Nigeria

2024 Demographic and Health Survey

Summary Report

The 2024 Nigeria Demographic and Health Survey (2024 NDHS) was implemented under the aegis of the Federal Ministry of Health and Social Welfare by the National Population Commission. The funding for the 2024 NDHS was provided by the Government of Nigeria, the United States Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and the Gates Foundation. ICF provided technical assistance through The DHS Program.The World Health Organization also provided technical assistance.

Additional information about the 2024 NDHS may be obtained from the headquarters of the National Population Commission, 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@populationgov.ng; internet: www.population.gov.ng.

Information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; telephone: +1-301-407-6500; fax: +1-301-407-6501; email: info@DHSprogram.com; internet: www.DHSprogram.com.

The contents of this report are the sole responsibility of the National Population Commission, the Federal Ministry of Health and Social Welfare of Nigeria, and ICF and do not necessarily reflect the views of donor agencies.

Photo credit: Inyang Effiong, Obudu Mountain, Nigeria. 2018 (https://medium.com/@inyangeffiong/exploring-nigeria-hiking-across-obudu-mountains-day-1-of-our-camping-trip-6f2bf8e21fe4).

About the 2024 NDHS

The 2024 Nigeria Demographic and Health Survey (NDHS) is designed to provide data for monitoring the population and health situation in Nigeria. The 2024 NDHS is the 6th Demographic and Health Survey conducted in Nigeria since 1990 as part of The DHS Program. The objective of the 2024 NDHS is to provide current estimates on fertility levels; family planning; maternal and child health; nutrition; childhood mortality; women's empowerment; domestic violence; female genital mutilation (FGM); fistula; disability; knowledge, awareness, and behaviour regarding, malaria, tuberculosis, and HIV/AIDS and other sexually transmitted infections (STIs); and other health-related issues. This information is essential for programme managers and policymakers to evaluate and design programmes and strategies for improving the health of the country.

Who participated in the survey?

A nationally representative sample of 39,050 women age 15–49 in 40,047 selected households were interviewed between December 2023 and May 2024. This represents a response rate of 99% of women. A total of 12,204 men age 15–59 in one-third of the selected households were also interviewed in the same time period, with a response rate of 98%. The sample design for the 2024 NDHS provides estimates at the national level, for urban and rural areas, and for each of Nigeria's 36 states in addition to the Federal Capital Territory (Abuja).

Characteristics of Households and Respondents

Household Composition

Households in Nigeria have an average of 4.5 members. Women head 19% of Nigerian households. Forty-five percent of the household population in Nigeria is under age 15.

Cooking, Lighting, and Heating

About half (51%) of the household population in Nigeria has access to electricity and nearly all (98%) of the household population uses clean fuels or technologies for lighting, such as electricity, solar lanterns, rechargeable flashlights/torches/lanterns, battery powered flashlights/torches/lanterns, and biogas lamps.

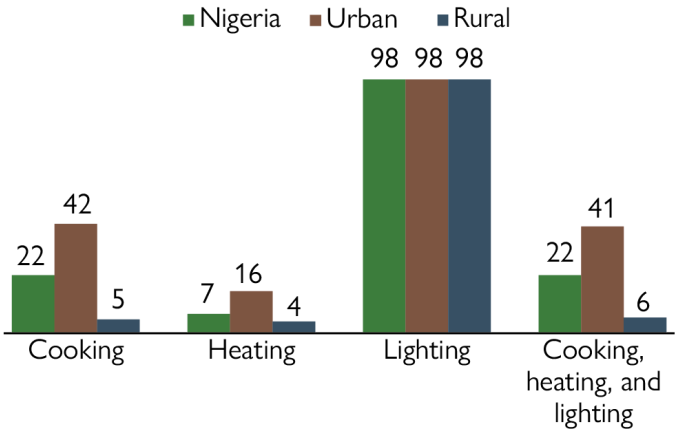
Twenty-two percent of the household population uses clean fuels and technologies for cooking, including stoves/cookers using electricity, LPG/natural gas/biogas, solar, and alcohol/ethanol. The use of clean fuels and technologies for cooking is much higher in urban areas than in rural areas (42% versus 5%).

Just 7% of the household population uses clean fuels and technologies for space heating, including central heating, electricity, LPG/natural gas/biogas, solar air heaters, and alcohol/ethanol. (16% in urban areas and 4% in rural areas).

Overall, 22% of the household population uses clean fuels and technologies for cooking, heating, and lighting.

Primary Reliance on Clean Fuels and Technologies by Residence

Percent of population relying on clean fuels and technologies for:



Household Durable Goods

One in ten households in Nigeria own a car or truck and 28% own a motorcycle or scooter. Ownership of cars and trucks is higher in urban areas (15%) than in rural areas (5%), while motorcycle/scooter ownership is higher in rural areas than urban areas (32% versus 23%).

Information Communication Technology (ICT) and Internet Use

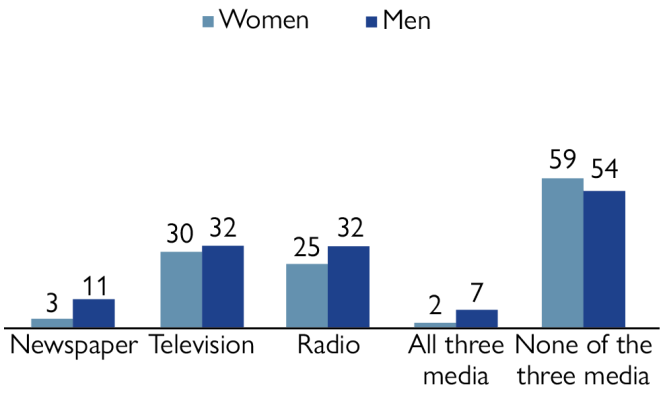
In Nigeria, 43% of households own a television, 90% own a mobile phone, 9% own a computer, and 46% own a radio. ICT ownership is higher in urban areas compared to rural areas.

Nearly one-third (30%) of women age 15–49 say they watch television at least once a week, compared to 3% who read a newspaper and 25% who listen to the radio. Nearly six in ten (59%) women do not access any of these three media at least once a week.

More than a quarter (26%) of women used the internet in the last 12 months. Recent internet use is lowest in Kebbi (3%) and highest in Lagos (72%).

Exposure to Mass Media by Sex

Percent of women and men age 15-49 who are exposed to specific media on a weekly basis



Education and Literacy

One in 10 women age 15–49 have primary education, 41% have secondary, and 14% have higher education. One third (34%) of women have no formal education. Fifty-seven percent of women are literate.

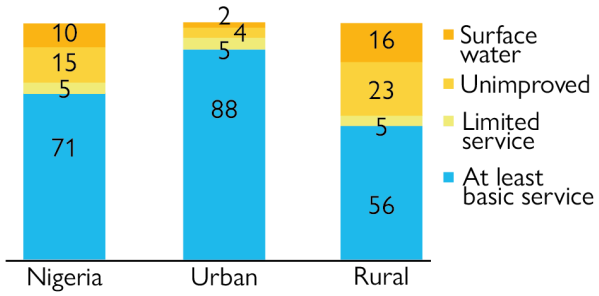
Household Water and Sanitation

Drinking Water

Almost three quarters (71%) of the household population in Nigeria has access to at least basic drinking water service. At least basic drinking water service includes drinking water from an improved source, either on the premises or with a round-trip collection time of less than 30 minutes. Access to at least basic drinking water service is lowest in Kebbi (31%) and highest in Lagos (98%).

Drinking Water Service by Residence

Percent distribution of household population by drinking water service ladder



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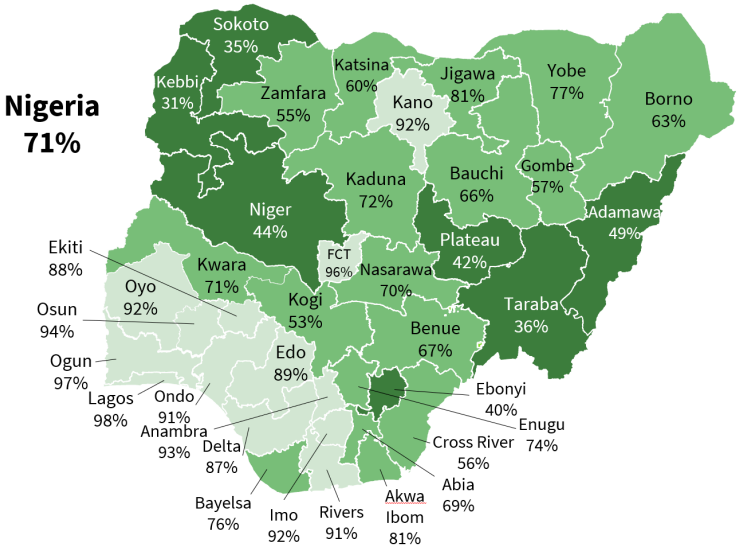
Basic Drinking Water Service by State

Percent of household population with at least basic service for drinking water



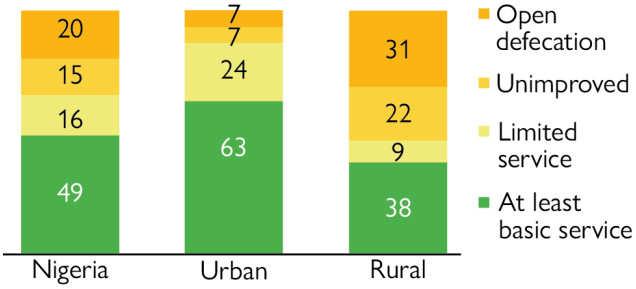
Nearly two-thirds (65%) of the household population does not have drinking water on the premises. Among those without water on the premises, 61% travel 30 minutes or less to obtain drinking water. Sixty-six percent of the household population has sufficient quantities of drinking water when needed.

Sanitation

Nearly half (49%) of the household population in Nigeria has access to at least basic sanitation service, meaning they use improved facilities that are not shared with other households or have safely managed sanitation service where excreta are disposed of in situ or transported and treated off-site. Fifteen percent of the population uses unimproved sanitation facilities, 16% has limited sanitation service, and 20% practices open defecation. Access to basic sanitation services is higher in urban areas (63%) than rural areas (38%).

Sanitation Service Ladder by Residence

Percent distribution of household population by type of sanitation service



Menstrual Hygiene

Of women age 15–49 with a menstrual period in the year before the survey, 46% reported using cloth to absorb blood during their last menstrual period, 54% used disposable sanitary pads, and 2% used reusable sanitary pads. Among women with a menstrual period in the year before the survey who were at home during their last menstrual period, 94% used appropriate materials during their last menstruation and were able to wash and change in privacy.

Handwashing

Overall, 37% of the household population in Nigeria has a basic handwashing facility on the premises with soap and water. Access to a basic handwashing facility varies greatly, from 1% of the population in Taraba to 85% in Rivers.

