hospital.

6. Effects of Changes in the Age Structure of the FCC Population on Medical Services

As stated earlier, each age or sex group will have different probabilities of sickness and reco-urse to medical attention. Demand for better medical services in the NFCC and FCT will be shaped by the demographic structure which is characterised by a relatively high proportion of children and middle-aged adults in the future. The future age structure sugests at the least, that the paediatric problems of infants and young children and also their mothers will be the impor-tant element of health care both in the city and in the territory. These segments of the population and the aged people are known to have the hig hest incidence of sickness and hospitalization and thus will constitute a significant proportion to the demand of total health services. In 1985, the proportions of the women in childbearing age group to the female population and combined total population were 50.9 and 23.9 percents, respecti-vely. By 1990, the proportions would have fallen to respective 49.8 percent and 21.4 percent of the categories of population. Thus, with assumption of declining fertility rate, a decrease in the birth rate is expected. Applying the United Nation Sex-age adjusted birth rate method to 1985 popu-lation, a birth rate of 46.2 births per 1,000 popu-lation was obtained compared to the crude birth rate of 52.2 births per 1,000 (see table 3). Using the same method gives a projected sex-age adj-usted birth rate of 43.9 births per 1,000 population in 1990 and falling to 39.6 births per 1,000 by the year 2,000. The method also projects about 22,5 29 births and 68,782 births to occur in the city by 1990 and year 2,000 respectively. Fertility rate, though still high would fall from 216.7 births to 195.4 births per 1,000 women during the interval. The projected figures above suggest at the least, that this category of people including the infants would constitute the greatest demands upon medical services. This as such may necessitate the increse in number of hospital beds, doctors and services which may warrant the need to build mother and child health clincs to take into account possible future changes in the age composition of the population.

In the case of death rate, the low rate may be

attributed to the youthful population of the city and partly an improved health care services. However a slight increase is expected since the incidence of deaths is likely to increase as the population of the city grows in size and witnesses rapid urbanization. Deaths associated from different kinds of disease and those accompanying industrilization would depend on the effort and ability of the city administration and health officials to deal with the causes, provided adequate facilities and capable hands are available. The present emphasis on the improvement of preventive medicine in the city may lower morbidity and mortality levels, but may not necessarily reduce the demand for better medical services to a large extent.

Proportions of the adult population would from the bulk of the city population by 1990, unlike that of the 1985 age structure where the children were in majority. Also, since the population constituting the labour force is drawn mostly from this population segment, their patterns of diseases differ from those of the young children, both as part of the normal process of aging and as a result of increasing industrialization and urbanization[5]. Thus, the health condition of this population segment has to be adequately catered for, as their productiveness is not just responsible for the nation's output, but also that of the economic development of the nation. Although, there will be an increase in the elderly population, but they will still form the minority. Deaths resulting from old age would be at the minimum level, and there is tendency for out-migration of some members of this population segment to their places of origin to spend the remaining parts of their lives as they retire.

Finally, to predict the attendance and visitation rate in planning for future demand of health services is to predict future disease and injury rates which can be least ascertained. However, using an international experience level which indicates a per capita incidence of 3 to episodes of illness per year ; this figure is assumed to vary depending on the age composition of the population with the old and very young, and women in their reproductive ages demandin more visits per capita per year. Thus the demand for medical services will depend on the age composition as well as the size of the population, both of which can be altered by increased emphasis on preventive health services.

7. Prevalence of Diseases and Impact of Preventive Services on Health Care Delivery

The aim of any preventive health service is to reduce mort ality and morbidity. A significant level of achievement in this will not only increase expectation of life, but also lower death rates. intensive campaigns can also help in bringing down both the infant and child mortality as well as marternal deaths. A long term effect of this may result in the increase in proportion of children as well as the elderly population[6].

According to the hospital records from 1984-1986[7], the morbidity pattern shows that out of the number of notifiable diseases reported, malaria, measles' anaemia, tuberculosis and respiratory diseases constituted the majority of cases treated in the major Garki hospital. A significant proportion of people reported malaria as the cause of the sickness, followed by dysentry and diarrhoea and then the nervous system and sense organ diseases. If suffices to say that the prevalence of disease is most occurent in Nyanya and Karu districts, and this may not be strongly unconnected with the unhygienic condition and unsanitary environment in which the residents (whom are of low economic status) live whereas, their counterpart districts (Garki and Gwarinpa) are at least adequately provided with all the necessary social amenities such as piped-borne water electricity supply and good drainage and sewage

