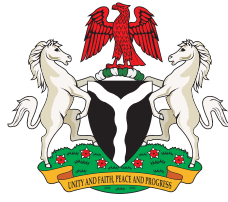




# Nigeria

## 2018 Demographic and Health Survey Key Findings





This report summarizes the 2018 Nigeria Demographic and Health Survey (2018 NDHS). The 2018 NDHS was implemented by the National Population Commission (NPC) in collaboration with the National Malaria Elimination Programme (NMEP) of the Federal Ministry of Health, Nigeria. The funding for the 2018 NDHS was provided by the United States Agency for International Development (USAID), Global Fund, Bill and Melinda Gates Foundation (BMGF), United Nations Population Fund (UNFPA), and World Health Organization (WHO). ICF provided technical assistance through The DHS Program, a USAID-funded project that provides support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2018 NDHS may be obtained from the headquarters of the National Population Commission (NPC), Plot 2031, Olusegun Obasanjo Way, Zone 7, Wuse, P.M.B. 0281, Abuja, Nigeria (telephone: 234-09-523-9173; fax: 234-09-523-1024; email: [info@population.gov.ng](mailto:info@population.gov.ng); internet: [www.population.gov.ng](http://www.population.gov.ng)).

Additional information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA (telephone: 301-407-6500; fax: 301-407-6501; email: [info@DHSprogram.com](mailto:info@DHSprogram.com); internet: [www.DHSprogram.com](http://www.DHSprogram.com)).

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National Population Commission (NPC) [Nigeria] and ICF. 2019. 2018 Nigeria DHS Key Findings. Abuja, Nigeria and Rockville, Maryland, USA: NPC and ICF.

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# ABOUT THE 2018 NDHS

The 2018 Nigeria Demographic and Health Survey (NDHS) is designed to provide data for monitoring the population and health situation in Nigeria. The 2018 NDHS is the sixth Demographic and Health Survey conducted in Nigeria since 1990. The objective of the survey was to provide reliable estimates of demographic and health indicators including fertility, family planning methods, breastfeeding practices, nutritional status of women and children, maternal and child health, childhood and adult mortality, women's empowerment, domestic violence, female genital mutilation, malaria, HIV/AIDS and other sexually transmitted infections (STIs), disability, and other adult health issues. The information from the 2018 NDHS can be used by programme managers and policymakers to evaluate and improve existing programmes.

## Who participated in the survey?

A nationally representative sample of 41,821 women age 15-49 in 40,427 households and 13,311 men age 15-59 in one-third of the sampled households were interviewed. This represents a response rate of 99% of women and 99% of men. The sample design for the 2018 NDHS provides estimates at the national level, for 6 zones and 36 states and the Federal Capital Territory (FCT), and for urban and rural areas.

## NIGERIA





# CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

## Household Composition

The average household size in Nigeria is 4.7 members. Less than 1 in 5 households are headed by women. Forty-six percent of the Nigerian population is under age 15.

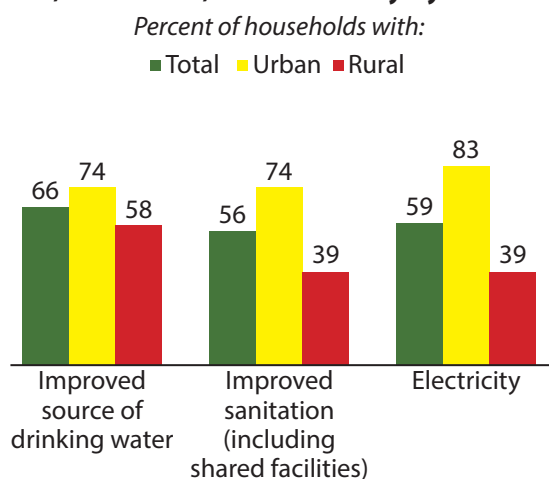
## Water, Sanitation, and Electricity

Two-thirds of Nigerian households have access to an improved source of drinking water. Seventy-four percent of urban households and 58% of rural households have access to an improved source of drinking water.

More than half of households (56%) in Nigeria use an improved sanitation facility, including facilities shared with other households. Urban households are nearly twice as likely than rural households to use improved sanitation facilities (74% versus 39%). Twenty percent of households use unimproved sanitation, while 1 in 4 households have no sanitation facility or openly defecate.

More than half of Nigerian households have electricity (59%). The majority of urban households have electricity (83%), compared to 39% of rural households.

### Water, Sanitation, and Electricity by Residence



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## Ownership of Goods

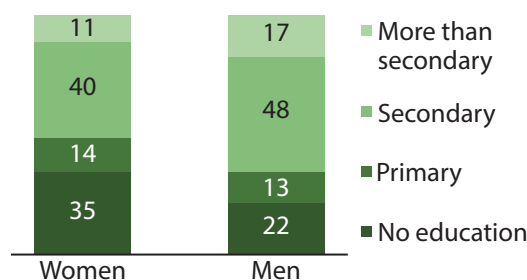
Most Nigerian households have a mobile phone (88%), 61% have a radio, and 49% have a television. Urban households are more likely than rural households to own a mobile telephone, radio, or television. In contrast, rural households are more likely to own agricultural land or farm animals than urban households.

## Education

Nearly one-third of women age 15-49 in Nigeria have no education, compared to 22% of men age 15-49. Fourteen percent of women and 13% of men have attended primary school. Four in ten women and 48% of men have attended secondary school. Only 11% of women and 17% of men have more than secondary education. Nearly half of women (47%) and nearly one-quarter (28%) of men are illiterate, meaning they cannot read.

### Education

Percent distribution of women and men age 15-49 by highest level of education attended



# FERTILITY AND ITS DETERMINANTS

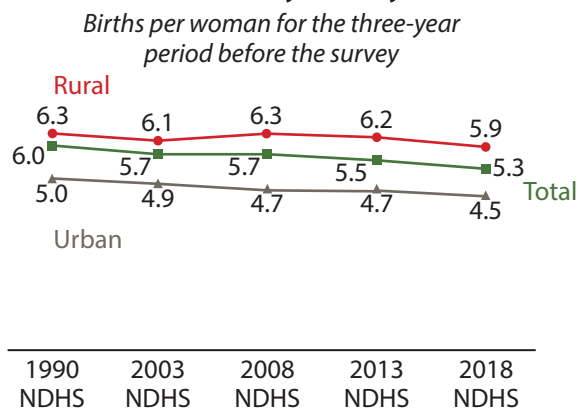
## Total Fertility Rate

Currently, women in Nigeria have an average of 5.3 children. Since 1990, fertility has decreased from 6.0 children per woman to the current level.