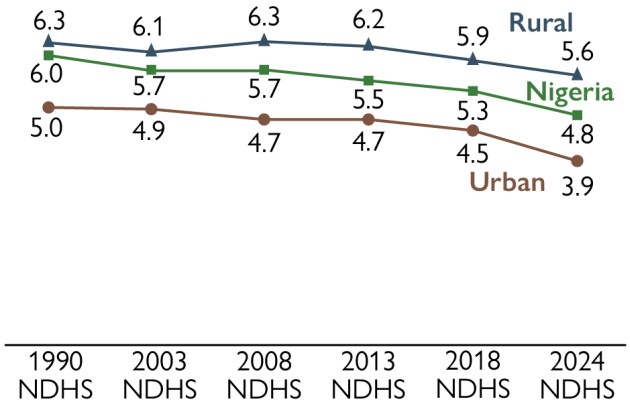
Fertility and Its Determinants

Total Fertility Rate

Currently, women in Nigeria have an average of 4.8 children. Fertility in Nigeria has declined from 6.0 children per woman in 1990 to 4.8 children per woman in 2024. Women in rural areas have slightly more children than women in urban areas (5.6 children versus 3.9 children).

Trends in Total Fertility Rate by Residence

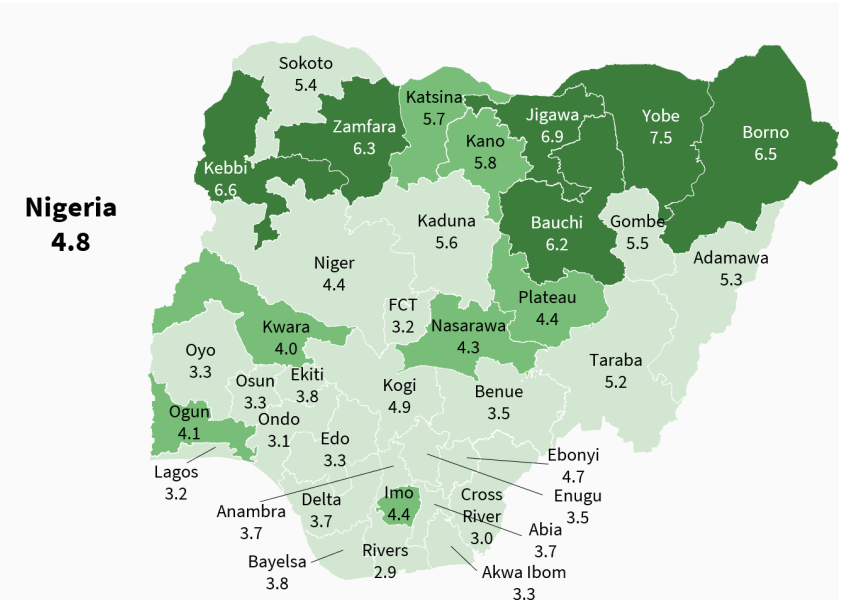
Average number of births per woman for the 3-year period before the survey



Fertility also varies by state, ranging from 7.5 children per woman in Yobe to 2.9 children per woman in Rivers.

Total Fertility Rate by State

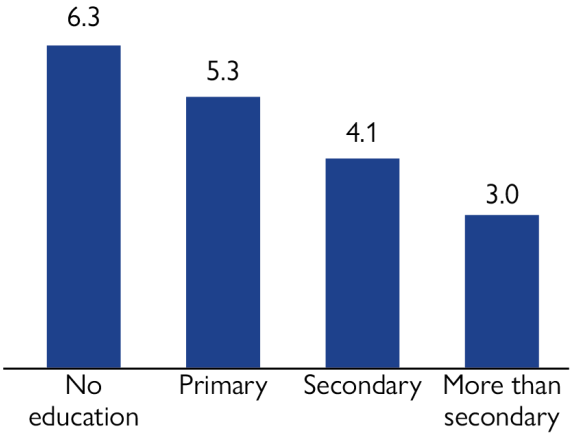
Average number of births per woman for the 3-year period before the survey



Women with higher education have fewer children than women with lower levels of education. Fertility generally declines with increasing household wealth.* Women in the poorest households have an average of 6.6 children, compared to 3.3 children among women in the richest households.

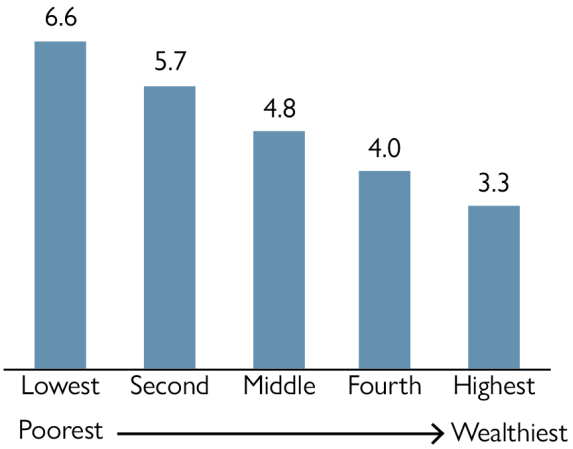
Total Fertility Rate by Education

Average number of births per woman for the 3-year period before the survey



Total Fertility Rate by Wealth

Average number of births per woman for the 3-year period before the survey



* 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.

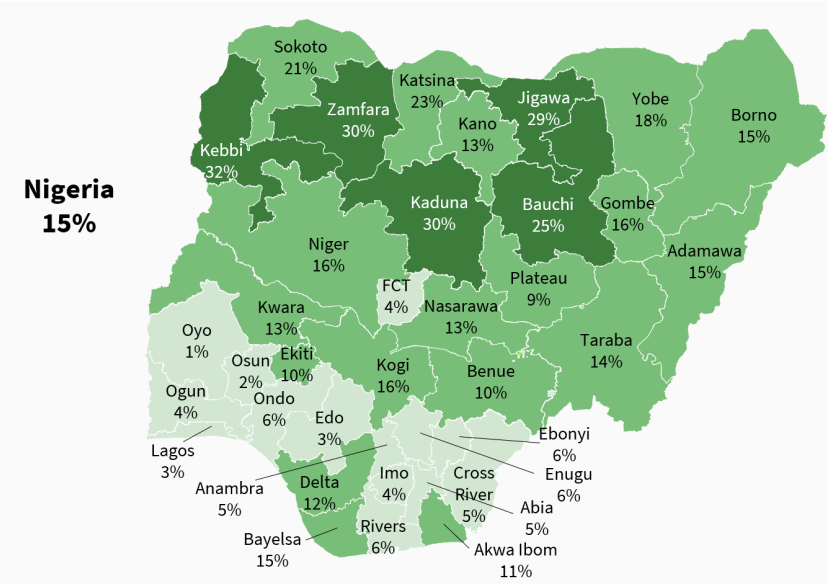
Teenage Pregnancy

Fifteen percent of adolescent women age 15–19 have ever been pregnant: 11% have given birth, 4% were pregnant at the time of the survey, and 2% have ever had a pregnancy loss.

Teenage pregnancy is higher in rural areas than in urban areas (23% versus 6%). Young women in the lowest wealth quintile are more likely to have ever been pregnant (29%) than those in the highest (4%). Teenage pregnancy ranges from a low of 1% of young women in Oyo to a high of 32% in Kebbi.

Teenage Pregnancy by State

Percent of women age 15-19 who have ever been pregnant



Pregnancy Outcomes and Induced Abortion

Of all pregnancies ending in the three years before the survey, 90% resulted in live births and 11% resulted in pregnancy losses. Among pregnancy losses, 7% were miscarriages, 2% were induced abortions, and 2% were stillbirths. Pregnancy loss is higher among women age 35 and older.

Age at First Menstruation, First Sexual Intercourse, Marriage, and Birth

The average age of first menstruation among women age 15–49 is 14.3 years.

The median age at first sexual intercourse is 17.7 years among women age 25–49. Forty-four percent of women age 20–24 had sex by age 18 and 10% of women had sex by age 15.

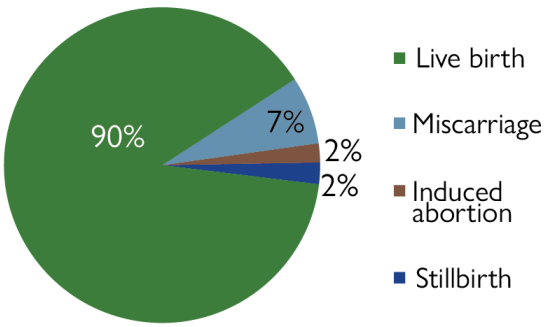
Two in three (67%) women age 15–49 are married or living together with a partner. Only 17% of women who are married or living in union say their current marriage or union is registered and have documentation or a marriage certificate that recognises their marriage or union.

Over one-third of women age 20–24 were married by age 18. Half of women age 25–49 are married by age 19.8, the median age at first marriage. Women in Zamfara marry at a younger age than women in Edo (15.7 years compared to 24.9 years).

In Nigeria, the median age at first birth for women age 25–49 is 21.3 years. This means that half of women age 25–49 give birth for the first time before this age. On average, women in Anambra give birth for the first time more than six years later than women in Gombe, Katsina, and Zamfara (24.9 years compared to 18.8 years).

Pregnancy Outcomes

Percent distribution of pregnancies ending in the three years before the survey



Figures ≠ 100% due to rounding.

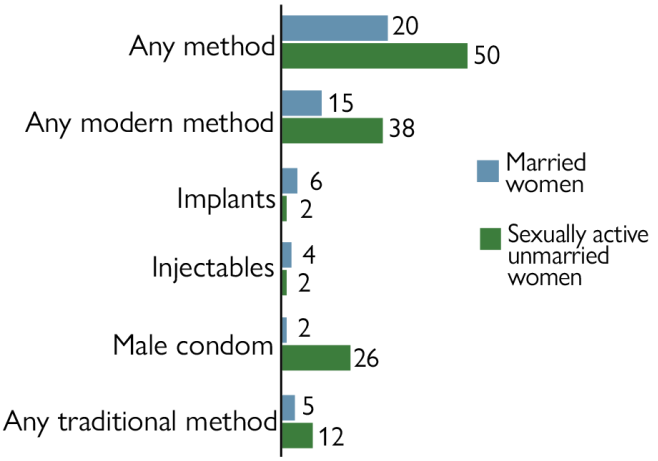
Family Planning

Current Use of Family Planning

In Nigeria, 20% of married women age 15–49 use any method of family planning—15% use a modern method and 5% use a traditional method. The most popular family planning methods among married women are implants (6%) and injectables (4%).

Family Planning

Percent of women age 15-49 using:



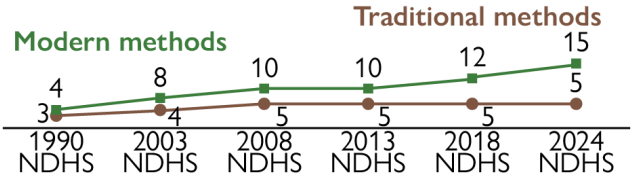
The use of modern family planning methods is higher among married women in urban areas (22%) than among women in rural areas (10%). Modern method use ranges from 3% of married women in Kebbi to 43% in Ekiti. Modern method use generally increases as level of education and household wealth increase.

