

Nigeria

2008 Demographic and Health Survey

Key Findings



The 2008 Nigeria Demographic and Health Survey (NDHS) was implemented by the National Population Commission (NPC) and fielded from June to October 2008. ICF Macro, an ICF International Company, provided technical assistance as well as funding to the survey through the MEASURE DHS programme, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide. Funding for the NDHS was provided by the United States Agency for International Development (USAID) and the President's Emergency Fund for AIDS Relief (PEPFAR). Funding for the household listing and additional fieldwork support was provided by the United Nations Population Fund (UNFPA).

Additional information about the NDHS may be obtained from the headquarters of the National Population Commission, Plot 2031 Olusegun Obasanjo Way, Zone 7 Wuse, PMB 0281 Abuja, Nigeria; Telephone: (234) 09 523-9173; Fax: (234) 09 523-1024; Website: <http://www.population.gov.ng>.

Information about the DHS programme may be obtained from the MEASURE DHS Project, ICF Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, USA; Telephone: 301-572-0200; Fax: 301-572-0999; E-mail: reports@macrointernational.com; Website: <http://www.measuredhs.com>.

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ABOUT THE 2008 NDHS

The 2008 Nigeria Demographic and Health Survey (NDHS) is designed to provide data for monitoring the population and health situation in Nigeria. The 2008 NDHS is the fourth Demographic and Health Survey conducted in Nigeria. The objective of the survey is to provide up-to-date information on fertility, family planning, childhood mortality, nutrition, maternal and child health, domestic violence, and HIV/AIDS-related knowledge and behaviour.

Who participated in the survey?

A nationally representative sample of more than 34,000 households were interviewed, including 33,385 women age 15–49 and in half of the households, 15,486 men age 15–59. This represents a response rate of 98% for households, 97% for women, and 93% for men. This sample provides estimates for Nigeria as a whole, for urban and rural areas, for the 6 zones, and the 36 states, plus the Federal Capital Territory, Abuja.

NIGERIA



HOUSEHOLD AND RESPONDENT CHARACTERISTICS

Household composition

Households in Nigeria consist of an average of 4.4 people. Forty-five percent of household members are children under age 15. Twenty percent of households have foster children or orphans.

Housing conditions

Overall, 56% of households use an improved source of drinking water. There are large differences, however, by residence—75% of urban households use an improved source of drinking water compared with 45% of rural households. Nationwide, 27% of households have access to an improved toilet facility; however, 31% have no facility or use the bush or field. Eighty-five percent of urban households have electricity compared with 31% of rural households.

Ownership of goods

Currently, 74% of households in Nigeria own a radio. Twenty-two percent of households own a bicycle. There are large differences in ownership of some household goods by residence. Sixty-nine percent of urban households and 23% of rural households own a television. More than three-quarters of households in urban areas own a mobile phone compared with 35% of rural households. Rural households are much more likely to own agricultural land and farm animals than urban households.

Education of survey respondents

Many Nigerians have no formal education—36% of women age 15–49 and 19% of men age 15–49. Only 9% of women and 14% of men have more than secondary education. Urban residents and those living in the South West zone have the highest levels of education. Three-quarters of women in the North West zone have no formal education. Overall, 54% of women age 15–49 and 77% of men 15–59 are literate. This is an increase from the 2003 NDHS when 48% of women and 73% of men in the same age groups were literate.



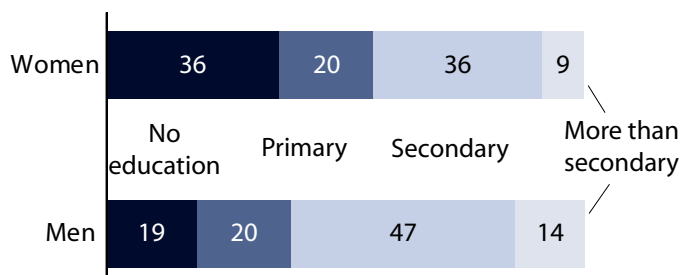
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Orphanhood

Twelve percent of children under age 18 are not living with either biological parent. Six percent are orphans (one or both parents dead), and another 5% are considered vulnerable children. Orphanhood ranges from 4% of children in North East and North West zones to 11% of children in South East zone.

Education

Percent of women and men age 15–49 by highest level of schooling attended or completed



FERTILITY AND DETERMINANTS

Total fertility rate (TFR)

Women in Nigeria have an average of 5.7 children. The average number of children per woman ranges from 4.7 in urban areas to 6.3 in rural areas. Fertility has not changed since the 2003 NDHS.

Fertility varies dramatically by zone. Women in the South West zone have an average of 4.5 children compared with 7.3 children per women in the North West zone.

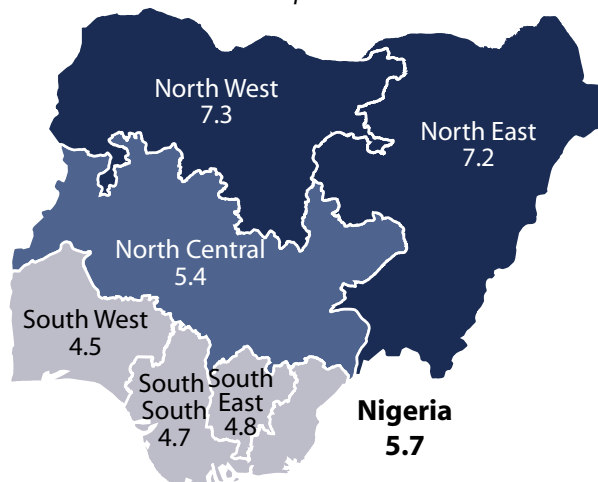
Fertility also varies with mother's education and economic status. Women who have more than secondary education have an average of 2.9 children, while women with no education have 7.3 children. Fertility increases as household wealth* decreases. The poorest women have almost twice as many children as women who live in the wealthiest households (7.1 versus 4.0 children per woman).