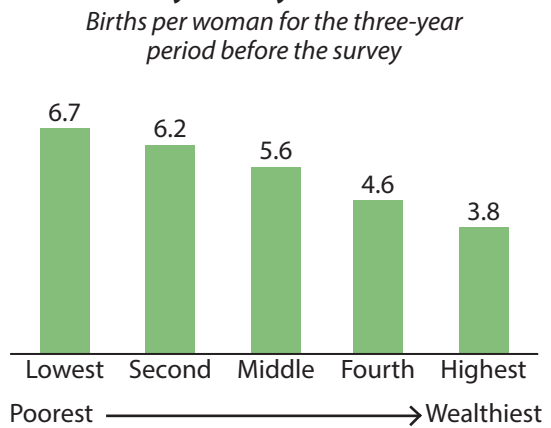
Fertility varies by residence and state. Women in rural areas have an average of 5.9 children, compared to 4.5 children among urban women. By state, fertility ranges from 3.4 children per woman in Lagos to 7.3 children per woman in Katsina.

Fertility also varies with education and household wealth. Women with no education have twice as many children as women with more than secondary education (6.7 versus 3.4). Fertility decreases as the wealth of the respondent's household\* increases. Women living in the poorest households have an average of 6.7 children, compared to 3.8 children among women living in the wealthiest households.

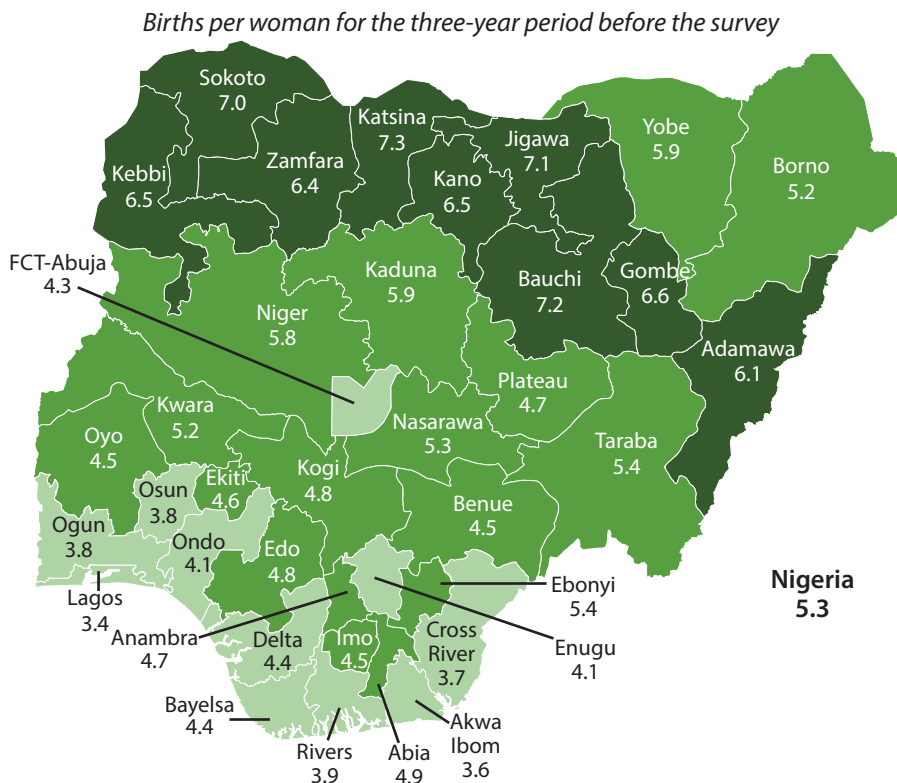
### Trends in Total Fertility Rate by Residence



### Total Fertility Rate by Household Wealth



### Total Fertility Rate by State



\* Wealth of families 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 their relative standing on the household wealth index.

## Age at First Sex, Marriage, and Birth

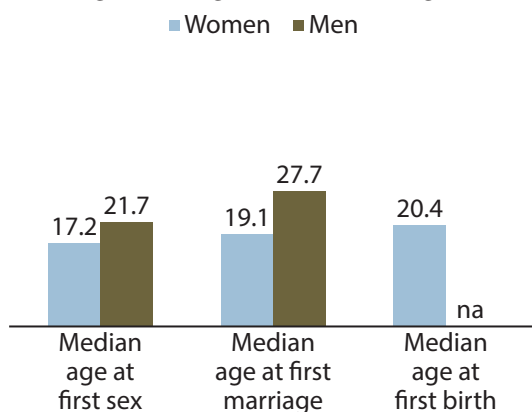
The median age at first sexual intercourse for women age 25-49 is 17.2 years, compared to 21.7 years among men age 30-59. Women with more than secondary education begin sexual activity five years later than women with no education (20.6 years versus 15.6 years). Nineteen percent of women begin sexual activity before age 15, while 57% begin sexual activity before age 18.

Nigerian women marry much earlier than men. The median age at first marriage for women age 25-49 years is 19.1 years, compared to 27.7 years for men age 30-59. Women from the poorest households marry more than eight years earlier than women from the wealthiest households (15.9 years versus 24.3 years). More than 4 in 10 Nigerian women are married by age 18.

Women have their first birth more than one year after marriage. The median age at first birth for women is 20.4 years. Thirty-one percent of women give birth by age 18.

### Median Age at First Sex, Marriage, and Birth

Among women age 25-49 and men age 30-59



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## Polygyny

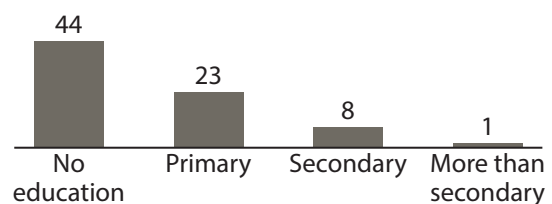
Three in ten married women age 15-49 are in a polygynous union, meaning they have at least one co-wife. Thirteen percent of men age 15-49 have more than one wife.

