

INTRODUCTION

1.1 HISTORY, GEOGRAPHY, AND ECONOMY OF NIGERIA

History

The evolution of Nigeria from the mid-1800s until it attained independence in 1960 is largely the story of the transformational impact of the British on the people and culture of the Niger-Benue area. The British were in the Niger-Benue area to pursue interests that were largely economic and strategic. In the process of seeking to realize those interests, a sociopolitical aggregation—known today as Nigeria—emerged.

Nigeria came into existence as a nation-state in 1914 through the amalgamation of the North and South protectorates. Before then, there were various separate cultural, ethnic, and linguistic groups, such as the Oyo, Benin, Nupe, Jukun, Kanem-Bornu, and Hausa-Fulani empires. These peoples lived in kingdoms and emirates with traditional but sophisticated systems of government. There were also other relatively small but strong—and indeed resistant—ethnic groups (e.g., Ibo, Ibibio, and Tiv).

The British established a crown colony type of government after the amalgamation. The affairs of the colonial administration were conducted by the British until 1942, when a few Nigerians became involved in the administration of the country. In the early 1950s, Nigeria achieved partial self-government with a legislature in which the majority of the members were elected into an executive council; most were Nigerians. Nigeria became a federation of three regions in 1954 and remained so until its independence in October 1960, with the Lagos area as the Federal Capital Territory. Three years later, on October 1, 1963, Nigeria became a republic. Nigeria has since had different administrative structures. Within the boundaries of Nigeria are many social groups with distinct cultural traits, which are reflected in the diverse behaviour of the people. There are about 374 identifiable ethnic groups, but the Igbo, Hausa, and Yoruba are the major groups.

Presently, Nigeria is made up of 36 states and a Federal Capital Territory (FCT), which are grouped into six geopolitical regions: North Central, North East, North West, South East, South South, and South West. There are also 774 constitutionally recognized Local Government Areas (LGAs) in the country.

Geography

Nigeria lies between 4°16' and 13°53' north latitude and between 2°40' and 14°41' east longitude. The country is in the West African subregion and borders Niger in the north, Chad in the northeast, Cameroon in the east, and Benin in the west. To the south, Nigeria is bordered by approximately 800 kilometres of the Atlantic Ocean, stretching from Badagry in the west to the Rio del Rey in the east.

With a total land area of 923,768 square kilometres, the country is the fourth largest in Africa. Nigeria is diverse climatically and topographically and exhibits a great variety of relief features, encompassing uplands of 600 to 1,300 metres on the North Central and the east highlands and lowlands of less than 20 metres in the coastal areas. The lowlands extend from the Sokoto plains to the Borno plains in the North, the coastal lowlands of Western Nigeria, and the Cross River basin in the east. The highland includes the Jos Plateau and the Adamawa highlands in the North, extending to the Obudu Plateau and

Oban Hills in the South East. Other topographic features include the Niger-Benue Trough and Chad Basin.

Nigeria has a tropical climate with wet and dry seasons associated with the movement of the Intertropical Convergence Zone north and south of the equator. The dry season occurs from October to March with a spell of coolness and dry, dusty harmattan wind felt mostly in the north in December and January. The wet season occurs from April to September. The temperature oscillates between 25° and 40°C, while rainfall ranges from 2,650 millimetres in the southeast to less than 600 millimetres in some parts of the north, mainly on the fringes of the Sahara Desert. The vegetation that results from these climatic differences consists of mangrove swamp forest in the Niger Delta and Sahel grassland in the north. Within a wide range of climatic, vegetation, and soil conditions, Nigeria possesses potential for a wide range of agricultural production.

Economy

Nigeria's economic history and development have been closely tied to its agricultural sector. Before the discovery of oil, the country depended almost entirely on agriculture for food and on agro-industrial raw materials for foreign exchange earnings through commodity trade. Agriculture also provided gainful employment to over 75 percent of the country's labour force and satisfactory livelihood to over 90 percent of the population at the time of the country's independence. Over the years, the dominant role of agriculture in the economy, especially in terms of the country's foreign exchange earnings, gave way to petroleum. Since 1980, oil production has accounted for more than two-thirds of the gross domestic product (GDP) and more than 80 percent of total government revenue. To date, the government has largely controlled vast industrial and commercial enterprises; however, there is now a vigorous drive to privatization. There are also large, multinational companies, as well as organized small-scale enterprises.

Since the onset of the new democratic administration in 1999, economic policies have become more favourable to investment. Consequently, there has been an improvement in the performance of the domestic economy. Nigeria's GDP was estimated at 2.7 percent in 1999, 2.8 percent in 2000, and 3.8 percent in 2001. The aggregate index of agricultural production was 3.9 percent in 2001, compared with 3.7 percent in 1999. The average industrial capacity utilization was 35.5 percent in 2001, representing an increase of 4.5 percent over the 1999 figure of 31 percent (Central Bank of Nigeria, 2002). Before the advent of the civilian administration in 1999, Nigeria had a large public sector, comprising over 550 public enterprises in most sectors of the economy and dominating activities in power, telecommunication, petroleum, and steel sectors. The public enterprise sector accounts for an estimated 50 percent of the total GDP, 57 percent of investments, and two thirds of formal sector employment.