Teenage childbearing

Overall, 23% of women age 15–19 are already mothers or are pregnant with their first child. Teenage childbearing is highest in the North West zone (45%) and lowest in the South East zone (8%). Women with no education are much more likely to have begun childbearing before age 20 than women with secondary or higher education (55% compared with 3%). Teenage childbearing also decreases with increasing household wealth. Forty-six percent of women age 15–19 in the poorest households have begun childbearing compared with 5% of women age 15–19 in the wealthiest households.

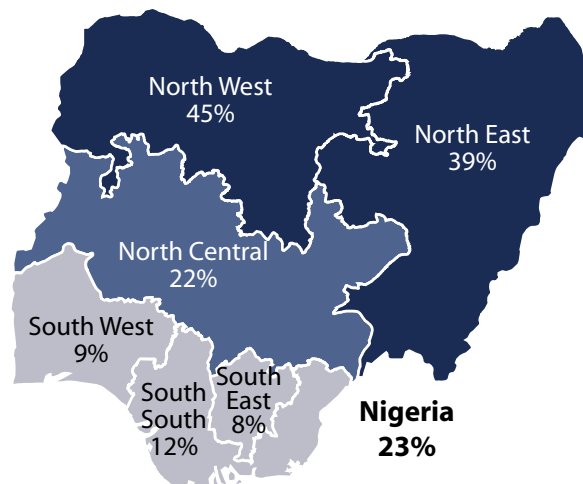
Total Fertility Rate by Zone

Births per woman



Teenage Childbearing by Zone

Percent of women age 15–19 who have had a live birth or are currently pregnant



* Household wealth is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on each household's relative standing on the wealth index.

Age at first birth

The median age at first birth for all women age 25–49 is 20.4. Women in urban areas have their first birth almost three years later than women in rural areas (22.3 years versus 19.5 years).

Age at first marriage

Almost half of women in Nigeria are married by age 18; 1 in 5 are married by age 15. The median age at first marriage is 18.3 for women age 25–49. Men marry much later at about 26 years. Women in urban areas marry four years later than women in rural areas (21.1 years versus 16.9 years). Women in the South East zone marry more than seven years later than women in the North West zone (22.8 years versus 15.2 years).

Age at first sexual intercourse

Overall, more than half of women age 25–49 and one-quarter of men age 25–49 were sexually active by age 18. One in five women were sexually active by age 15. Men start sexual activity later than women (median age of 20.6 years for men and 17.7 years for women). Women living in rural areas begin sexual activity almost three years earlier than those living in urban areas (16.5 years and 19.2 years). Women with more than secondary education wait almost six years longer to initiate sexual activity than those with no education. The median age at first sexual intercourse is 15.4 in the North West zone compared with 20.4 in the South East zone.



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Polygyny

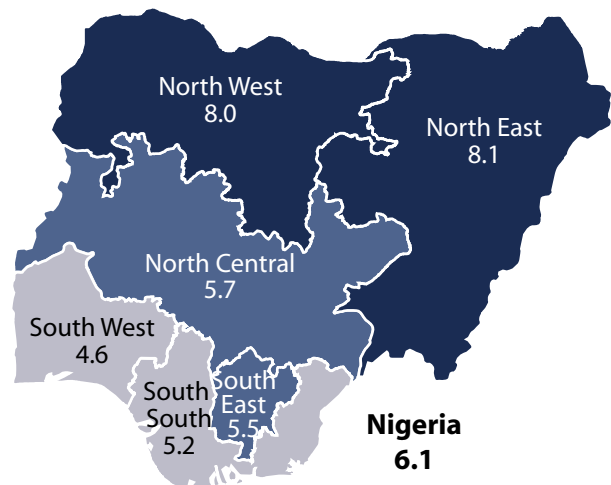
One-third of currently married women age 15–49 have one or more co-wives. Thirty-eight percent of women in rural areas have co-wives compared with 22% of women in urban areas. Polygyny is highest in the North East zone (43%) and decreases with increasing wealth and education.

Desired family size

Nigerian women want to have 6 children, on average. Ideal family size is higher among women in rural areas than urban areas (6.7 versus 5.2). Younger women, those with secondary or higher education, and those in the wealthiest households desire fewer children than their counterparts. Women in the North East zone want 8.1 children compared with women in the South West zone who want 4.6.

Women's Ideal Family Size

Mean ideal number of children among all women 15–49



FAMILY PLANNING

Knowledge of family planning

About 7 in 10 women in Nigeria know at least one modern method of contraception. Male condoms, the pill, and injectables are the most well known methods, with more than 50% of women recognizing each. Almost all (95%) sexually-active, unmarried women know a method compared to only 68% of currently married women.

Current use of family planning

Overall, 10% of married women currently use a modern method of family planning; an additional 5% are using a traditional method. Injectables (3%) are the most commonly used methods. More than 40% of sexually-active, unmarried women are using a modern method of family planning—most commonly the male condom (35%).

Use of modern family planning varies by residence and zone. Modern methods are used by 17% of married women in urban areas compared with 7% in rural areas. Modern contraceptive use ranges from 3% of married women in North West zone to 21% in South West zone.