## Teenage Fertility

In Nigeria, 1 in 5 teenage women age 15-19 are already mothers or pregnant with their first child. Rural teenage women are three times more likely to have begun childbearing than urban teenage women (27% versus 8%). By state, teenage pregnancy ranges from a low of 1% in Lagos to a high of 41% in Bauchi. Forty-four percent of teenage women with no education have begun childbearing, compared to 1% of teenage women with more than secondary education.

### Teenage Childbearing by Education

Percent of women age 15-19 who have begun childbearing



# FAMILY PLANNING

## Current Use of Family Planning

Seventeen percent of married women age 15-49 use any method of family planning – 12% use a modern method and 5% use a traditional method. The most popular methods are implants (3%), injectables (3%), and withdrawal (3%). Among sexually active, unmarried women age 15-49, 28% use a modern method and 9% use a traditional method. The most popular methods among sexually active, unmarried women are the male condom (19%), withdrawal (5%), and the pill (3%).

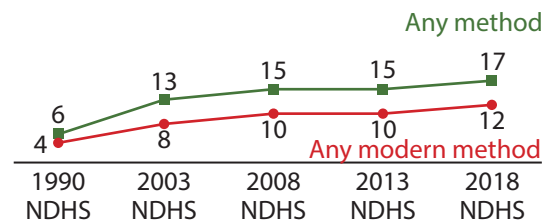
Use of modern methods of family planning among married women varies by residence, wealth, and state. Modern method use is higher among urban women (18%) than rural women (8%). Modern family planning use increases with wealth; 4% of women from the poorest households use a modern method of family planning, compared to 22% of women from the wealthiest households. Modern method use ranges from a low of 2% in both Sokoto and Yobe states to a high of 29% in Lagos.

The use of family planning has increased from 6% in 1990 to 17% in 2018. During the same time period, modern method use increased from 4% in 1990 to 10% in 2008 and 2013 and then slightly increased to 12% in 2018.

**Family Planning**  
Percent of married women age 15-49 using family planning

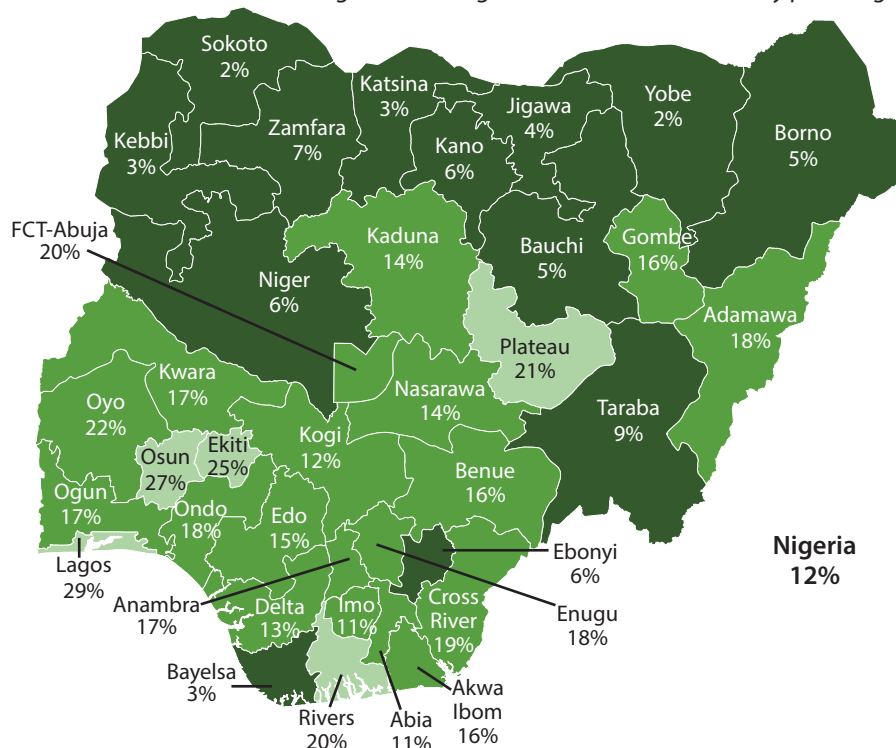


**Trends in Family Planning**  
Percent of married women age 15-49 using family planning



## Modern Method Use by State

Percent of married women age 15-49 using a modern method of family planning





## Demand for Family Planning

Nearly 1 in 5 married women (22%) want to delay childbearing (delay first birth or space another birth) for at least two years. Additionally, 14% of married women do not want any more children. Women who want to delay or stop childbearing are said to have a demand for family planning. The total demand for family planning among married women in Nigeria is 36%.

The total demand for family planning includes both met and unmet need. Met need is the contraceptive prevalence rate. In Nigeria, 17% of married women use any family planning method.

## Unmet Need for Family Planning

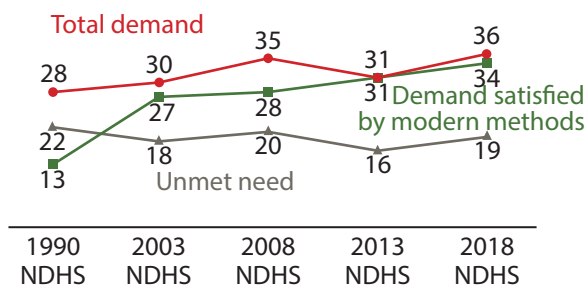
Unmet need for family planning is defined as the proportion of married women who want to delay or stop childbearing but are not using family planning. In Nigeria, 19% of married women have an unmet need for family planning: 12% want to delay childbearing, while 7% want to stop childbearing. Unmet need has slightly increased from 16% in 2013.

## Demand for Family Planning Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. One-third of the demand for family planning in Nigeria is satisfied by modern methods. The demand satisfied by modern methods has increased from 13% in 1990 to 34% in 2018.

### Trends in Demand for Family Planning

Percent of married women age 15-49



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## Exposure to Family Planning Messages

The most common media source of family planning messages is the radio. About 1 in 3 women (31%) and 39% of men heard a family planning message on the radio in the few months before the survey. Other common sources of family planning messages are the television (19%) for women and posters for men (25%). Overall, 57% of women and 48% of men were not exposed to family planning messages via any media or other source.