Trends in Family Planning Use

Modern method use has increased since 1990; 4% of married women in 1990 used a modern method, compared to 15% of married women in 2024. Similarly, traditional method use increased, from 3% in 1990 to 5% in 2008, and has remained steady ever since.

Trends in Family Planning Use

Percent of married women age 15-49 using:



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 informed about other available family planning methods.

Two in three women using modern methods were informed about side effects and what to do if they experience side effects, and 73% were informed about other family planning methods that were available. Overall, 60% of women using modern methods received all three types of information. While 68% of women who use implants received all three types of information, only 58% of women who used injectables received all three types of information.

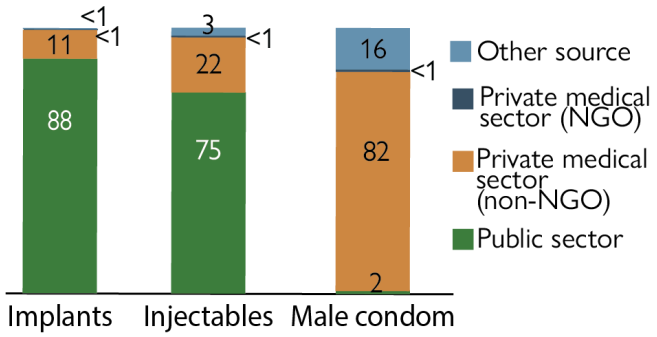
Source of Modern Family Planning Methods

The majority of women who use implants or injectables obtained their family planning method from the public sector (75% and 88%, respectively), such as primary health care centres.

Forty-two percent of women who use pills obtain them from pharmacies. The most common source of male condoms is pharmacies (64%), followed by patent and proprietary medicine vendors.

Source of Modern Family Planning Methods

Percent distribution of family planning users age 15-49 by most recent source of method



Figures ≠ 100% due to rounding.

Demand for Family Planning

Among married women in Nigeria, 27% do not want any more children and 33% want to delay childbearing (delay their first birth or space out births) for at least two years. Women who want to stop or delay childbearing are said to have a demand for family planning. In Nigeria, 41% of married women have a demand for family planning

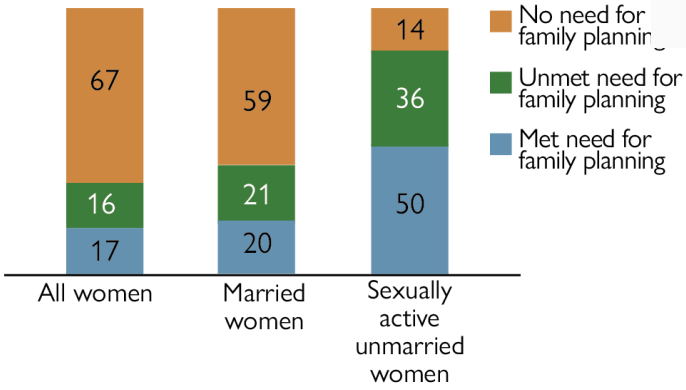
The total demand for family planning includes both met need and unmet need. Met need is the percentage of married women who are currently using family planning. In Nigeria, 20% of married women are using any method—15% are using modern methods and 5% are using traditional methods.

Unmet need for family planning is defined as the proportion of women who want to stop or delay childbearing but are not using family planning. In Nigeria, 21% of married women have an unmet need for family planning, including 7% who do not want any more children and 14% who want to delay childbearing.

Sexually active unmarried women have a higher demand for family planning, at 86%. This includes 50% with met need and 36% with unmet need.

Need for Family Planning

Percent distribution of women age 15-49 with a need for family planning



Decision Making about Family Planning

Overall, 67% of married women make the decision to use or not use family planning. This includes those who decide alone (37%) and those who decide jointly with their husband or partner (29%).

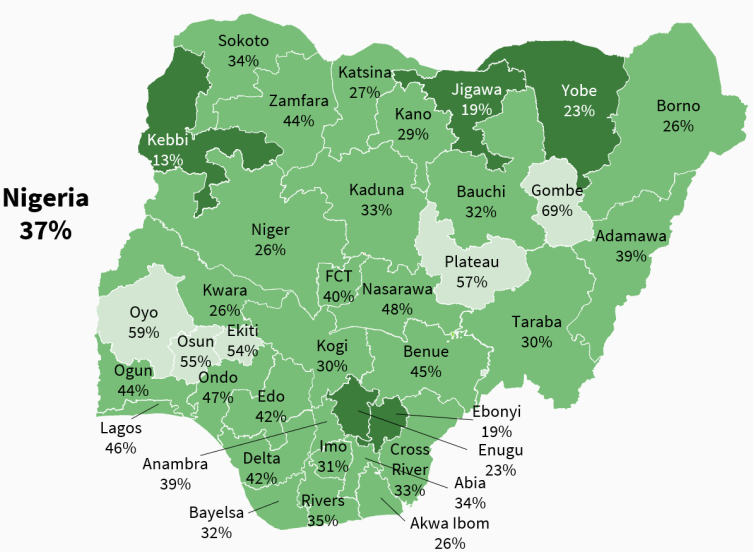
Demand for Family Planning Satisfied by Modern Methods

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. Thirty-seven percent of married women's demand for family planning is satisfied by modern methods.

Among currently married women, demand for family planning satisfied by modern methods increases as household wealth increases, from 19% in the poorest households to 48% in the wealthiest households. Demand for family planning satisfied by modern methods also varies by state, from 13% in Kebbi to 69% in Gombe.

Demand for Family Planning Satisfied by Modern Methods by State

Percent of married women age 15–49 whose demand for family planning is satisfied by modern methods



Exposure to Family Planning Messages

Radio is the most common source of family planning messages for women in Nigeria, with 20% of women hearing specific family planning messages in the past 12 months from this source. The next most common source of this information among women was television (13%) and community meetings or events (13%), posters, leaflets, and brochures (9%), and social media (8%). Two in three (66%) of women did not hear or see a family planning message in the past 12 months. Exposure to family planning messages is higher among women in urban areas than in rural areas and increases with level of education and household wealth. Exposure to family planning messages also varies dramatically by state. Ninety-six percent of women in Niger did not hear or see a family planning message in the last 12 months, compared to 21% in Ekiti.

Childhood Mortality

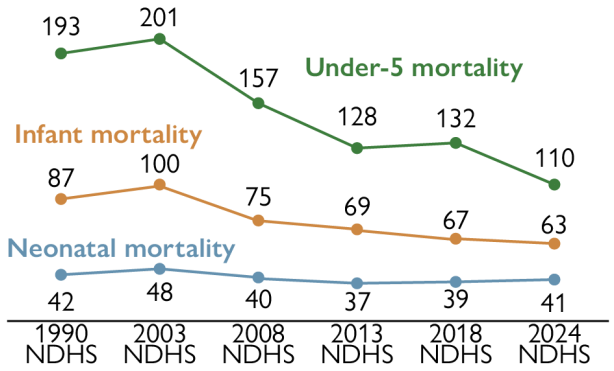
Rates and Trends

For every 1,000 live births in the 5 years before the 2024 NDHS, 63 children died before their first birthday (infant mortality), including 41 who died in the first month of life (neonatal mortality). The under-5 mortality rate is 110 deaths per 1,000 live births, which means that 1 in every 9 children does not survive until their fifth birthday.

Childhood mortality has declined since 2003. Infant mortality decreased from 100 deaths per 1,000 live births to 63, and under-5 mortality declined from 201 to 110 deaths per 1,000 live births in the same period.

Trends in Childhood Mortality

Deaths per 1,000 live births for the 5-year period before the survey

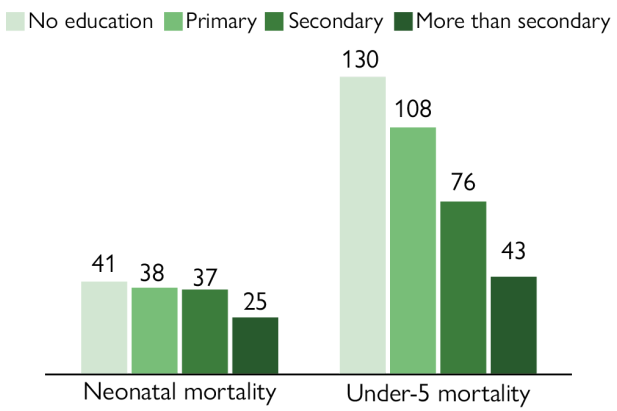


Mortality Rates by Background Characteristics

Mortality rates vary by background for the 10-year period before the survey. Under-5 mortality is higher among children whose mothers were younger than age 20 when they gave birth than among children whose mothers were older. Mortality rates are higher among mothers with no education and decrease with higher levels of education.

Childhood Mortality by Mother's Education

Deaths per 1,000 live births in the 10-year period before the survey



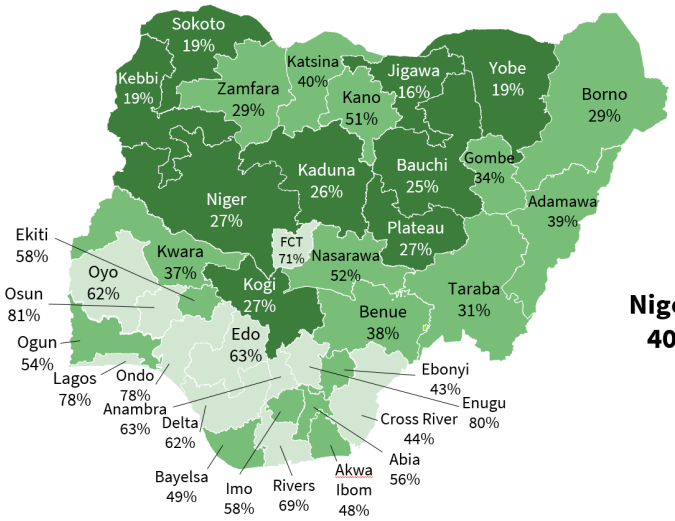
Children's Status

Birth Registration

In Nigeria, 40% of the births of children are not registered with the civil authorities. Twenty-eight percent are registered with a birth certificate, and 12% are registered but do not have a birth certificate. Birth registration varies greatly by state, from a low of 16% in Jigawa to the highest in Osun at 81%.

Birth Registration by State

Percent of household children under age 5 whose births are registered with the civil authorities



Nigeria 40%

School Attendance

Over half (59%) of children who were one year younger than the official primary school entry age at the beginning of the school year participated in organized learning—13% attended an early childhood education program and 46% attended primary school.

The net attendance ratio is the percentage of school-age children who are in school. Overall, 49% of primary school-age children attend primary school and 46% of secondary school-age children attend secondary school.

For every 100 boys in Nigeria who attend primary and secondary school, 94 girls are attending primary and secondary school.