disposal. Cases of water-borne diseases are also prevalent in Nyanya district, since the residents depend on other sources of water supply such as well, streams or ponds, or at times, the infrequent supply of water from government water tankers. In the case of mortality statistics, the data on deaths are poorly classified, as detailed causes of most deaths were not mentioned and ages of the decedents were frequently omitted. However, of all the deaths recorded in the main hospital, in - fective and parasitic diseases were the most frequent causes of deaths followed by respiratory diseases, while a significant number of deaths were unclassified. But there were more deaths occuring to male than their female counerparts of the total registered deaths in the city between 1984 and 1986. Infant deaths and deaths occuring to children aged below 5 constituted the highest proportion of deaths, while there were few maternal deaths. Percent proportion of deaths attributed to infants and young children are 64.6, 67. 9 and 56.2 compared to respective 0.8, 0.5 and 0.4 of the maternal deaths in the previous three years.

It suffices to say however, that above stated health morbidity and mortality statistics reveal kinds of diseases which are also prevalent in many parts of the country which are nevertheless preventable. Most reported deaths are caused by preventable diseases whose incidence can be greatly reduced by improvement in personal hygiene and environmental conditions, immuniz ation and public health education. Actually, what can be perceived is the problem concerning misplacement of priority between curative and preventive health services. Apart from the inadequate funding of public health and medical facilities required to serve the needs of the city's growing population, the main concern should be how to plan for an effective preventive and curative health services in such a way as to reduce the incidence of deaths from infections and other preventable diseases.

Ⅳ. Summary and Conclusions

Abuja, the new federal capital city of the country has come to be a reality. Efforts to make it a habitable city which will be conducive to the growth and well-being of its inhabitants cannot be over-emphasized. In that the federal goverment is committed to making Abuja, the federal seat of the country administration by 1992 is the more reason why they should provide more funds to complement the efforts of the city administration to finish the uncompleted and abandoned projects in the city.

The continous mass movement of people to the city coupled with the trickling rate of movement of the private sectors and other sets of migrants attracted to the city ascertain the fact that 199 0 projected city population is attainable. Therefore, reality of the 1990 figure ensures that adequate provisions (in terms of infrastructure and social amenities) be made available as to fully encourage the mass movement of the private and other allied sectors who will form a significant portion of the expected migrant population.

Also, population problems will arise due to the rapid urbanization and socio-economic developm- ent of the city. Hence, the demands for provision of health services will be on the increase as the city population grows in size. And as such, the demand for better medical services will warrant the need for more fully-equipped hospitals to be built, increase in health manpower and facilities which nevertheless will result in increase in total health expenditures. That is, in order to maintain the existing ratios in the city, increased investment in hospital beds and staff will be needed to take care of the intending migrant population.

Also, the city youthful population may constitute another possible effect on the health services due to changes in the geographical distribution

and age compostion of the population. In that, paediatric problems of infants and young children and then, their mothers will form the major proportion of the hospital cases, and elements of health care in the city.

Wherever possible, the paper has tried to examine and illustrate the demand of a growing population on provisions of better health services by making certain assumptions. Whole factors that are likely to compound the problems of health services in the city are enumerated, suggestions are also proffered to take care of the foreseeable problems likely to emerge. For instance, there is need for more resources to be allocated to public health and medical care, with equal emphasis being placed in the provision of preventive and curative health services. Furthermore, if need be, an appropriate health and welfare policy can be formulated taking into cognisance the status of Abuja and the commitment of the government to providing adequate functional and effective health care services throughout the city. In sum, the study in itself is designed to serve as a guide to planners and decision makers who are shouldered with the responsibility of planning and building a befitting capital for the country.

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〈**Abstract**〉

Effects of Growing Population and Demand for Health Care Services in the Federal Capital City, Abuja*

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Ascertaining the actual growth rate of the population is an issue that has generated a lot of arguments amongst various scholars in the process of determining the actual census count. As such, this has had a pronounced effect in the determination of the actual growth rates for different urban populations in the country. But the effect centres much when it comes to accurately determining the major components or the factors contributing to the rapid growth of urban populations.

The problem of rapid population growth centres much on its effects on the available basic social services and amenities provided for the people in these areas. Factors such as levels of medical knowledge and services, nutrition, quantity and quality of housing etc. to some extent influence the quality and duration of lives of the people. As such, their importance cannot be overemphasized when dealing with the issue of population growth.

The study aims to examine the rate of population growth in the Federal Capital City, Abuja with respect to the available public provision of basic social services among other objectives.

The findings from the data obtained from the Population Survey conducted in the city in 1985 show that the health care facilities available in the capital city are grossly inadequate to serve the entire inhabitants of the city. Moreso, the volume of in-migration into the city also compounds the health problems facing the city. The conclusion is that there is need for more resources to be allocated to the health sector to guarantee adequate and functional health care services in the city.