## 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 available family planning methods. Three-quarters of current users of modern contraceptive methods were informed of possible side effects or problems of their method, 68% were informed about what to do if they experience side effects, and 83% were informed of other available family planning methods. Overall, two-thirds of women were informed of all three.

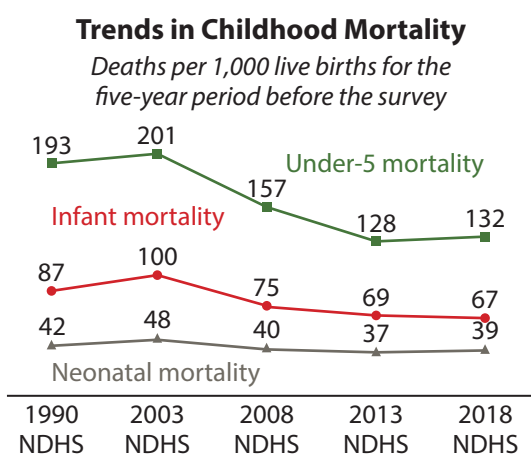


# CHILDHOOD MORTALITY

## Rates and Trends

Infant and under-5 mortality rates for the five-year period before the survey are 67 and 132 deaths per 1,000 live births, respectively. The neonatal mortality rate is 39 deaths per 1,000 live births. At these mortality levels, 1 in every 8 Nigerian children does not survive to their fifth birthday.

Childhood mortality rates have declined since 1990. Infant mortality has decreased from 87 deaths per 1,000 live births in 1990 to 67 in 2018. During the same time period, under-5 mortality has markedly declined from 193 to 132 deaths per 1,000 live births. Neonatal mortality has remained stagnant, from 42 deaths per 1,000 live births in 1990 to 39 deaths per 1,000 live births in 2018.



## Under-5 Mortality Rates by Background Characteristics

The under-5 mortality rate differs by mother's education, wealth, and state for the ten-year period before the survey. Children whose mothers have no education are more likely to die young (170 deaths per 1,000 live births) than children whose mothers have more than secondary education (56 deaths per 1,000 live births). Under-5 mortality is more than three times higher among children in the poorest households (173 deaths per 1,000 live births), compared to children in the wealthiest households (53 deaths per 1,000 live births). By state, under-5 mortality ranges from 30 deaths per 1,000 live births in Ogun to 252 deaths per 1,000 live births in Kebbi.



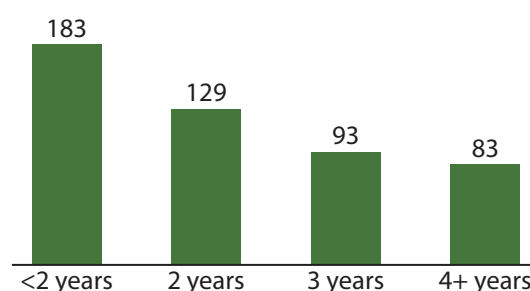
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## Birth Intervals

Spacing births at least 36 months apart reduces the risk of infant death. The median birth interval in Nigeria is 30.9 months. Infants born less than two years after a previous birth have high under-5 mortality rates. Under-5 mortality is dramatically higher among children born less than two years after a previous birth (183 deaths per 1,000 live births) than among children born four or more years after a previous birth (83 deaths per 1,000 live births). Overall, 1 in 4 children are born less than two years after their siblings.

## Under-5 Mortality by Previous Birth Interval

Deaths per 1,000 live births for the ten-year period before the survey



# MATERNAL HEALTH CARE

## Antenatal Care

Two-thirds of women age 15-49 receive antenatal care (ANC) from a skilled provider (doctor, nurse, midwife, or auxiliary nurse/midwife), most commonly from a nurse/midwife (48%). The timing and number of ANC visits are also important. Eighteen percent of women have their first ANC visit in the first trimester, as recommended. More than half of women (57%) make four or more ANC visits. ANC coverage has improved since 1990 as more women attend ANC with a skilled provider.

Sixty-nine percent of women take iron tablets or syrup during pregnancy. Sixty-two percent of women's most recent births were protected against neonatal tetanus. Among women who received ANC for their most recent birth, 94% had their blood pressure measured, 88% had a blood sample taken, and 86% had a urine sample taken.

## Delivery and Postnatal Care

Nearly 4 in 10 births (39%) are delivered in a health facility, primarily in public sector facilities. Still, 59% of births are delivered at home. Women with more than secondary education (88%) and those from the wealthiest households (80%) are most likely to deliver at a health facility. Health facility deliveries have slowly increased since 1990 when 32% of births were delivered in a health facility.

Overall, 43% of births are assisted by a skilled provider. The majority of births are delivered by a nurse/midwife (32%). Women with more than secondary education (93%), and those living in the wealthiest households (87%) are most likely to receive delivery assistance from a skilled provider. Skilled assistance during delivery has slightly increased from 32% in 1990 to 43% in 2018.

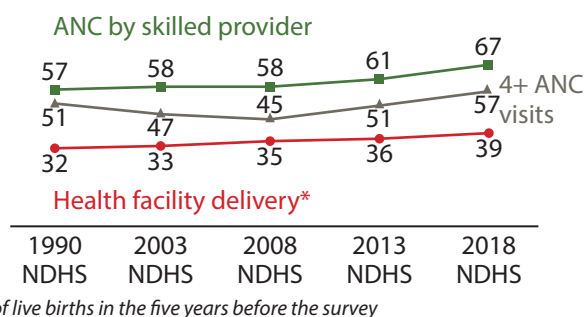
Postnatal care helps prevent complications after childbirth. More than 4 in 10 (42%) women age 15-49 received a postnatal check within two days of delivery, while 56% did not have a postnatal check within 41 days of delivery. Thirty-eight percent of newborns received a postnatal check within two days of birth, while 60% did not have a postnatal check.



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## Trends in Maternal Health Care

Percent of women age 15-49 who had a live birth in the five years before the survey for the most recent birth



\*% of live births in the five years before the survey

## Maternal Mortality

The 2018 NDHS asked women about deaths of their sisters to determine maternal mortality. Maternal mortality includes deaths of women during pregnancy, delivery, and 42 days after delivery excluding deaths that were due to accidents of violence. The maternal mortality ratio (MMR) for Nigeria is 512 deaths per 100,000 live births for the seven-year period before the survey. The confidence interval for the 2018 MMR ranges from 447 to 578 deaths per 100,000 live births.