Child Health

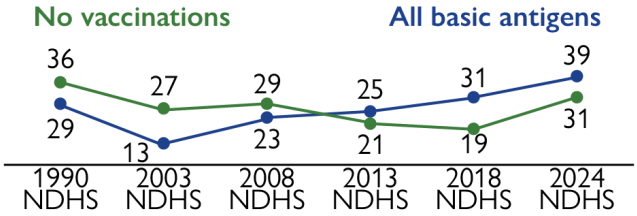
Vaccination Coverage: Basic Antigens

In Nigeria, 39% of children age 12–23 months are fully vaccinated against all basic antigens—one dose of bacille Calmette-Guérin (BCG), three doses of DPT-HepB-Hib (pentavalent), three doses of polio vaccine (excluding polio vaccine given at birth), and one dose of measles vaccine. Vaccination coverage for basic antigens ranges by state from a low of 8% in Sokoto to a high of 69% in Cross River.

Since 1990, the percentage of children who are fully vaccinated against all basic antigens has risen from 29% to 39% in 2024. Children receiving no vaccinations has only decreased from 36% to 31% in the same timeframe.

Trends in Childhood Vaccinations

Percent of children age 12-23 months who received:



Childhood Illnesses

In Nigeria, 2% of children under age 5 had symptoms of acute respiratory infection (ARI) in the two weeks before the survey, and advice or treatment was sought for 60% of children with symptoms of ARI.

Overall, 16% of children under age 5 had a fever in the two weeks before the survey. Advice or treatment was sought for 60% of those children with fever. The most common source of medicine for treating children with fever was pharmacies or patent and proprietary medicine vendors at 66%.

Fifteen percent of children under age 5 had diarrhoea in the two weeks before the survey. Among them, advice or treatment was sought for 60%. Children with diarrhoea should drink more fluids, particularly through oral rehydration therapy (ORT). More than half (54%) of children with diarrhoea received ORT, while 17% of children with diarrhoea received no treatment.

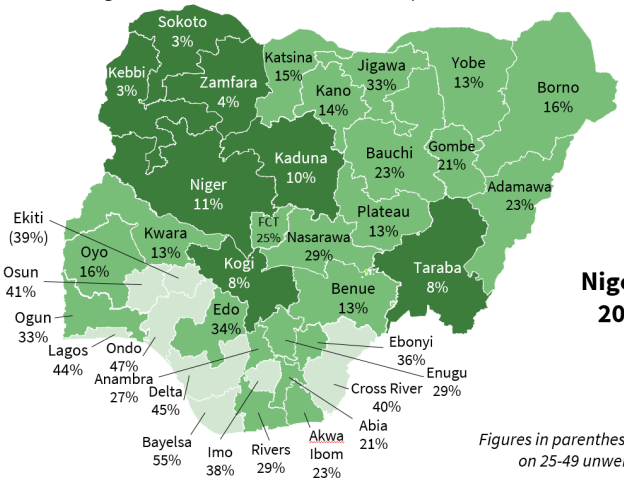
Vaccination Coverage: National Schedule

To be vaccinated according to Nigeria's national vaccination schedule, children age 12–23 months receive BCG, HepB (birth dose), three doses of DPT-HepB-Hib, four doses of OPV, two doses of IPV, three doses of pneumococcal vaccine, one dose of measles, one dose of yellow fever, and one dose of meningitis vaccine. In Nigeria, 20% of children are fully vaccinated according to the national schedule. Since the rotavirus vaccine was rolled out in phases in August and October 2022, not all children age 12–35 months at the time of the survey were eligible for the vaccine at the time it was rolled out; therefore, estimates of the percentage of children fully vaccinated according to the national schedule exclude rotavirus vaccinations. Thirty-one percent of children have not received any vaccinations.

Vaccination coverage according to the national schedule varies dramatically by state, from 3% of children in Kebbi and Sokoto to 55% in Bayelsa.

Vaccination Coverage by State

Percent of children age 12–23 months who are fully vaccinated according to the national schedule at any time before the survey

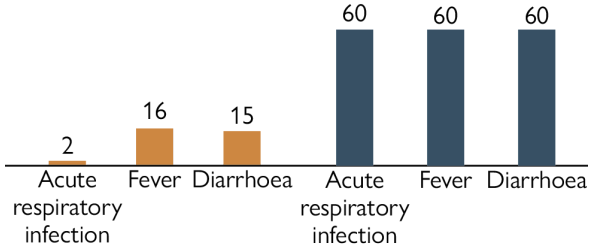


Figures in parentheses are based on 25-49 unweighted cases.

Symptoms of Childhood Illness and Care Seeking

Percent of children under 5 with symptoms in the 2 weeks before the survey

Among those with symptoms of illness, percent for whom advice or treatment was sought



Maternal and Newborn Health Care

Antenatal Care

In Nigeria, 63% of women age 15–49 with a live birth in the 2 years before the survey received antenatal care (ANC) from a skilled provider. A skilled provider includes a doctor and a nurse/midwife.

One in four (26%) women with a live birth in the last 2 years received no ANC. Nearly half (48%) of women in the poorest households did not receive any ANC.

The timing and quality of antenatal care are also important. Overall, 52% of women made 4 or more ANC visits and 18% had their first ANC visit in the first trimester.

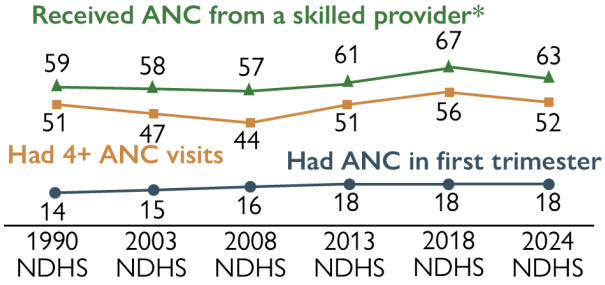
Among women who had a live birth who received ANC, about 9 in 10 had their blood pressure measured (93%), a urine sample was taken (88%), a blood sample taken (89%), and the baby's heartbeat checked (90%). Eighty-three percent were counseled about maternal diet, 77% were counseled about breastfeeding, and 69% were asked about vaginal bleeding.

Among women with a live birth or stillbirth in the two years before the survey, 67% took iron-containing supplements and 20% took deworming medication. Overall, 58% of women's most recent live births were protected against neonatal tetanus.

The rate of ANC coverage has remained roughly steady since 1990.

Trends in Antenatal Care (ANC) Coverage

Percent of women age 15-49 who had a live birth in the 2 years before the survey



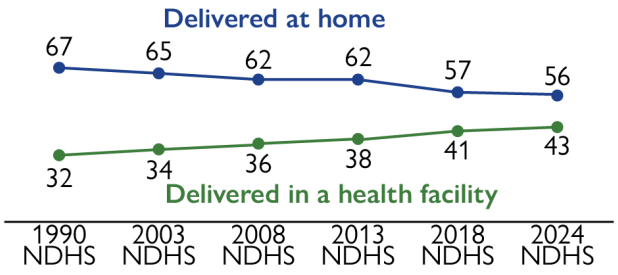
*Skilled provider includes doctor and nurse/midwife.

Delivery Care

More than half (56%) of live births are delivered at home, while only 43% are delivered in a health facility. Health facility births have increased slightly since 1990, from 32% to 43%. Home births are more common among women with no education and in the poorest households (both 82%) and women in Sokoto (88%) and Kebbi (91%). Nearly half (46%) of live births are assisted by a skilled provider, most commonly a nurse or midwife.

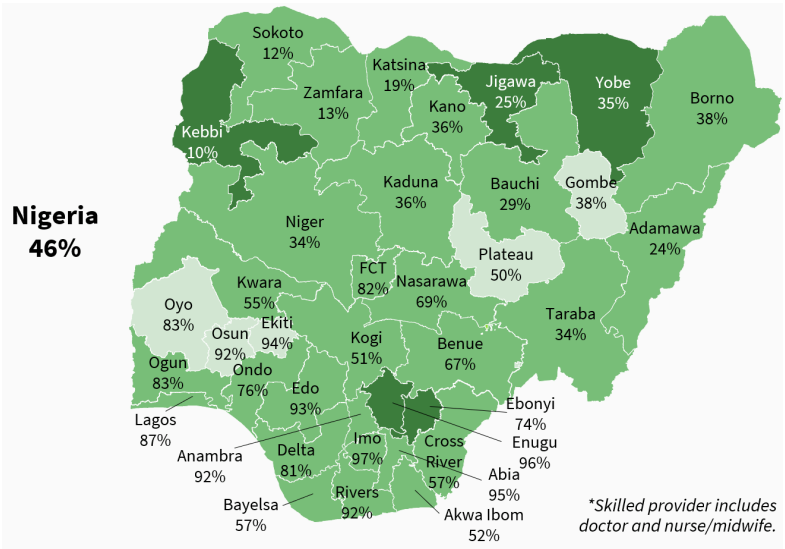
Trends in Place of Birth

Percent of live births in the 2 years before the survey



Skilled Delivery Assistance by State

*Percent of live births in the 2 years before the survey delivered by a skilled provider**



Caesarean Section

Six percent of live births in the two years preceding the survey were delivered via caesarean section (C-section). C-section deliveries are more common in urban areas (10%) than in rural areas (3%), and among women with more than secondary education (20%) and in the wealthiest households (19%).

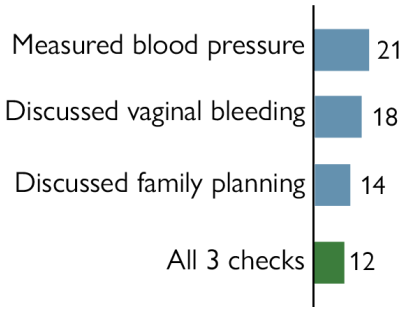
Postnatal Care for Mothers

Postnatal care helps prevent complications after childbirth. Overall, 43% of women age 15–49 received a postnatal checkup within two days of delivery, with 35% of mothers receiving a postnatal check within four hours of giving birth. Still, 56% of mothers received no postnatal check within 41 days of delivery.

Among women who received a postnatal check for their most recent live birth by a health care provider, 21% had their blood pressure measured, 18% discussed vaginal bleeding with a health care provider, and 14% discussed family planning. Twelve percent of the mothers received all three checks within the first two days after birth.

Components of Postnatal Care for the Mother

Among women age 15-49 with a live birth in the 2 years before the survey, percent for whom during the first 2 days after the most recent birth any healthcare provider:



Postnatal Care for Newborns

Among newborns, 42% received the first postnatal checkup within two days of birth, and 35% had the checkup within three hours after delivery. More than half (57%) of newborns received no postnatal check within the first week of life.

Among those newborns who did receive a postnatal check, 23% were weighed and had their umbilical cord examined, 21% had their temperature measured, 18% of newborns' mothers were counselled on and observed breastfeeding, and 19% were told of signs indicating the baby needs immediate attention. One in ten newborns received all five components of postnatal care.