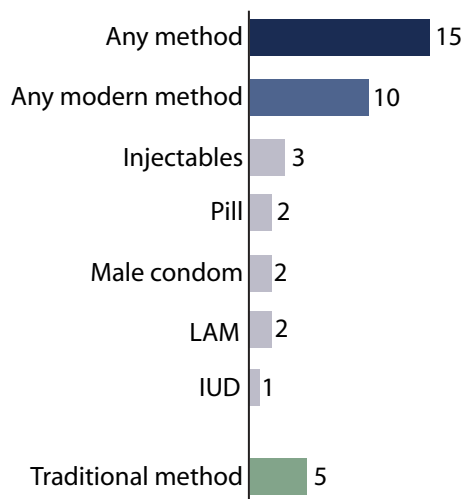
Modern contraceptive use increases with women's education. Almost one-quarter (24%) of married women with more than secondary education use a modern method compared with 3% of women with no education. Use of modern methods also increases with household wealth. Three percent of women in the poorest households use a modern method of family planning compared with 22% of women in the wealthiest households.

Trends in family planning use

Use of family planning has risen slightly since 2003 when 8% of currently married women used a modern method of family planning. This is due to a small increase in the use of injectables and male condoms. Use of traditional methods has remained steady.

Family Planning

Percent of married women age 15–49 who use family planning



Source of family planning methods

Private sources, primarily private hospitals and clinics, pharmacies, and chemists, provide contraceptives to 60% of current family planning users, while the public sector provides methods to 23% of users. The pill and male condoms are most often received from a private source, and injectables and IUDs are most often received from a public source. Public and private sources are approximately equal providers of female sterilisation.



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NEED FOR FAMILY PLANNING

Intention to use family planning

Only about 1 in 5 currently married women (21%) intends to use family planning in the future. Among those who report that they do not intend to use contraception in the future, their own opposition to family planning use and the desire to have as many children as possible are the most common reasons.

Desire to delay or stop childbearing

One-fifth of married Nigerian women want no more children. Another one-third (32%) want to wait at least two years before their next birth. These women are potential users of family planning.

Unmet need for family planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception. The 2008 NDHS reveals that about 20% of married women have an unmet need for family planning—15% for spacing and 5% for limiting.

Exposure to family planning messages

Four in ten women age 15–49 and 6 in 10 men age 15–49 have heard family planning messages on the radio. Exposure to family planning messages is particularly low in rural areas and among the poorest and less educated individuals. Women and men in South West and South East zones are most likely to be exposed to family planning messages in the media.

Missed opportunities

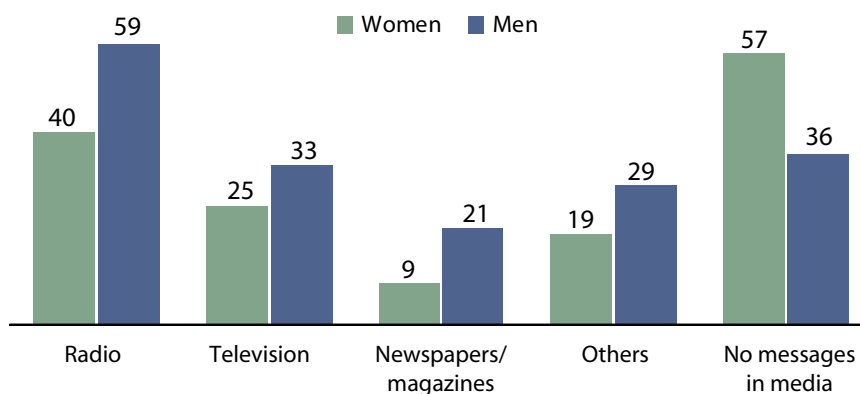
Among women who are not currently using family planning, only 4% were visited by a fieldworker who discussed family planning, and only 6% of women who visited a health facility in the past year discussed family planning. Overall, more than 90% of nonusers did not discuss family planning with a fieldworker or at a health facility.

Informed choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other methods that could be used. More than half of women received this information the last time they began using a new modern contraceptive method.

Exposure to Family Planning Messages

Percent of women and men age 15–49 who heard a family planning message in the past few months



MORTALITY

Childhood mortality

Childhood mortality is decreasing in Nigeria. Currently, 75 children per 1,000 live births die before their first birthday (40 per 1,000 before the age of one month and 35 per 1,000 between one and twelve months). Overall, 157 children per 1,000 live births, or about 1 child out of 6, die before reaching age five. Infant mortality has dropped 25%, from 99 deaths per 1,000 live births in 2003, and child mortality has also fallen slightly from 97 in 2003 to 88 in 2008.

Mortality rates differ by residence. The under-five mortality rate for the 10-year period before the survey in urban areas is 121 deaths per 1,000 live births compared to 191 in rural areas. Under-five mortality ranges from 89 deaths per 1,000 live births in the South West zone to 222 in the North East zone.

As expected, childhood mortality drops with mother's education. Children of mothers with no education are two to three times more likely to die before age five than those whose mothers have more than secondary education. Childhood mortality also decreases as household wealth increases.