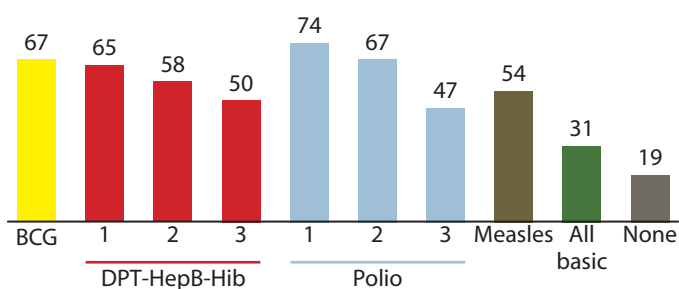
# CHILD HEALTH

## Basic Vaccination Coverage

Only 31% of children age 12-23 months have received all eight basic vaccinations – one dose each of BCG and measles vaccine and three doses each of DPT-HepB-Hib and polio vaccine. Less than half of children have received the third dose of polio. Nearly 1 in 5 children have received no basic vaccinations.

### Basic Vaccination Coverage

Percent of children age 12-23 months vaccinated at any time before the survey

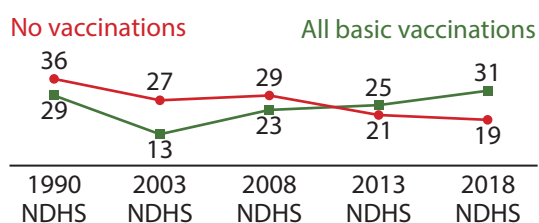


Urban children are twice as likely to have received all basic vaccinations than rural children (44% versus 23%). Basic vaccination coverage is less than 10% in Zamfara (7%), Kebbi (6%), and Sokoto (5%) states and highest in Anambra (76%). Basic vaccination coverage increases with mother’s level of education and household wealth.

Basic vaccination coverage has gradually increased since 2003 when only 13% of children had received all basic vaccinations. While basic vaccination coverage has improved, the proportion of children who have received no vaccinations has slightly declined from 21% in 2013 to 19% in 2018.

### Trends in Vaccination Coverage

Percent of children age 12-23 months who received all basic vaccinations at any time before the survey



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## Childhood Illnesses

In the two weeks before the survey, 3% of children under five were ill with symptoms of acute respiratory infection (ARI) such as chest-related short, rapid breathing and/or difficulty breathing. Among these children, treatment or advice was sought for 75%.

Thirteen percent of children under five had diarrhoea in the two weeks before the survey. Diarrhoea was most common among children in Bauchi (34%) and Gombe (35%) states and children age 6-11 months and age 12-23 months (both 20%). Sixty-five percent of children under five with diarrhoea had treatment or advice sought.

Children with diarrhoea should drink more fluids, particularly through oral rehydration therapy (ORT) which includes oral rehydration salts (ORS), recommended home fluids, and increased fluids. Additionally, children under five with diarrhoea should receive zinc. While half of children under five with diarrhoea received ORT, 17% received no treatment. Nearly one-quarter of children under five with diarrhoea received ORS and zinc (23%).



# FEEDING PRACTICES AND SUPPLEMENTATION

## Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Nigeria with 97% of children ever breastfed. Forty-two percent of children were breastfed within the first hour of life. Nearly half of children (49%) who were ever breastfed received a prelacteal feed, though this is not recommended.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Nearly 3 in 10 (29%) children under six months are exclusively breastfed. Exclusive breastfeeding has improved since 2013 when only 17% of children under six months were exclusively breastfed. Children under three are breastfed for an average of 18.5 months and are exclusively breastfed for 2.8 months. Overall, 12% of children under two are bottle fed.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Nigeria, 72% of children age 6-8 months are breastfed and receive complementary foods.



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## Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. In the 24 hours before the survey, 59% of children age 6-23 months ate foods rich in vitamin A. Forty-five percent of children age 6-59 months received a vitamin A supplement in the six months prior to the survey.

Iron is essential for cognitive development in children, and low iron intake can contribute to anaemia. More than 40% of children age 6-23 months ate iron-rich foods the day before the survey, while 17% of children age 6-59 months received an iron supplement in the week before the survey.

Pregnant women should take iron tablets or syrup for at least 90 days during pregnancy to prevent anaemia and other complications. Only 31% of women took iron tablets or syrup for at least 90 days during their last pregnancy.

### Breastfeeding Status for Children Under 6 Months

Percent distribution of youngest children under six months who are living with their mother by breastfeeding status

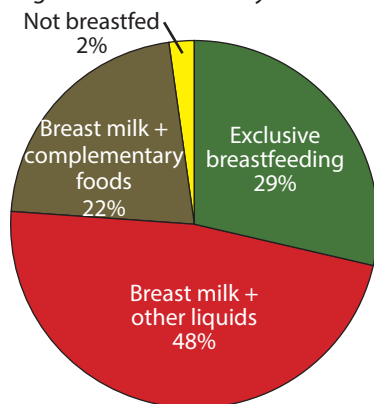


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# NUTRITIONAL STATUS

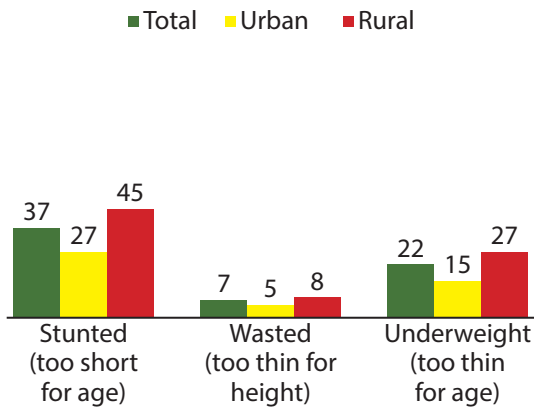
## Children's Nutritional Status

Laboratory scientists and nurses were trained to measure the height and weight of children and adults for the 2018 NDHS. Stunting is an indication of chronic undernutrition. Nearly 2 in 5 (37%) children under five in Nigeria are stunted, or too short for their age. By state, stunting is lowest in Anambra (14%) and Enugu (15%) and highest in Jigawa (64%) and Kebbi (66%). Children whose mothers have no education (54%) and those from the poorest households (55%) are most likely to be stunted.