Breast and Cervical Cancer Examinations

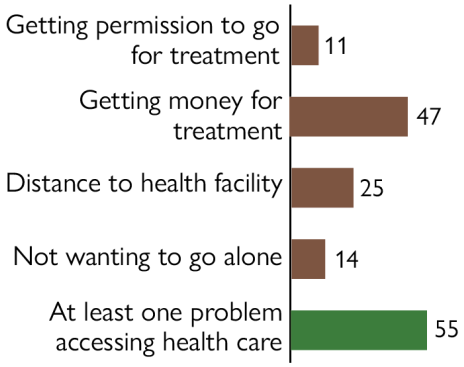
In Nigeria, 6% of women age 15–49 have ever been tested for breast cancer and 3% for cervical cancer. Breast and cervical cancer testing is most common in Lagos (18% and 12%, respectively).

Problems Accessing Health Care

Fifty-five percent of women age 15–49 have at least one problem accessing health care when they are sick. The most common issues are getting money for treatment (47%) and distance to the health facility (25%). Problems accessing health care are most common in Anambra (81%) and among women with no education 63%) and in the lowest wealth quintile (71%).

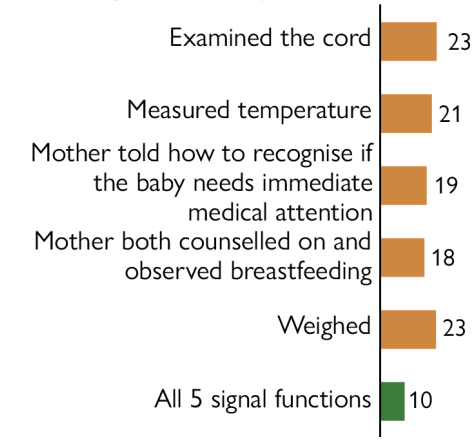
Problems in Accessing Health Care

Percent of women age 15-49 who reported that they have serious problems in accessing health care for themselves when they are sick



Components of Postnatal Care for the Newborn

Among most recent live births in the 2 years before the survey, percent for whom selected functions were performed during the first 2 days after the most recent birth



Nutrition of Children and Women

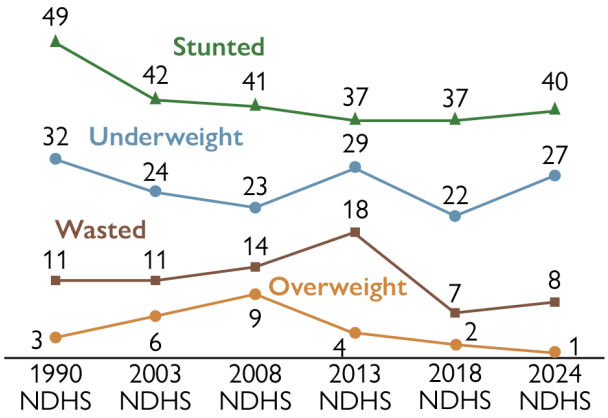
Children's Nutritional Status

The 2024 NDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. Stunting is an indication of chronic undernutrition. Overall, 40% of children under age 5 in Nigeria are stunted. Stunting is lowest in Rivers (12%) and highest in Katsina (65%). Stunting has decreased only slightly since 1990.

Eight percent of children under age 5 have wasting. Wasting is an indication of acute malnutrition. Wasting increased between 1990 and 2013, peaking at 18%, but has decreased since then. Three in four (27%) children under age 5 are underweight and 1% are overweight.

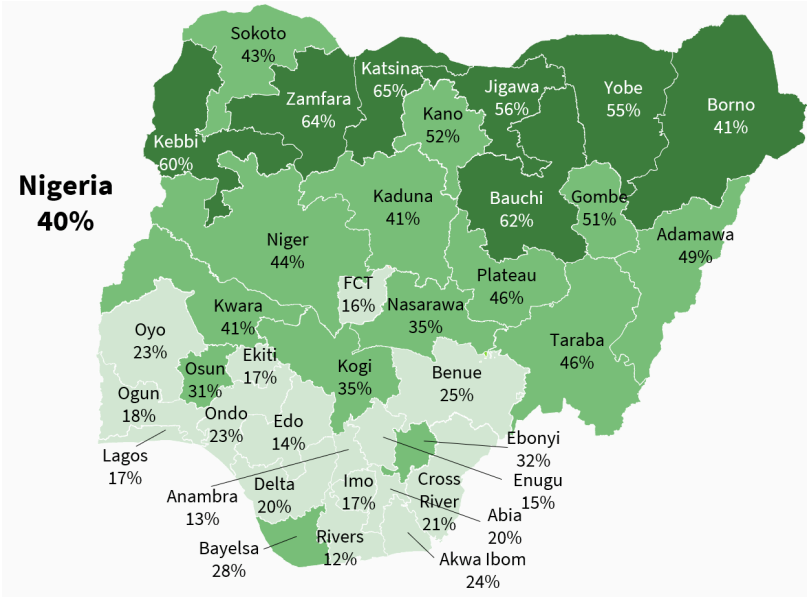
Trends in Child Growth Measures

Percent of children under 5 who are malnourished



Stunting by State

Percent of children under 5 who are stunted



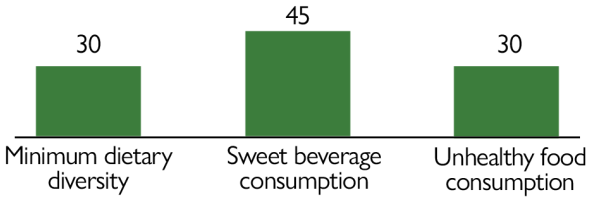
Women's Nutritional Status

The 2024 NDHS took weight and height measurements of women age 15–49. Among adolescent women age 15–19, 31% are thin according to the body mass index for age (BMI-for-age) and 6% are overweight or obese. Among women age 20–49, 13% are thin according to the BMI and 30% are overweight or obese.

The 2024 NDHS also collected data on food and liquids consumed by women the day before the survey. Overall, nearly a third (30%) of women consumed foods from at least five of the possible 10 food groups, achieving minimum dietary diversity. Thirty percent of women consumed unhealthy food and 45% had sweet beverages the day before the survey.

Dietary Practices among Women

Percent of women age 15-49 consuming sweet beverages, unhealthy foods, and achieving minimum dietary diversity



Prevalence of Anaemia in Women

Anaemia among adults has several negative health consequences, such as fatigue and lethargy. It is a major concern for pregnant women because it can lead to increased maternal mortality and poor birth outcomes. Nearly half (47%) of women age 15–49 have anaemia. A higher proportion (50%) of pregnant women are anaemic, compared to 46% of nonpregnant women.

Feeding Practices and Supplementation

Breastfeeding and the Introduction of Complementary Foods

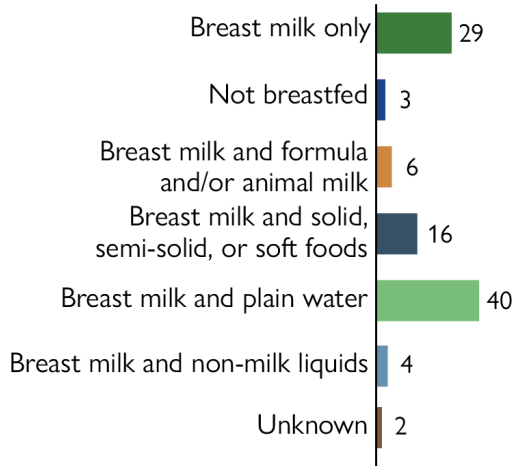
In Nigeria, 96% of children under age 2 were ever breastfed, 36% were breastfed in the first hour of life, and 50% of children were exclusively breastfed for the first two days after birth.

WHO recommends that children receive nothing but breast milk (exclusive breastfeeding) for the first 6 months of life. Twenty-nine percent of children under age 6 months living with their mother are exclusively breastfed, while 3% are not breastfed.

Complementary foods should be introduced when a child is age 6 months to reduce the risk of malnutrition. In Nigeria, 62% of children age 6–8 months were fed solid, semi-solid, or soft foods the day before the survey.

Breastfeeding Status of Children under 6 Months

Percent distribution of youngest children under 6 months living with their mother by feeding category



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. Over 1 in 3 (37%) children age 6–59 months were given vitamin A supplements in the last six months.

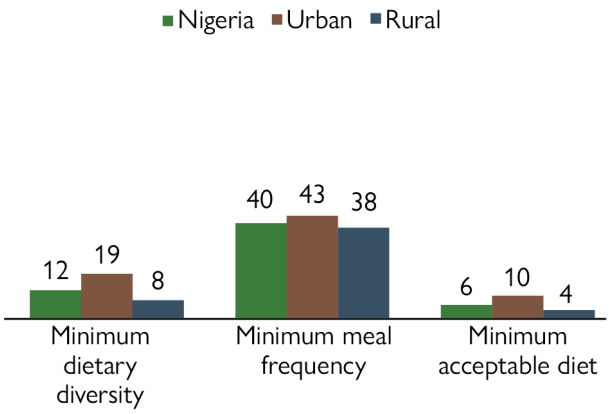
Iron is important for maintaining healthy blood. In Nigeria, 22% of children age 6–59 months were given iron-containing supplements in the 12 months before the survey.

Minimum Acceptable Diet

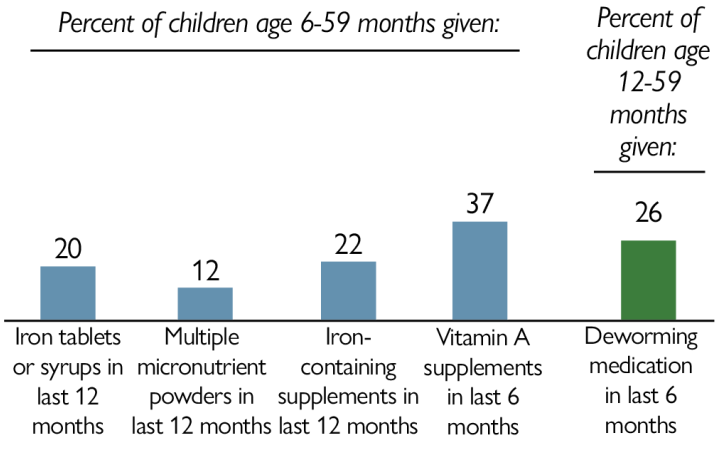
Children age 6–23 months have a minimum acceptable diet when they are fed from at least five of eight defined food groups the minimum number of times or more during the day before the survey. Nonbreastfed children must also receive at least two milk feeds for a minimum acceptable diet. In Nigeria, 6% of youngest children age 6–23 months were fed a minimum acceptable diet the day before the survey, 12% of children received the minimum number of food groups during the previous day or night, and 40% were fed the minimum number of times. These rates were higher in urban areas than in rural areas.