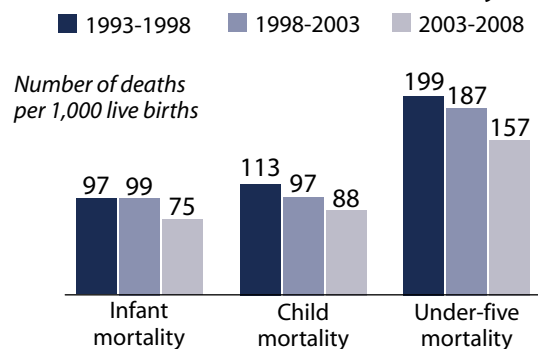
Birth intervals

Spacing children at least 24 months apart reduces the risk of infant death. In Nigeria, the median birth interval is 31 months. However, about one-quarter (24%) of infants in Nigeria are born less than two years after a previous birth. Infants born less than two years after a previous birth have particularly high infant mortality rates (135 deaths per 1,000 live births compared with 44 for infants born four years or more after the previous birth).

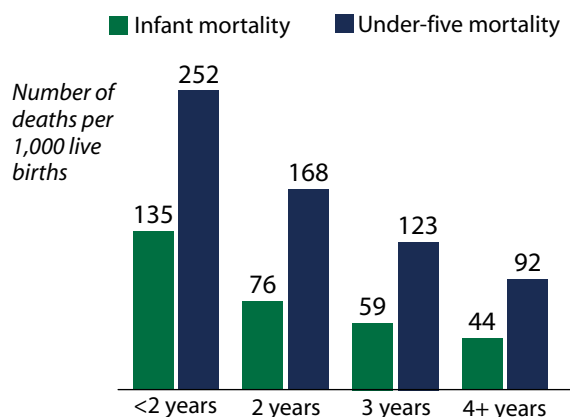


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Trends in Childhood Mortality



Childhood Mortality by Birth Interval



MATERNAL HEALTH

Antenatal care

In Nigeria, 58% of women receive some antenatal care (ANC) from a skilled provider, most commonly from a nurse or midwife (30%) or a doctor (23%). Only 31% of women in the North West zone received any ANC from a skilled provider compared with 87% of women in the South East and South West zones. Forty-five percent of women had the recommended four or more ANC visits, but only 16% of women had an antenatal care visit by their fourth month of pregnancy, as recommended. More than one-third of women (36%) received no antenatal care.

Fifty-four percent of women took iron tablets or syrup during their last pregnancy; 10% took intestinal parasite drugs. Six in ten women (61%) who received ANC were informed of the signs of pregnancy complications. About half of women's most recent births were protected against neonatal tetanus.

Delivery and postnatal care

About one-third of births in Nigeria (35%) occur in health facilities—20% in the public sector and 15% in private sector facilities. Sixty-two percent of births occur at home. Home births are much more common in rural areas (73%) than urban areas (36%). Only 8% of women in the North West zone gave birth in a health facility.

Overall, 39% of births were delivered by a skilled provider (doctor, nurse/midwife, and auxiliary nurse/midwife). Another 22% are assisted by a traditional birth attendant; 1 in 5 births were assisted by no one.

Postnatal care helps prevent complications after childbirth. More than one-third of women (38%) received a postnatal checkup within two days of delivery. However, 56% of women did not receive any postnatal care within 41 days of delivery.

Maternal mortality

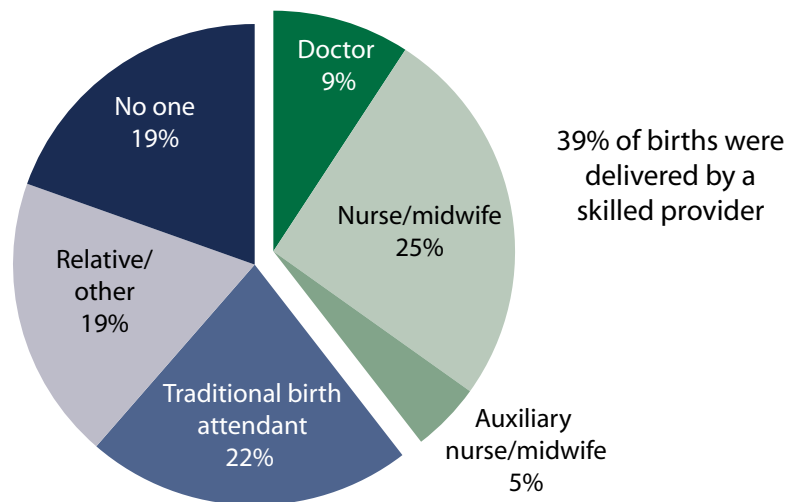
The maternal mortality ratio in Nigeria is estimated to be 545 deaths per 100,000 live births.



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Assistance During Delivery

Percent distribution of births in the 5 years before the survey



CHILD HEALTH

Vaccination coverage

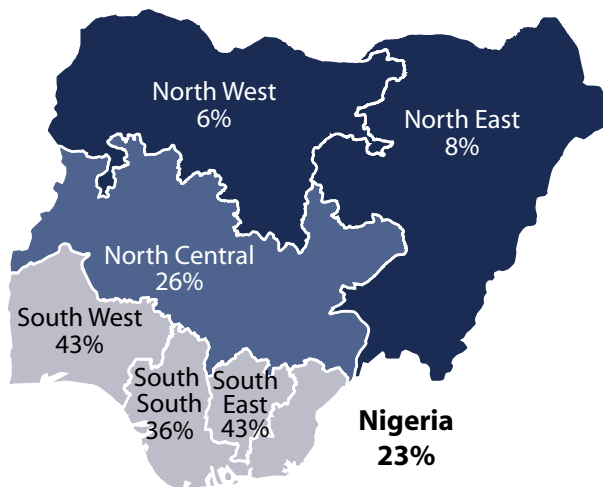
According to the 2008 NDHS, 23% of Nigerian children 12–23 months received all recommended vaccines at any time prior to the survey—one dose of BCG and measles and three doses each of DPT and polio. This represents a large increase in vaccination coverage since 2003, when only 13% of children had received all vaccinations.