In Nigeria, 7% of children under five are wasted (too thin for height), a sign of acute malnutrition. In addition, 22% of children under five are underweight, or too thin for their age. Rural children have higher levels of stunting, wasting, and underweight, compared to urban children.

### Nutritional Status of Children by Residence

Percent of children under five, based on 2006 WHO Child Growth Standards



## Women's Nutritional Status

The 2018 NDHS also took weight and height measurements of women age 15–49. Overall, 12% of women are thin (body mass index or BMI < 18.5). Comparatively, 28% of women are overweight or obese (BMI ≥ 25.0). Obesity/overweight is more common among urban women than rural women (36% versus 21%). Obesity/overweight is five times higher among women from the wealthiest households, compared to women from the poorest households (46% versus 9%). Obesity/overweight among women generally increases with education, from 16% of women with no education to 49% of women with more than secondary education.



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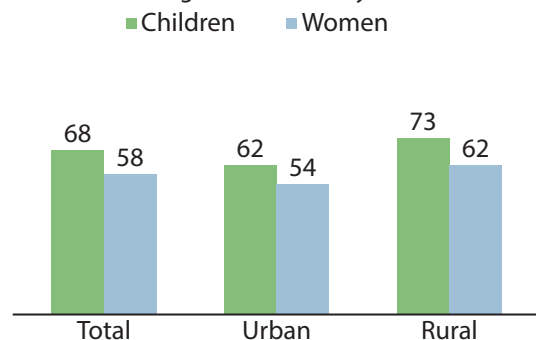
## Anaemia

Children age 6-59 months and women age 15-49 were tested for anaemia. Overall, 68% of children age 6-59 months are anaemic; rural children (73%) are more likely to be anaemic than urban children (62%). Anaemia is more common among children age 12-17 months (81%), from the poorest households (80%), and those whose mothers have no education (75%). By state, anaemia prevalence ranges from a low of 48% in Kaduna to a high of 84% in Zamfara.

More than half of women (58%) are anaemic; rural women (62%) are more likely to be anaemic than urban women (54%). Anaemia is more common among women with no education (64%) and those from the poorest households (66%). By state, anaemia prevalence ranges from a low of 36% in Adamawa to a high of 74% in Sokoto.

### Anaemia among Children and Women by Residence

Percent of children age 6-59 months and women age 15-49 with any anaemia



# SICKLE CELL DISEASE

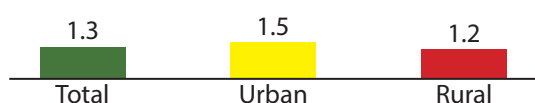
## Sickle Cell Anaemia

For the first time, the 2018 NDHS collected information on sickle cell disease and the sickle cell trait. Sickle cell disease is a common and life-threatening blood disorder. Blood samples were taken from children age 6-59 months to test for sickle cell genotypes. One in five children age 6-59 months has the sickle cell trait HbAS, and 2% have the HbAC trait.

Overall, the prevalence of sickle cell disease among Nigerian children age 6-59 months is 1.3%. There is little variation by residence, mother's education, or household wealth. The prevalence of sickle cell disease is above 2.0% in six states: Oyo (2.8%), Lagos (2.7%), Osun (2.6%), Kano (2.4%), Kogi (2.4%), and Taraba (2.2%).

### Sickle Cell Disease by Residence

Percent of children age 6-59 months with sickle cell disease



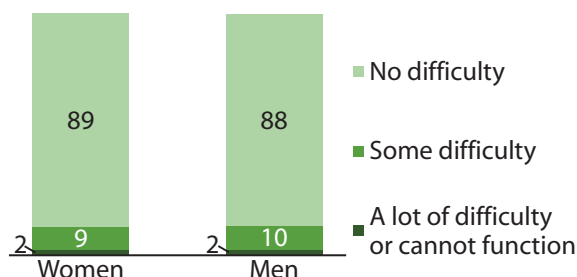
# DISABILITY

## Disability

The 2018 NDHS included questions about six domains of disability – seeing, hearing, communicating, remembering or concentrating, walking or climbing steps, and washing all over or dressing – among the household population age five and above. Overall, 92% of the household population have no difficulty in any domain; while 7% have some difficulty and 1% have a lot of difficulty or cannot function in at least one domain. Among adults age 15 and older, 2% of women and 2% of men have a lot of difficulty or cannot function in at least one domain.

### Disability among Adults

Percent distribution of household population age 15 and above by highest degree of difficulty in functioning in at least 1 domain



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# MALARIA

## Mosquito Nets

Among all households in Nigeria, 61% own at least one insecticide-treated net (ITN). Three in ten households have at least one ITN for every two people in the household. ITN ownership has increased from 8% in 2008 to 69% in 2015 and has since declined to 61% in 2018. Nearly half of the household population have access to an ITN, while 43% slept under an ITN the night before the survey.

Children and pregnant women age 15-49 are most vulnerable to malaria. More than half of children under five (52%) and pregnant women (58%) slept under an ITN the night before the survey. Use of ITNs among children and pregnant women has improved since 2008.

## Malaria in Pregnancy

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. To prevent malaria, pregnant women should receive 3+ doses of SP/Fansidar or IPTp (intermittent preventive treatment during pregnancy). Nearly two-thirds (64%) of pregnant women took 1+ doses of IPTp, 40% took 2+ doses of IPTp, while only 17% took 3+ doses.