Minimum Acceptable Diet by Residence

Percent of youngest children age 6–23 months living with their mother who received minimum dietary diversity, minimum meal frequency, and minimum acceptable diet



Micronutrient Supplementation and Deworming among Children



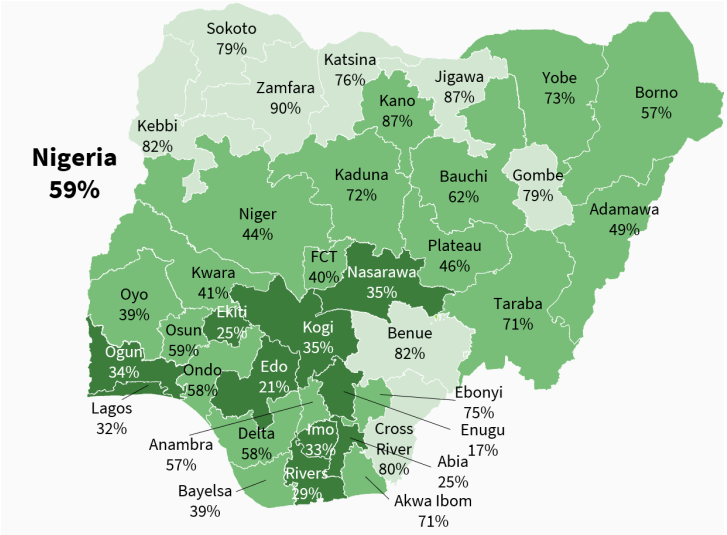
Malaria

Ownership of Insecticide-Treated Nets (ITNs)

Fifty-nine percent of households have at least one insecticide-treated net (ITN). On average, there are 1.3 ITNs per household. Nearly one third (32%) of households own at least one ITN for every two people who stayed in the household the night before the survey. Eight in ten households obtained their ITNs from mass distribution campaigns. The state with the lowest ITN ownership rate is Edo at 21%, while the highest is Zamfara, where 90% of households have at least one ITN.

ITN Ownership by State

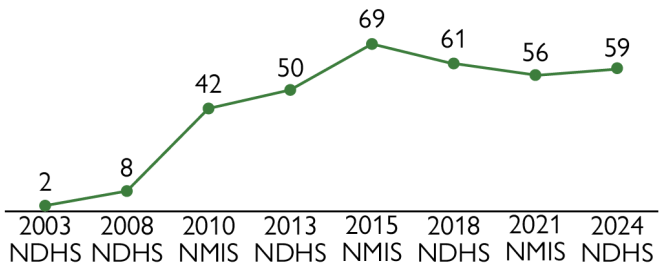
Percent of households with at least 1 ITN



ITN ownership in Nigeria has dramatically increased since 2003, when only 2% of households had at least one ITN. Ownership peaked in 2015 at 69% of households before settling at the current rate of 59%.

Trends in ITN Ownership

Percent of households with at least 1 insecticide-treated net (ITN)



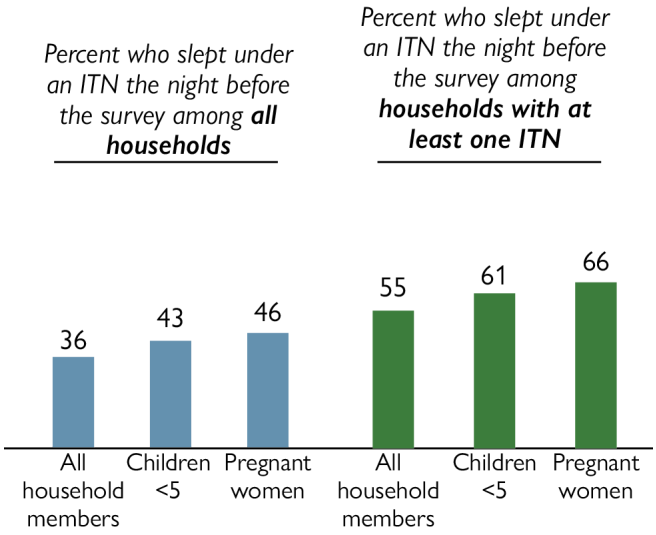
Note: An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. In the 2008 NDHS, 2010 NMIS, 2013 NDHS, and 2015 NMIS, this was known as a long-lasting insecticidal net (LLIN).

Access to and Use of ITNs

Across Nigeria, nearly half (48%) of the household population has access to an ITN. This percentage is highest Cross River, where 74% has access to an ITN, and lowest in Enugu at 14%.

Thirty-six percent of the household population slept under an ITN the night before the survey. Among children under 5 and pregnant women, 43% and 46%, respectively, slept under an ITN. Of the households with at least one ITN, 55% (61% of children under 5 and 66% of pregnant women) slept under an ITN the night before the survey.

ITN Use

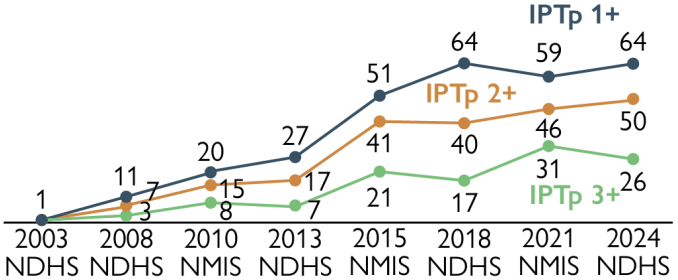


Malaria in Pregnancy (IPTp)

In Nigeria, intermittent preventive treatment (IPTp) in the form of SP/Fansidar is given to pregnant women during routine ANC visits. Nearly two in three (64%) women age 15–49 with a live birth in the two years before the survey received at least one dose of SP/Fansidar, 50% had at least two doses, and 26% had at least three doses. Since 2003, these percentages have generally increased.

Trends in IPTp

Percent of women age 15-49 with a live birth and/or stillbirth in the 2 years before the survey who received at least 1, 2, or 3 doses of SP/Fansidar



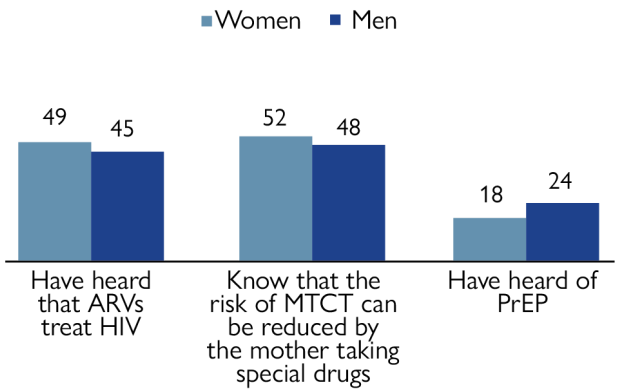
Knowledge, Attitudes, and Behaviour Related to HIV and AIDS

Knowledge of HIV and HIV Prevention Methods

In Nigeria, 49% of women and 45% of men age 15–49 have heard that antiretroviral medicines (ARVs) treat HIV. About half (women 52%, men 48%) know that the risk of mother-to-child transmission (MTCT) can be reduced by the mother taking special drugs. Fewer (women 18%, men 24%) have heard of pre-exposure prophylaxis (PrEP), and of those who have, 71% of women and 83% of men approve of people who take PrEP to prevent getting HIV.

Knowledge of Medicines to Treat or Prevent HIV

Percent of women and men age 15-49 who:



Among young women and men age 15–24, 30% and 22%, respectively, have knowledge about HIV prevention. Knowledge about HIV prevention means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting two major misconceptions about HIV transmission: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV. Of specific prevention methods, 58% of women and 66% of men know that using condoms during sexual intercourse can reduce the chances of getting HIV, and 67% of women and 63% of men know that having just one uninfected faithful partner can also reduce the chances of HIV infection. Most young women (74%) and young men (65%) know that a person cannot get HIV by sharing food with a person who has HIV. Almost two-thirds (64%) of young men know that HIV cannot be spread by mosquitoes, while 72% of young women know this.

HIV Testing

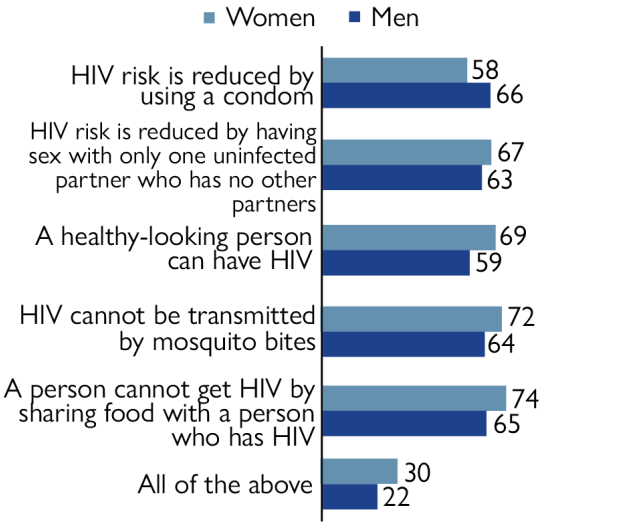
Nearly one-third of women (32%) and men (30%) age 15–49 have ever been tested for HIV and received the results, while 63% of women and 69% of men have never been tested. Among women, HIV testing is highest in Imo (70%) lowest in Kebbi (5%). The highest rates for men are in Cross River, Akwa Ibom, and Benue (63%), while only 2% have been tested in Kebbi. HIV testing has more than tripled since 2003 when just 6% of women and men had ever been tested for HIV.

About 1 in 10 women (11%) and men (9%) have been tested for HIV and received the results in the last 12 months. Recent HIV testing is most common among women (23%) and men (17%) with more than secondary education, as opposed to those with no education (5% and 2%, respectively).

One in three pregnant women were tested for HIV during antenatal care and received the results.

Knowledge of HIV Prevention among Young People

Percent of young women and men age 15-24 who know:



Women's Empowerment

Employment

Two in three (66%) married women age 15–49 were employed in the last 12 months. Among employed married women, 78% are paid in cash and 10% are not paid for their work.

Among married women who were employed in the last 12 months and earned cash, 91% participate in decisions on how to spend their earnings—71% decide alone and 20% decide together with their husband. Eighty-six percent of women say they earn less than their husband.

Ownership of Assets

In Nigeria, 10% of women age 15–49 own a home alone or jointly with someone else. Twenty-one percent of women who own a home have a title or deed for the home with their name on it.

More than 6 in 10 (62%) women own a mobile phone, including 30% who own a smartphone. Twenty-six percent have used their phone for financial transactions in the last 12 months, and 37% have and use a bank account. Among women with more than secondary education, nearly all (95%) have and use a bank account or used a mobile phone for financial transactions in the last 12 months, as opposed to only 5% of those with no education.