Vaccination coverage varies widely by residence and zone. Four in ten children in urban areas are fully vaccinated compared to only 16% in rural areas. Vaccination coverage ranges from 6% in North West zone to 43% in South East and South West zones.

Vaccination coverage increases dramatically with wealth. Children in the wealthiest households are ten times more likely than children from the poorest households to be fully vaccinated (53% versus 5%).

Vaccination Coverage

Percent of children 12–23 months who have received all basic vaccinations



Overall, 29% of children have received no vaccinations. The major reasons reported by caretakers for not vaccinating their children are lack of information (27%), fear of side effects (26%), and distance to the health post (13%).

Childhood illnesses

In the two weeks before the survey, 3% of children under five had symptoms of an acute respiratory infection (ARI), and 16% had a fever. About half of these children were taken to a health facility or sought treatment from a provider.

During the two weeks before the survey, 1 in 10 Nigerian children under five had diarrhoea. The rate was highest (16%) among children 12–23 months. About 2 in 5 children with diarrhoea were taken to a health facility or sought treatment from a provider. Children with diarrhoea should drink more fluids, particularly oral rehydration salts (ORS). Two-thirds of mothers (66%) know about ORS packets. In the two weeks before the survey, 31% of children with diarrhoea were treated with ORS or recommended home fluids, but 57% received less fluids or no fluids at all. Only 9% of children with diarrhoea were offered increased fluids during the episode of diarrhoea. Overall, 29% of children with diarrhoea received no treatment (from a medical professional or at home).



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FEEDING PRACTICES AND THE NUTRITIONAL STATUS OF WOMEN AND CHILDREN

Breastfeeding and complementary foods

Breastfeeding is nearly universal in Nigeria, with 97% of children ever breastfed. On average, children breastfeed until the age of 18 months. WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. Only 13% of children under six months are exclusively breastfed. Infants should not be given water, juices, other milks, or complementary foods until six months of age, yet 87% of Nigerian infants under six months receive complementary liquids or foods.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Nigeria, three-quarters of children 6–9 months are eating complementary foods in addition to breastfeeding.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children 6–23 months be fed from three or more food groups at least twice a day for children 6–8 months and at least three times a day for children 9–23 months. Nonbreastfed children should receive milk or milk products and foods from four or more food groups at least four times a day. Overall, 35% of breastfed children age 6–23 months are fed with all three IYCF practices compared with only 16% of nonbreastfed children.



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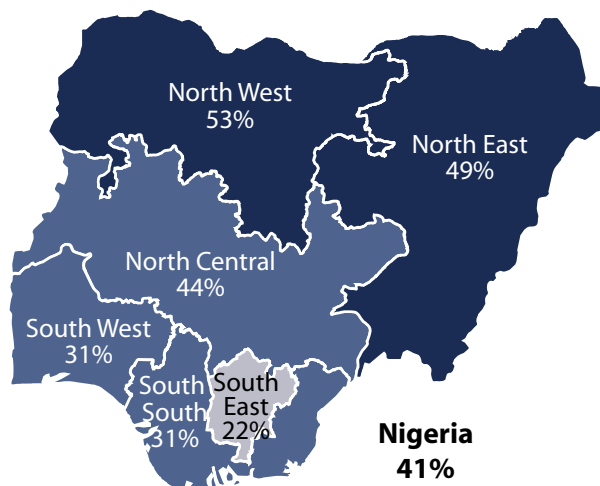
Children's nutritional status

The NDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2008 NDHS, 41% of children under five are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is more common in rural areas (45%) than urban areas (31%). Stunting ranges from 22% in the South East zone to 53% in North West zone. Wasting (too thin for height), which is a sign of acute malnutrition, is less common (14%). Almost one-quarter (23%) of Nigerian children are underweight, or too thin for their age.

Children's nutritional status has changed very little since the 2003 NDHS.

Stunting in Children

Percent of children under 5 classified as stunted
(low height for age)



Women's nutritional status

The 2008 NDHS also took weight and height measurements of women age 15–49. Twelve percent of Nigerian women are too thin, but 22% are overweight or obese. The proportion of overweight women is almost twice as high in urban areas as in rural areas (31% compared with 17%) and increases with age, education, and wealth.