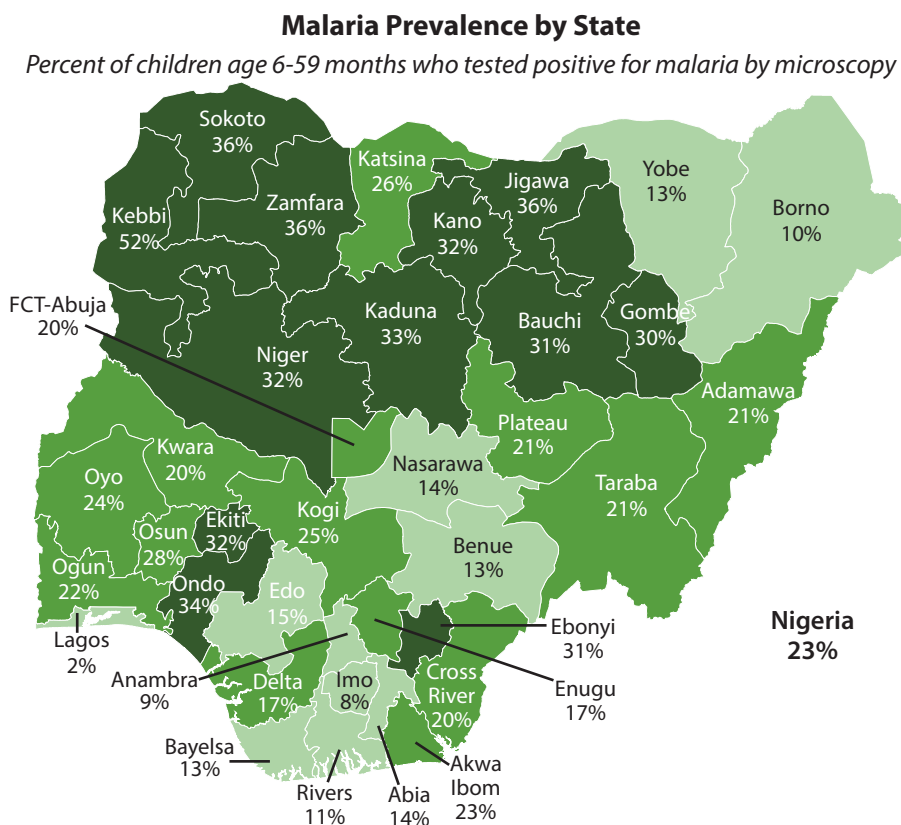
## Case Management of Malaria in Children

In the two weeks before the survey, 24% of children under five had fever, the primary symptom of malaria. Treatment was sought for three-quarters of children with recent fever, while only 14% had blood taken from a finger or heel stick for testing.

Artemisinin combination therapy (ACT) is the recommended drug for treating malaria in children in Nigeria. Among children under five with fever in the two weeks before the survey who received an antimalarial, 52% received the recommended treatment.

## Malaria Prevalence

In Nigeria, 23% of children age 6-59 months tested positive for malaria by microscopy. Malaria prevalence is higher among rural children (31%) than urban children (13%). Malaria prevalence ranges from 2% in Lagos to 52% in Kebbi. Malaria prevalence is higher among children whose mothers have no education (34%) and those from the poorest households (38%). Malaria prevalence has declined from 42% in 2010 to 27% in 2015 to the current level of 23% in 2018.



# WOMEN'S EMPOWERMENT

## Employment

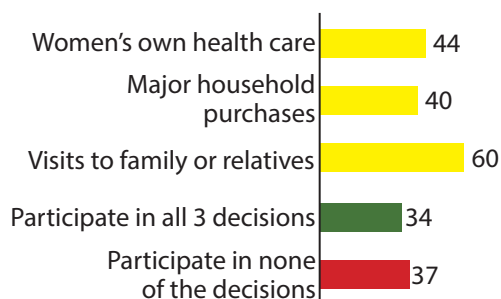
Nearly three-quarters of married women (74%) were employed at any time in the past 12 months, compared to 99% of married men. More than 70% of employed women (73%) and men (80%) are paid in cash. Still, 15% of working women and 8% of men are not paid for their work. Seventy-two percent of married women who are employed and earned cash made independent decisions on how to spend their earnings, while 20% made joint decisions with their husband. Overall, 84% of working women earn less than their husband.

## Participation in Household Decisions

The 2018 NDHS asked married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to family or relatives. Married women in Nigeria are most likely to have sole or joint decision making power about visiting family or relatives (60%) and least likely to make decisions about their own health care (44%) or household purchases (40%). Overall, 34% of married women participate in all three decisions. Married women's participation in decision making in all three decisions has gradually improved from 14% in 2003.

### Women's Participation in Decision Making

*Percent of married women age 15-49 participating in specific decisions*



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## Ownership of Assets

Women are less likely than men to own a house or land, alone or jointly. Merely 11% of women own a house, alone or jointly, compared to 37% of men. Twelve percent of women and 38% of men own land, alone or jointly. Women's ownership of assets is highest in Anambra and Ebonyi states.

## Problems in Accessing Health Care

More than half of women (52%) report at least one problem accessing health care for themselves. Forty-six percent of women are concerned about getting money for treatment, while 26% are concerned about the distance to the health facility. Sixteen percent of women do not want to go alone, while 11% are concerned about getting permission to go for treatment. Rural women are more likely to report at least one problem accessing health care than urban women (60% versus 42%).

## Attitudes toward Wife Beating

More than 1 in 4 women (28%) and 21% of men agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. Women are more likely to agree that wife beating is justified if the wife neglects the children (21%) or goes out without telling him (21%). Men are more likely to agree that wife beating is justified if the wife argues with him (13%).



# DOMESTIC VIOLENCE

## Experience of Physical and Sexual Violence

In Nigeria, 31% of women have ever experienced physical violence since age 15. In the past year, 14% of women have experienced physical violence. By state, women’s experience of physical violence since age 15 is lowest in Jigawa (4%) and highest in Taraba (68%). The most common perpetrator of physical violence against ever-married women is a current husband/partner (58%). Among never married women, the most common perpetrator is the mother/step-mother (35%).

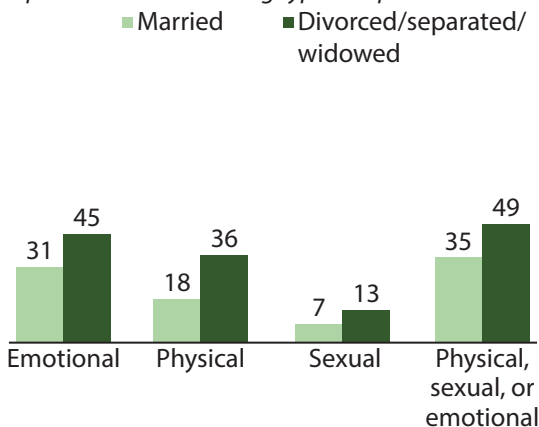
Nine percent of women have ever experienced sexual violence, while 4% of women have experienced sexual violence in the past year. Fifteen percent of women who are divorced/separated/widowed women have experienced sexual violence, compared to 9% of married women. Among ever-married women, the most common perpetrator of sexual violence is a current husband/partner (65%). The most common perpetrator of sexual violence among never married women is a stranger (28%) or current/former boyfriend (27%).