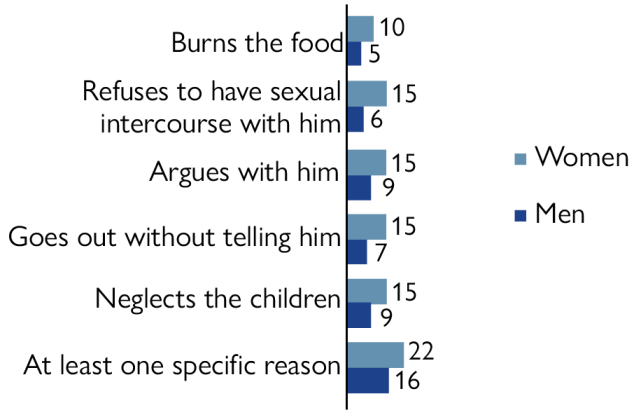
Attitudes toward Wife Beating

In the 2024 NDHS, women age 15–49 were asked if they believe that a husband is justified in hitting or beating his wife/partner for at least one of the following reasons: if she neglects the children, goes out without telling him, argues with him, refuses to have sexual intercourse, or burns the food.

Twenty-two percent of women believe a husband is justified in beating his wife for at least one of the specified reasons.

Attitude toward Wife Beating by Sex

Percent of women and men age 15-49 who agree that a husband/partner is justified in hitting or beating his wife/partner for specific reasons

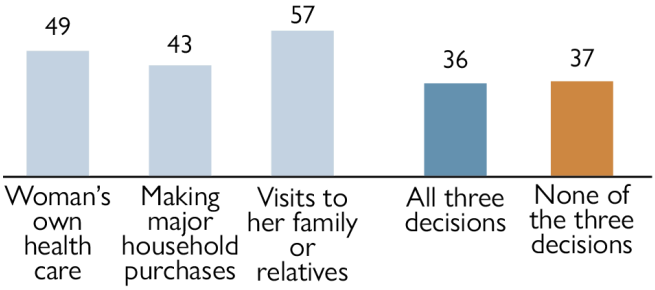


Participation in Household Decisions

The 2024 NDHS asked married women about their participation in three types of household decisions: their own health care, making major household purchases, and visits to their family or relatives. In Nigeria, 49% of married women have sole or joint decision-making power in their own health care, 43% make decisions about major household purchases, and 57% make decisions about visits to their family or relatives. Overall, 36% of married women participate in all three above decisions, while 37% of married women participate in none of the three decisions.

Women's Participation in Decision Making

Percent of married women age 15-49 who usually make specific decisions either alone or jointly with their husband/partner



Women's Participation in Decision Making in Sexual and Reproductive Health

Sixty-one percent of women age 15–49 believe a woman is justified in refusing to have sexual intercourse with her husband if she knows he has sex with other women and 65% believe a woman is justified in asking that they use a condom if she knows that her husband has a sexually transmitted infection.

Half of married women can say no to their husband if they do not want to have sexual intercourse and 41% can ask their husband to use a condom.

Twenty-nine percent of married women make their own decisions related to sexual relations, family planning use, and reproductive care. Participation in decisions related to sexual relations, family planning use, and reproductive care increases with age, education level, and wealth. Women participate in decisions the most in Rivers (81%) and the least in Kebbi (3%).

Domestic Violence

Experience of Physical Violence

In Nigeria, 19% of women age 15–49 have ever experienced physical violence since age 15 and 9% have experienced physical violence in the last 12 months. Recent experience of physical violence is highest among women in Bayelsa (24%) and lowest in Jigawa (1%). The most common perpetrators of physical violence against ever-married women are current or former husbands or intimate partners.

Experience of Sexual Violence

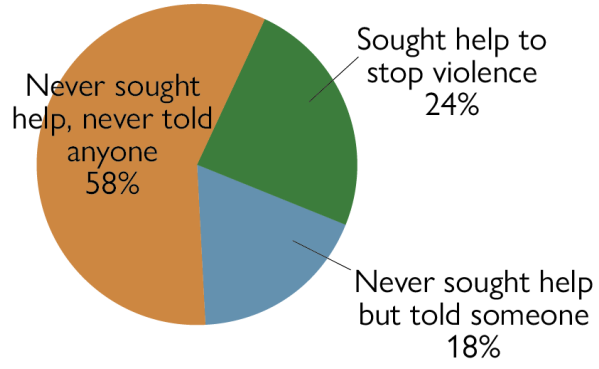
Overall, 5% of women age 15–49 have ever experienced sexual violence and 3% experienced sexual violence in the last 12 months. Sexual violence is most common among women who have never married but have ever had an intimate partner (12%), closely followed by those who are divorced, separated, or widowed (11%).

Help Seeking to Stop Violence

Overall, 21% of women age 15–49 ever experienced physical or sexual violence. Among them, 24% sought help to stop the violence, 18% did not seek help but told someone, though 58% did not seek help and never told anyone. Help seeking is most common among women in Lagos and Anambra and among divorced, separated, or widowed women. The most common source of help is the woman's own family, followed by her husband or intimate partner's family.

Help Seeking to Stop Violence

Percent distribution of women age 15-49 who ever experienced physical or sexual violence by their help-seeking behaviour



Intimate Partner Violence

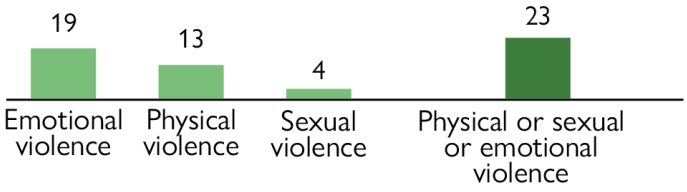
Among women who have ever been married or had an intimate partner, 23% have experienced physical, sexual, or emotional violence committed by their current or most recent husband/intimate partner and the same percentage have experienced intimate partner violence by their current or most recent husband/ intimate partner in the last 12 months.

Emotional violence is the most common form of intimate partner violence committed by a current or most recent husband/intimate partner (19%), followed by physical violence (13%) and sexual violence (4%).

Intimate partner violence committed by a current or most recent partner is most common among divorced, separated, or widowed women (41%).

Any Violence by Most Recent Husband/ Intimate Partner

Percent of women age 15-49 who have ever had a husband or intimate partner who have ever experienced violence committed by their current or most recent husband/intimate partner



Female Genital Mutilation (FGM)

Knowledge of FGM

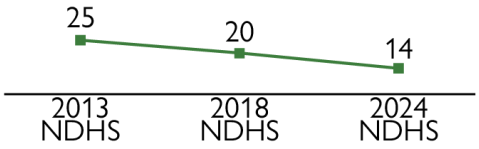
In Nigeria, 59% of women and 56% of men age 15–49 have heard of FGM. Knowledge of FGM increases as level of education and wealth quintile increases.

Prevalence of FGM

Fourteen percent of women age 15–49 are circumcised. The prevalence of FGM declined from 25% in 2013 to 20% in 2018 to 14% in 2024.

Trends in FGM

Percent of women age 15-49 who are circumcised

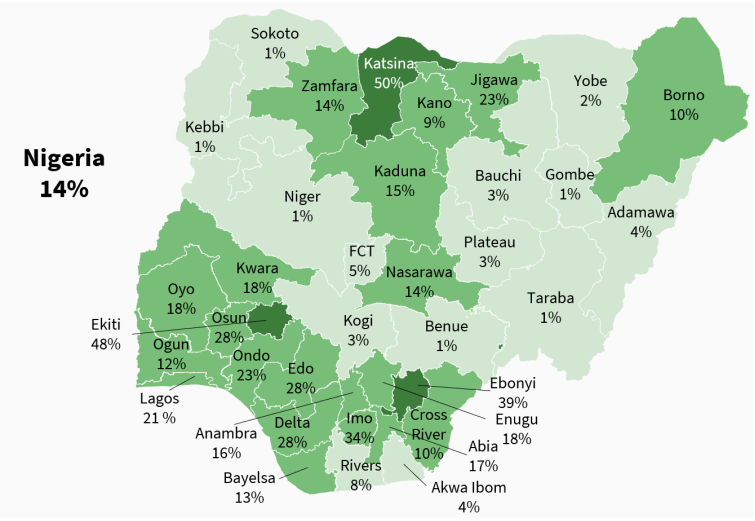


Level of education and wealth quintile do not seem to have a correlation with FGM prevalence: 13% of women with no education and with more than secondary education are circumcised, and 12% of women in the lowest wealth quintile are circumcised as compared to 15% in the highest.

FGM prevalence varies greatly among states, from 1% in Benue, Niger, Gombe, Taraba, Kebbi, and Sokoto states to 50% in Katsina.

Prevalence of FGM by State

Percent of women age 15-49 who are circumcised

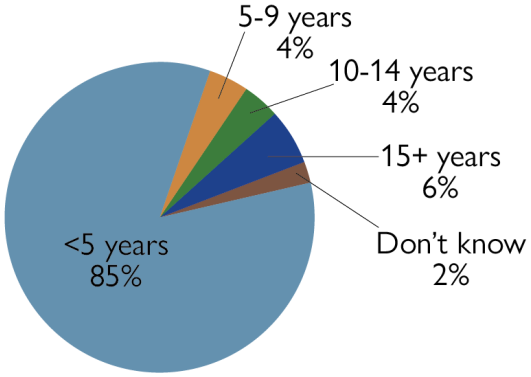


Age at FGM

In Nigeria, FGM is often performed during early childhood. Overall, 85% of women age 15–49 who are circumcised were circumcised before age 5.

Age at FGM

Percent distribution of women who are circumcised



Beliefs about FGM

Two-thirds of women and three-fourths of men age 15–49 who have ever heard of female circumcision do not believe that their religion requires it. Moreover, 71% of women and 74% of men believe that FGM should not be continued.

Knowledge, Attitudes, and Behaviours regarding Noncommunicable and Infectious Diseases

Hypertension

In Nigeria, 8% of women and 5% of men age 15–49 have been told by a health care provider that they have hypertension. Among those who were told that they have hypertension, 72% of women and 69% of men were prescribed medication to control their blood pressure, and 54% of women and 51% of men were actually taking medication to control blood pressure.

Diabetes

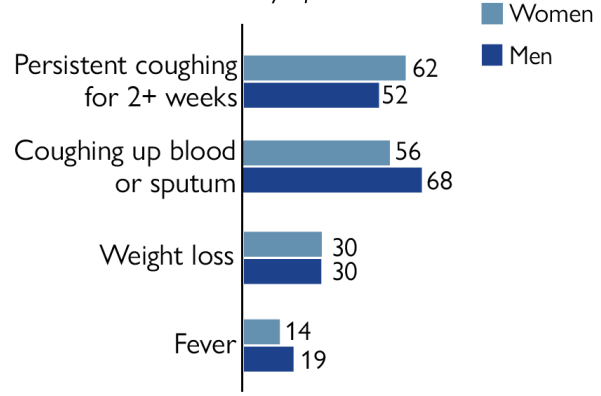
Only 1% of women and men have been told by a health care provider that they have diabetes. Among those who were told by a doctor or other health care worker that they have diabetes, 60% of women and 55% of men were prescribed medication to control their blood sugar, and 53% of women and 39% of men were actually taking medication to control diabetes.