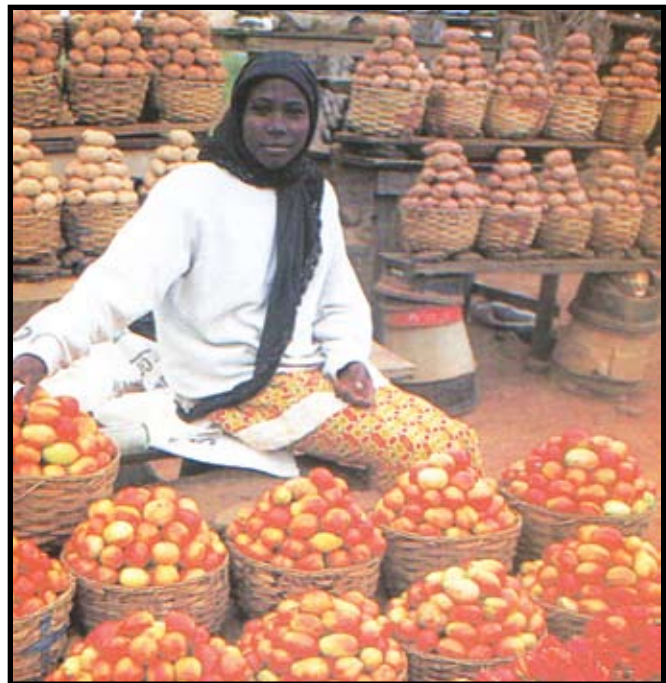
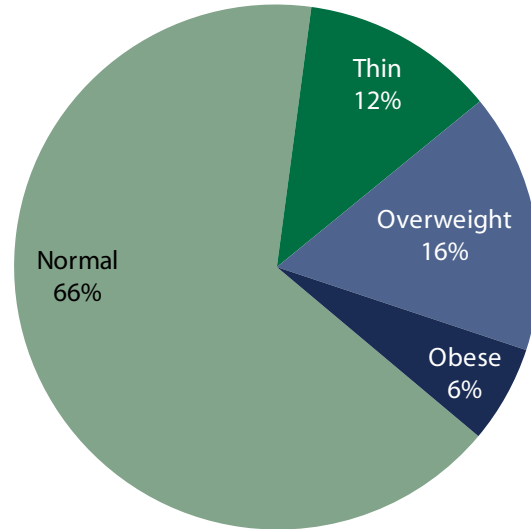
Vitamin A and iron supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A helps prevent blindness and infection and is particularly important for children and new mothers. Iron is also important for pregnant women and children who are the most at risk for iron deficiency. A lack of iron (also known as anaemia) causes fatigue and decreased resistance to infection.

In the 24 hours before the survey, 70% of children 6–35 months ate fruits and vegetables rich in vitamin A, and 58% ate foods rich in iron. One-quarter (26%) of children 6–59 months received a vitamin A supplement in the six months prior to the survey, and 16% were given iron supplements in the last seven days.

Only 1 in 4 women received a vitamin A supplement postpartum. Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anaemia and other complications. Overall, only 15% of women took iron tablets or syrup for 90 days or more during their last pregnancy, as recommended. Adequate iron supplementation during pregnancy was lowest in North West zone, where only 5% of pregnant women took iron tablets for 90 or more days.

Women's Nutritional Status
Percent distribution of women age 15-49



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MALARIA

Household ownership of mosquito nets

According to the 2008 NDHS, 17% of households have a mosquito net, and 8% have an insecticide-treated net (ITN). Still, this marks an increase since 2003 when only 2% of households had an ITN.

Use of mosquito nets by children

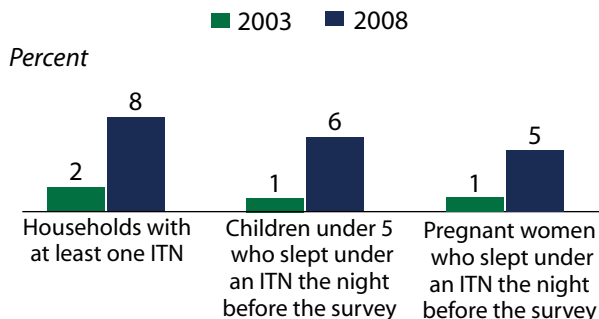
Overall, 6% of children under five slept under an ITN the night before the survey. Among zones, use of ITNs by children ranges from a low of 4% to a high of 11%. Use is not consistent even in households that own mosquito nets; only half of children living in households that owned an ITN actually slept under an ITN the night before the survey.

Although children's use of ITNs continues to be low, it has increased in recent years, from only 1% in 2003 to 6% in 2008.

Use of mosquito nets by women

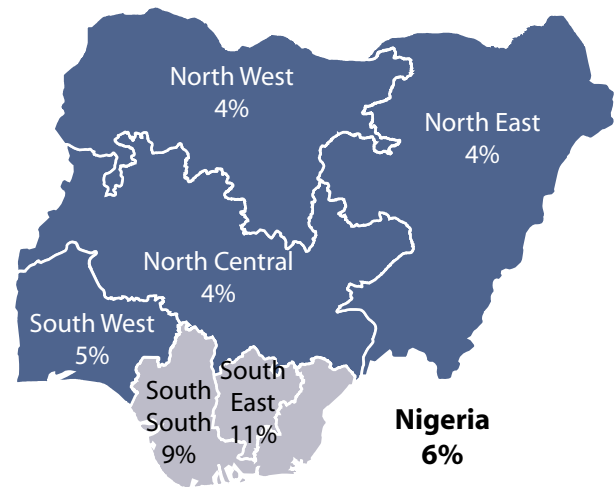
Four percent of women age 15–49 and 5% of pregnant women age 15–49 slept under an ITN the night before the survey. Use of ITNs by pregnant women is low across all zones, ranging from 3% in North Central and South West zones to 7% in South South zone. ITN use among pregnant women has also increased since 2003.

Trends in Ownership and Use of Insecticide-Treated Nets (ITNs)



Use of ITNs by Children

Percent of children under 5 who slept under an ITN the night before the survey



Use of antimalarial drugs

Malaria during pregnancy contributes to low birth weight and to infant mortality. It is recommended that pregnant women receive at least two doses of the antimalarial drug SP/Fansidar, Amalar, or Maloxine as intermittent preventive treatment (IPT). Overall, 8% of pregnant women received one of these drugs during an ANC visit, and 5% received two doses of the antimalarial drug.

Among children under five years who had fever in the two weeks before the survey, one-third (33%) were given antimalarial drugs, and 15% were given antimalarial drugs the same day or the day following the onset of fever. The large majority of children who received an antimalarial received chloroquine.