## Spousal Violence

More than one-third (36%) of ever-married women have experienced spousal violence, whether physical, sexual, or emotional by their current or most recent husband/partner. By state, spousal violence ranges from a low of 13% in Jigawa to a high of 75% in Kogi. Spousal violence is higher among women who are divorced/separated/widowed (49%) than among married women (35%).

### Spousal Violence by Marital Status

Percent of ever-married women age 15-49 who have experienced the following types of spousal violence



# FEMALE GENITAL MUTILATION

## Female Genital Mutilation among Women

In Nigeria, 61% of women age 15-49 have heard of female genital mutilation (FGM). Overall, 20% of women age 15-49 have been circumcised. The most common type of FGM is cut, flesh removed (41%), while 10% are cut, no flesh removed and 6% are sewn closed. The prevalence of FGM increases with age; 14% of women age 15-19 have been circumcised, compared to 31% of women age 45-49. FGM is more common among urban women than rural women (24% versus 16%). The prevalence of FGM ranges from a low of <1% in both Adamwa and Gombe to a high of 62% in Imo. Most women have undergone FGM by age 5 (86%). FGM is most commonly performed by a traditional circumciser (76%), while 9% are performed by a medical professional.

### Female Genital Mutilation

Percent distribution of women age 15-49 who have been circumcised by type

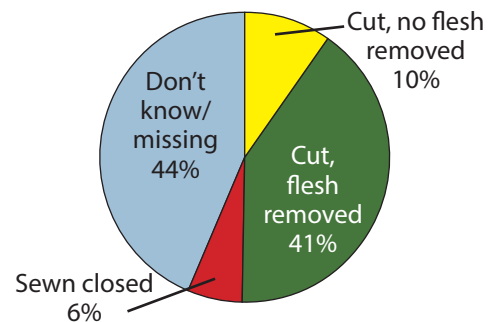


Figure >100% due to rounding.

## Female Genital Mutilation among Girls

The 2018 NDHS asked mothers about whether their daughters had been circumcised. Overall, 19% of girls age 0-14 are circumcised. Seventeen percent of girls are circumcised before their first birthday. FGM among girls is most common among girls whose mothers are cut (56%), whose mothers have no education (24%), and those from the poorest households (27%). FGM among girls is most commonly performed by a traditional circumciser (82%), while 7% are performed by a medical professional.

## Attitudes toward Female Genital Mutilation

Seventeen percent of women age 15-49 believe that their religion requires FGM. Two-thirds of women believe that the practice should be stopped.

# INDICATORS

	Residence		
	Nigeria	Urban	Rural
<b>Fertility</b>			
Total fertility rate (number of births per woman)	5.3	4.5	5.9
Median age at first sexual intercourse for women age 25-49 (years)	17.2	18.6	16.0
Women age 15-19 who are mothers or currently pregnant (%)	19	8	27
<b>Family Planning (among married women age 15-49)</b>			
Current use of any method of family planning (%)	17	26	10
Current use of any modern method of family planning (%)	12	18	8
Unmet need for family planning <sup>1</sup> (%)	19	20	18
<b>Maternal Health Care (among women age 15-49)</b>			
ANC visit with a skilled provider <sup>2</sup> (%)	67	84	56
Births delivered in a health facility (%)	39	61	26
Births assisted by a skilled provider <sup>2</sup> (%)	43	66	29
<b>Child Health</b>			
Children age 12-23 months who have received all basic vaccinations <sup>3</sup> (%)	31	44	23
Prevalence of sickle cell disease among children age 6-59 months (%)	1.3	1.5	1.2
<b>Nutrition</b>			
Children under five who are stunted (%)	37	27	45
Women age 15-49 who are overweight or obese (%)	28	36	21
Prevalence of any anaemia among children age 6-59 months (%)	68	62	73
Prevalence of any anaemia among women age 15-49 (%)	58	54	62
<b>Childhood Mortality (deaths per 1,000 live births)<sup>4</sup></b>			
Neonatal mortality	39	36	42
Infant mortality	67	56	74
Under-5 mortality	132	92	157
<b>Malaria</b>			
Children under five who slept under an ITN the night before the survey (%)	52	45	57
Pregnant women age 15-49 who slept under an ITN the night before the survey (%)	58	45	65
Children age 6-59 months who tested positive for malaria by microscopy (%)	23	13	31
<b>Domestic Violence (among women age 15-49)</b>			
Women who have experienced physical violence since age 15 (%)	31	32	30
Ever-married women who have ever experienced spousal violence, whether physical, sexual, or emotion (%)	36	34	38
<b>Female Genital Mutilation (FGM)</b>			
Prevalence of FGM among women age 15-49 (%)	20	24	16
Prevalence of FGM among girls age 0-14	19	16	21

<sup>1</sup>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. <sup>2</sup>Skilled provider includes doctor, nurse, midwife, or auxiliary nurse/midwife. <sup>3</sup>Fully vaccinated includes BCG, measles, three doses each of DPT-HepB-Hib and polio vaccine (excluding polio vaccine given at birth). <sup>4</sup>Figures are for the ten-year period before the survey except for the national and urban-rural rates, in italics, which represent the five-year period before the survey.

**Zone**

	<b>North Central</b>	<b>North East</b>	<b>North West</b>	<b>South East</b>	<b>South South</b>	<b>South West</b>
	5.0	6.1	6.6	4.7	4.0	3.9
	17.4	15.9	15.7	19.0	17.9	19.4
	16	25	29	9	11	6
	16	10	7	28	22	35
	14	8	6	13	16	24
	21	19	14	18	28	22
	66	59	54	89	77	88
	49	25	16	82	50	76
	54	28	19	84	60	81
	31	23	20	57	42	43
	1.3	1.2	1.2	1.1	0.3	2.4
	29	49	57	18	20	25
	26	15	16	40	43	38
	66	70	70	70	73	60
	55	58	59	66	60	51
	32	37	46	27	27	31
	58	73	80	48	49	43
	95	134	187	75	73	62
	47	47	73	37	34	35
	49	58	79	39	29	31
	21	20	34	16	16	18
	43	38	12	36	46	30
	50	47	27	45	47	20
	10	6	20	35	18	30
	8	21	29	16	5	13