Tuberculosis (TB)

In Nigeria, 64% of women and 70% of men age 15–49 have heard of TB. Among respondents who have heard of TB, 62% of women and 52% of men reported that persistent coughing for 2 weeks or more is a common symptom of TB. Eighty-one percent of women and 91% of men believe that TB can be cured. Only 14% of women and 19% of men who have heard of TB report fever as a common symptom.

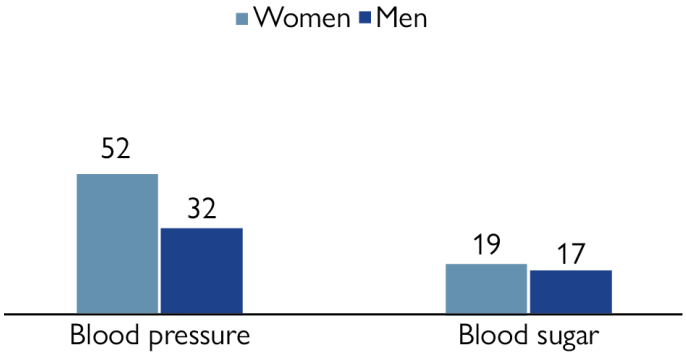
Knowledge about TB

Among women and men age 15-49 who have heard of TB, percentage who are aware of the following common symptoms:



Measurement of Blood Pressure and Blood Sugar

Percent of women and men age 15-49 who have ever had their blood pressure and blood sugar measured by a doctor or other healthcare worker



COVID-19

More than 9 in 10 women (94%) and men (91%) age 15–49 have heard of COVID-19. Among respondents who have heard of COVID-19, 65% of women and 66% of men knew that coughing is a symptom, and 47% of women and 57% of men knew that fever is a symptom. Fewer knew about shortness of breath (31% and 35%, respectively), headache (20% and 25%, respectively), and loss of taste and smell (both 14%).

Nearly 3 in 10 (29%) Nigerians have been vaccinated against COVID-19, with slightly higher rates in urban areas (34%) than in rural areas (24%). Vaccination rates are also slightly higher among men (31%) than women (27%) and increase with higher levels of education and wealth quintiles. Among those who did not receive a COVID-19 vaccine, 71% of women and 64% of men age 15–49 say they are not willing to be vaccinated.

Hepatitis B

Over half the population (53% of women and men age 15–49) have heard of hepatitis B. Of those, only 9% of women and 11% of men have been vaccinated against hepatitis B.

Eight percent of women and 11% of men have tested positive for hepatitis B in the last 12 months. Of those, nearly three-fourths (75% of women and 74% of men) have received treatment.

Indicators

Household Water, Sanitation, and Hygiene	Nigeria	States												
		FCT-Abuja	Benue	Kogi	Kwara	Nasarawa	Niger	Plateau	Adamawa	Bauchi	Borno	Gombe	Taraba	Yobe
Household population with access to at least basic drinking water service (%)	71	96	67	53	71	70	44	42	49	66	63	57	36	77
Household population with access to at least basic sanitation service [1] (%)	49	73	32	21	39	53	31	25	33	58	45	51	24	33
Fertility														
Total Fertility Rate (number of children per woman)	4.8	3.2	3.5	4.9	4.0	4.3	4.4	4.4	5.3	6.2	6.5	5.5	5.2	7.5
Median age at first birth for women age 25–49 (years)	21.3	24.1	21.3	21.7	23.3	21.2	20.6	20.9	19.8	19.0	20.6	18.8	20.2	19.4
Women age 15–19 who have ever been pregnant [2] (%)	15	4	10	16	13	13	16	9	15	25	15	16	14	18
Family Planning (among married women age 15–49)														
Current use of any method of family planning (%)	20	21	31	13	11	26	10	31	20	11	10	31	12	9
Current use of a modern method of family planning (%)	15	19	23	11	10	22	8	26	18	11	9	30	11	8
Demand satisfied by modern methods of family planning (%)	37	40	45	30	26	48	26	57	39	32	26	69	30	23
Childhood Mortality (deaths per 1,000 live births [3])														
Infant mortality	63	35	34	59	12	70	31	59	75	77	48	81	64	54
Under-five mortality	110	60	53	78	14	106	49	98	144	125	86	157	126	145
Child Health														
Children age 12–23 months who are fully vaccinated according to the national schedule [4] (%)	20	25	13	8	13	29	11	13	23	23	16	22	8	13
Children age 12–23 months who are fully vaccinated against basic antigens [5] (%)	39	46	25	17	28	42	28	25	38	51	29	49	26	37
Maternal and Newborn Health Care														
Pregnant women age 15–49 who had 4+ ANC visits [6] (%)	52	80	49	54	51	66	35	33	56	47	61	39	51	49
Live births delivered in a health facility (%)	43	81	59	62	52	56	30	46	42	31	46	49	33	32
Live births delivered by a skilled provider [7] (%)	46	82	67	61	55	69	34	50	24	28	38	38	34	35
Nutrition														
Children under age 5 who are stunted (%)	40	16	25	35	41	35	44	46	49	62	41	51	46	55
Children born in the last two years who were ever breastfed (%)	96	99	97	96	96	97	96	95	94	91	96	98	94	98
HIV/AIDS														
Women age 15–49 who have ever been tested for HIV and received the results (%)	32	55	62	30	18	46	15	28	38	36	24	48	38	17
Noncommunicable Diseases														
Women age 15–49 who were ever told by a health care worker that they have high blood pressure (hypertension) (%)	8	11	8	6	9	11	4	6	14	12	13	8	4	9
Women age 15–49 who were ever told by a health care worker that they have high blood sugar (diabetes) (%)	1	3	1	1	2	1	<1	1	<1	2	2	<1	<1	1
Women's Empowerment														
Women age 15–49 who own a home alone or jointly (%)	10	15	29	16	13	10	1	15	5	9	5	3	2	3
Women age 15–49 who have and use a bank account or used a mobile phone for financial transactions in the last 12 months (%)	37	74	40	38	55	38	14	28	18	18	17	23	20	18
Domestic Violence														
Women age 15–49 who have experienced physical violence since age 15 (%)	19	16	43	28	13	35	4	31	13	10	14	18	14	13
Women age 15–49 who have ever had a husband or intimate partner and experienced emotional, physical, or sexual violence by their current or most recent husband/intimate partner (%)	23	22	36	23	20	40	8	37	15	11	26	31	23	9

[1] At least basic sanitation service: safely managed and basic sanitation services. [2] Women age 15–19 who have ever had a live birth, pregnancy loss (stillbirth, miscarriage, abortion), or are currently pregnant. [3] National mortality rates are for the 5-year period before the survey. State mortality rates are for the 10-year period before the survey. [4] National schedule includes BCG, HepB (birth dose), three doses of DPT-HepB-Hib, four doses of OPV, one dose of IPV, three doses of pneumococcal vaccine, one dose of measles, one dose of yellow fever, and one dose of meningitis vaccine. Since the rotavirus vaccine was rolled out in phases in August and October 2022, not all children age 12–35 months at the time of the survey were eligible for the

States																							
Jigawa	Kaduna	Kano	Katsina	Kebbi	Sokoto	Zamfara	Abia	Anambra	Ebonyi	Enugu	Imo	Akwa Ibom	Bayelsa	Cross River	Delta	Edo	Rivers	Ekiti	Lagos	Ogun	Ondo	Osun	Oyo
81	71	92	60	31	35	55	69	93	40	74	92	81	76	56	87	89	91	88	98	97	91	94	92
45	41	83	57	35	48	56	65	66	9	37	74	44	49	30	61	59	54	42	66	57	37	46	37
6.9	5.6	5.8	5.7	6.6	5.4	6.3	3.7	3.7	4.7	3.5	4.4	3.3	3.8	3.0	3.7	3.3	2.9	3.8	3.2	4.1	3.1	3.3	3.3
19.2	19.1	19.6	18.8	19.5	19.7	18.8	a	24.9	22.1	a	a	21.6	21.3	22.7	24.0	a	24.5	22.9	a	23.2	23.0	23.9	23.8
29	30	13	23	32	21	30	5	5	6	6	4	11	15	5	12	3	6	10	3	4	6	7	8
4	14	11	8	3	7	20	34	41	10	26	44	43	25	27	42	28	20	66	54	40	27	40	41
4	13	11	7	3	6	16	18	22	7	11	19	17	17	19	24	19	15	43	31	29	23	35	34
19	33	29	27	13	34	44	34	39	19	23	31	26	32	33	42	42	35	54	46	44	47	55	59
81	85	86	63	90	56	60	49	50	42	34	62	56	56	39	26	13	39	27	36	47	8	49	18
161	153	158	105	159	109	119	69	72	68	49	85	80	73	60	33	19	54	44	46	60	15	55	23
33	10	14	15	4	3	4	21	27	36	29	38	23	55	40	45	34	29	(39)	44	33	47	41	16
57	36	36	45	10	8	10	38	49	58	52	59	51	63	69	68	58	56	(57)	66	51	51	55	31
38	59	51	37	14	23	22	79	85	62	62	85	66	49	80	61	63	77	69	95	74	66	92	74
21	26	33	16	9	13	15	86	83	79	93	97	39	46	59	83	91	57	82	86	83	83	87	75
25	36	36	19	10	12	13	95	92	74	96	97	52	57	56	81	93	92	94	87	83	76	92	83
56	41	52	65	60	43	64	20	13	32	15	17	24	28	21	20	14	12	17	17	18	23	31	23
95	96	95	97	94	97	96	96	97	98	93	91	99	98	98	97	96	96	93	95	96	98	98	95
22	27	25	20	5	6	15	47	48	23	40	70	66	42	55	42	33	53	39	54	27	28	18	25
7	8	12	7	2	2	3	8	8	3	5	10	14	11	7	10	6	7	7	10	8	5	6	9
<1	<1	1	1	<1	1	1	1	2	1	1	1	3	1	1	2	1	1	<1	2	1	1	1	1
1	10	16	3	2	1	1	11	19	16	22	14	13	15	17	6	9	10	14	8	9	22	12	7
11	27	22	10	4	8	10	70	68	28	58	67	58	64	47	72	77	64	71	81	69	65	76	68
5	10	12	13	1	23	10	33	30	45	13	13	38	47	41	37	28	19	37	20	25	10	16	24
12	23	24	17	2	47	14	34	37	42	15	19	28	43	42	38	38	30	43	20	24	17	20	13

vaccine at the time it was rolled out; therefore, estimates of the percentage of children fully vaccinated according to national schedule excludes rotavirus vaccinations. [5] Fully vaccinated against basic antigens includes BCG, three doses of DPT-HepB-Hib, three doses of polio vaccine (excluding polio vaccine given at birth), and one dose of measles vaccine. [6] Pregnant women age 15–49 with a live birth in the two years preceding the survey. [7] Skilled provider includes family doctor, obstetrician/gynecologist, other doctor, nurse, male nurse, and midwife. a = omitted because less than 50% of the women had a birth before reaching the beginning of the age group. Figures in parentheses are based on 25-49 unweighted cases.