WOMEN'S EMPOWERMENT

Employment

According to the 2008 NDHS, 7 in 10 married women age 15–49 (71%) are employed compared with almost all married men (99%). Seventy-one percent of employed women and 56% of employed men receive cash, while 17% of employed women and 30% of employed men are not paid at all.

Participation in decisionmaking

In general, Nigerian women have limited decisionmaking power in their households. Only 38% of women reported that they make decisions about major household purchases on their own or jointly with their husband. About half of women participate in decisions about their own health care and in making daily purchases.

Women's empowerment and health

Women who participate in household decisions are more likely to use family planning, want fewer children, and are much more likely to receive antenatal care, delivery care, and postnatal care than women who do not participate in household decisions.

Attitudes towards wife beating and refusing sex

More than two-fifths of women (43%) and almost one-third of men (30%) agree that a husband is justified in beating his wife for certain reasons. Going out without telling him and neglecting the children are the two most commonly cited justifications for wife beating among both women and men.

About half of women and men agree that a wife is justified in refusing to have sex with her husband for all three reasons suggested (husband has an STI, husband has sex with other women, and she is tired or not in the mood). However, almost half of men also believe that if a wife refuses the husband sex, the husband has the right to get angry and reprimand her.

GENDER-BASED VIOLENCE

Experience with violence

In Nigeria, 28% of women age 15–49 have experienced physical violence since age 15; 15% experienced violence in the past 12 months. These women report that their husband or partner is the person most often committing the violence. Seven percent of women age 15–49 have ever experienced sexual violence.

Physical violence varies by women's background characteristics. Women in urban areas are more likely than their rural counterparts to report having experienced physical violence since age 15. A greater proportion of women living in South South zone (52%) have experienced physical violence compared to women in North East (20%) and North West (13%) zones.

Women who are married to men who drink alcohol often or display high levels of marital control are much more likely to experience physical or sexual violence committed by their husband than women whose husbands do not drink and are not controlling.

FEMALE GENITAL CUTTING

Three-fifths of Nigerian women have heard of female circumcision, or female genital cutting (FGC). Thirty percent of women are circumcised. Younger women are less likely to be circumcised than older women. In addition, 62% of women who have heard of FGC believe that the practice should be discontinued.

HIV/AIDS KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

Knowledge

Almost 90% of Nigerian women and 94% of men have heard of HIV or AIDS. However, less than half (48%) of women 15–49 and about two-thirds of men 15–49 (69%) know that HIV can be prevented by using condoms and by limiting sex to one faithful partner. HIV prevention knowledge has changed slightly since 2003, when 45% of women and 63% of men knew that using condoms reduced the risk of HIV transmission.

About half of women (52%) and 59% of men age 15–49 know that HIV can be transmitted by breastfeeding. Only 28% of women and 39% of men know that the risk of mother-to-child transmission can be reduced by taking special drugs during pregnancy.

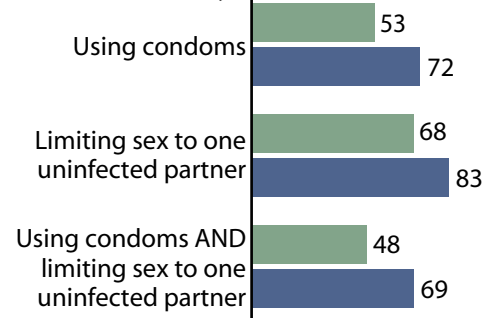
Many Nigerians still have misconceptions about HIV and AIDS. Only two-thirds of women and three-quarters of men know that a healthy-looking person can have HIV. Less than 60% of women know that HIV cannot be transmitted by mosquito bites or by supernatural means.

Attitudes

Sixty percent of women and 74% of men say they are willing to take care of a family member with HIV, and about 60% say they would not want to keep secret that a family member is HIV-positive. However, less than half say that they would buy fresh vegetables from an HIV-positive shopkeeper. One-third of women and almost half of men age 18–49 agree that children age 12–14 should be taught about using a condom to prevent HIV.

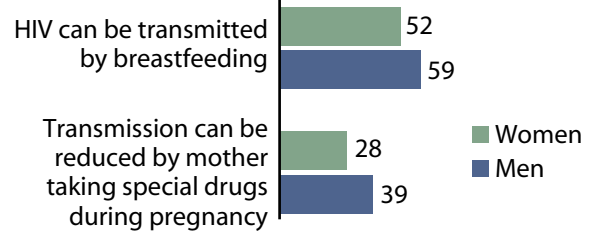
Knowledge of HIV Prevention

Percent of women and men age 15–49 who know that the risk of getting HIV can be reduced by:



Mother-to-Child Transmission

Percent of women and men age 15–49 who know that:



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Multiple sexual partners and condom use

On average, women age 15–49 have 1.6 sexual partners in their lifetime compared with men age 15–49 who have an average of 4.3 lifetime partners. In the 2008 NDHS, 1% of women and 15% of men who had sex in the past 12 months had two or more partners during that time. Of those who had multiple partners, 23% of women and 33% of men used a condom during their last sexual intercourse.

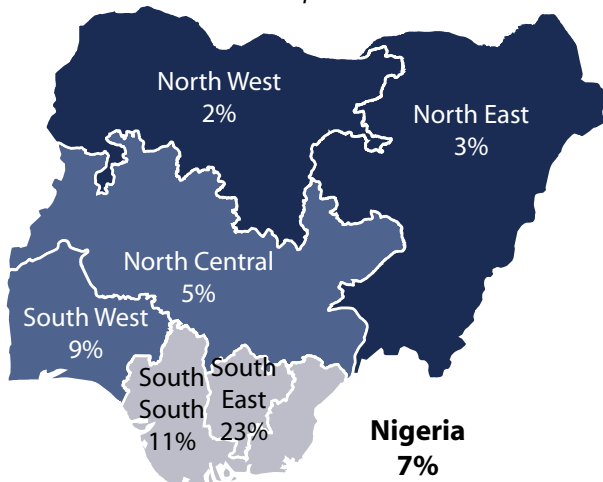
HIV testing

Despite the fact that 49% of women and 65% of men know where to get an HIV test, the majority of Nigerians have never been tested for HIV. Fifteen percent of women and 14% of men have ever been tested and received their results. In the 12 months before the survey, 7% of both women and men took an HIV test and received their results. Among women, HIV testing in the last 12 months ranges from 2% in North East and North West zones to 14% in South East zone.

Only 13% of women with a live birth in the past two years were tested for HIV during an ANC visit and received the results. Again, women in South East zone were most likely to be tested (35%).

Previous HIV Testing among Young Women

Percent of women age 15–24 who have been tested for HIV and received the results in the past 12 months



HIV and youth

Overall, 22% of women age 15–24 and 33% of men age 15–24 have comprehensive knowledge of HIV and AIDS¹. About one third of young women (37%) know a condom source compared with more than two-thirds of young men (68%). Only 8% of young women in North West zone know a condom source compared with 65% of young women in South West zone.

Seven percent of women and men age 15–24 have been tested for HIV and received their results in the past 12 months. Testing is most common in South East and South South zones.



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¹ Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected partner can reduce the risk of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission and prevention.

KEY INDICATORS

Total

Fertility

Total fertility rate	5.7
Women age 15–19 who are mothers or now pregnant (%)	23
Median age at first birth for women age 25–49 (years)	20.4
Married women (age 15–49) wanting no more children (%)	20
Mean ideal number of children for women 15–49	6.1

Family Planning

Current use of any modern method (currently married women 15–49) (%)	10
Currently married women with an unmet need for family planning ¹ (%)	20

Maternal and Child Health

Women who gave birth in the past 5 years who received antenatal care from a skilled provider ² (%)	58
Births assisted by a skilled provider ² (%)	39
Children 12–23 months fully vaccinated ³ (%)	23
Children 12–23 months with no vaccinations (%)	29

Nutrition

Children under 5 years who are stunted (moderate or severe) (%)	41
Children under 5 years who are wasted (moderate or severe) (%)	14
Women 15–49 who are moderately or severely thin (%)	4
Women 15–49 who are overweight or obese (%)	22

Childhood Mortality

(Figures are for the ten-year period before the survey, except for the national rate, in italics, which represents the five-year period before the survey; figures are in number of deaths per 1,000 live births)

Infant mortality (between birth and first birthday)	75
Under-five mortality (between birth and fifth birthday)	157

Malaria

Households with at least one insecticide-treated net (ITN) (%)	8
Children under 5 who slept under an ITN the night before the survey (%)	6
Pregnant women who slept under an ITN the night before the survey (%)	5
Pregnant women who received 2+ doses of SP/Fansidar as IPT during antenatal care	5

HIV and AIDS-related Knowledge

Knows ways to reduce the risk of getting HIV:	
Having one sex partner (women 15–49/men 15–49) (%)	68/83
Using condoms (women 15–49/ men 15–49) (%)	53/72
Knows HIV can be transmitted to infant by breastfeeding (women 15–49/men 15–49) (%)	52/59
Knows risk of MTCT can be reduced by mother taking special drugs during pregnancy (women 15–49/men 15–49) (%)	28/39

Women's Experience of Violence

Ever experienced violence since age 15 (women 15–49) (%)	28
Experienced physical or sexual violence by husband/partner (ever-married women 15–49) (%)	18

Female Circumcision

Circumcised (women 15–49) (%)	30
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¹ Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. ² Skilled provider includes doctor, nurse/midwife, or auxiliary nurse/midwife. ³ Fully vaccinated includes BCG, measles, and three doses of DPT and polio (excluding polio vaccine given at birth).

Residence		Zone					
Urban	Rural	North Central	North East	North West	South East	South South	South West
4.7	6.3	5.4	7.2	7.3	4.8	4.7	4.5
12	29	22	39	45	8	12	9
22.3	19.5	20.0	18.2	18.3	23.6	21.4	22.7
25	17	20	13	10	28	27	32
5.2	6.7	5.7	8.1	8.0	5.5	5.2	4.6
17	7	11	4	3	12	16	21
19	21	19	18	21	18	26	20
84	46	65	43	31	87	70	87
65	28	43	16	10	82	56	77
38	16	26	8	6	43	36	43
18	33	23	33	49	17	10	13
31	45	44	49	53	22	31	31
11	15	9	22	20	9	8	9
3	4	2	7	6	1	2	3
31	17	21	13	15	30	27	28
67	95	77	109	91	95	84	59
121	191	135	222	217	153	138	89
9	8	7	7	8	10	10	6
7	5	4	4	4	11	9	5
5	5	3	6	4	6	7	3
8	4	7	3	4	5	6	6
75/87	64/81	62/81	62/82	66/80	78/88	73/89	67/82
63/78	47/69	48/74	39/72	46/66	61/76	65/78	59/73
65/63	45/57	50/66	40/52	34/48	70/67	59/67	67/59
41/46	21/34	31/36	29/52	22/40	27/38	35/36	28/34
30	26	31	20	13	30	52	29
18	19	26	17	7	24	39	14
37	26	11	3	20	53	34	53