Like other developing countries, the civilian administration in Nigeria has recognized the importance of privatization in the restructuring of its economy. The country embarked on a broader economic reform and liberalization programme designed to restore macroeconomic stability, achieve faster sustainable growth, raise living standards, and reduce poverty. The reform programme was also aimed at promoting greater private sector participation in economic activity, and it included the maintenance of sound macroeconomic policies, as well as deregulation, with emphasis on power, telecommunications, and downstream petroleum sectors. It is too early to determine the impact of privatization and liberalization on the Nigerian economy. However, it is believed that these economic policy reforms, combined with investments in human resources and physical infrastructure, as well as the establishment of macroeconomic stability and good governance, are essential to achieve a high rate of self-sustaining, long-term economic growth.

1.2 POPULATION AND BASIC DEMOGRAPHIC INDICATORS

In Nigeria, population has always been a contentious issue. Censuses conducted in Nigeria have been controversial and have on occasion given rise to impassioned concerns from sections of the population. To a large extent, this has been because population figures are used by the federal government as one factor in the allocation of funds. They are also used to determine representation in the Houses of Assembly and both chambers of the National Assembly.

The first attempt at a population census in Nigeria was in 1866. Subsequent censuses before 1952, such as 1911 and 1922, were restricted to some sections of the country. The 1952-53 enumeration was the first nationwide census. The first postindependence census conducted in 1962 was cancelled because of alleged irregularities in its conduct. Another census conducted in 1963 was officially accepted (Table 1.1). The 1973 exercise was declared unacceptable and was cancelled. Thereafter, no attempt was made at conducting a census until 1991.

Indicators	Census 1963	NFS 1981-1982	NDHS 1990	Census 1991	NDHS 1999 ¹
Population (millions)	55.7	84.7	u	88.9	u
Density (pop./sq.km)	60	92	u	96	u
Percent urban	19	23	24	36.3	u
Crude birth rate (CBR)	66	46	39	44.6	38
Crude death rate (CDR)	27	16	u	14	u
Total fertility rate (TFR)	u	6.3	6	5.9	5.2
Infant mortality rate (IMR)	u	85	87	93	78
Life expectancy at birth	36	48	u	53.2	u

u = Unknown (not available)
¹ Reported rates. See 1999 NDHS final report for information on data quality.
 Sources: National Population Commission; Federal Office of Statistics

The total population of Nigeria as reported in the 1991 census was 88,992,220. Using a growth rate of 2.83 percent per annum, the National Population Commission (NPC) estimates the current population of Nigeria to be about 126 million. This makes Nigeria the most populous nation in Africa and the tenth most populous in the world. The spatial distribution of the population within the country is uneven. Extensive areas in the Chad Basin, the middle Niger Valley, the grass plains, and the Niger Delta, among others, are sparsely populated. In contrast, there are large areas of densely populated rural districts, which support more than 400 persons per square kilometre in parts of Akwa Ibom, Imo, Anambra, and Enugu State, as well as around Kano, Katsina, and Sokoto States. However, the average population density of the country in 1991 was 96 persons per square kilometre. The most densely populated states are Lagos, Anambra, Imo, and Akwa Ibom. Except for Lagos, all states with high population densities are located in the South East of Nigeria. Kano State, with an average density of 281 persons per square kilometre, is by far the most densely populated state in the north.

The population of Nigeria is predominantly rural; approximately one-third live in urban areas. The states with the largest proportion of urban population are Lagos (94 percent), Oyo (69 percent), and Anambra (62 percent). The least urbanized states, with an urban population under 15 percent, include Sokoto (14 percent), Kebbi (12 percent), Akwa Ibom (12 percent) Taraba (10 percent), and Jigawa (7 percent) (NPC, 1998).

The effort to generate reliable demographic data has included the conduct of numerous sample surveys. These include the 1965-66 Rural Demographic Sample Survey and the 1980 National Demographic Sample Survey (NDSS) conducted by the Federal Office of Statistics and the National Population Bureau, respectively.

The 1981-1982 Nigeria Fertility Survey (NFS) was the first nationally representative survey on fertility, family planning, contraceptive use, and related topics. The first Nigeria Demographic and Health Survey (NDHS) followed in 1990. In addition to the topics covered by the NFS, the 1990 NDHS also collected information on issues related to maternal and child health. In 1994, the first sentinel survey was conducted to serve as a baseline study to monitor the various projects designed to achieve the objectives of the National Population Policy. In 1999, another NDHS was conducted. This was followed by a sentinel survey conducted in 2000.

1.3 POPULATION AND HEALTH POLICIES AND PROGRAMMES

Population Policies and Programmes

On February 4, 1988, the Federal Government of Nigeria approved the National Policy on Population for Development in response to the pattern of population growth rate and its adverse effect on national development. Since that time, emerging issues highlighted by the 1991 National Population Census, the 1994 International Conference on Population and Development, the 1999 AIDS/HIV Summit in Abuja, and other fora resulted in a revision of the National Population Policy, which was signed by the President and Commander-in-Chief of the armed forces of the Federal Republic of Nigeria, Chief Olusegun Obasanjo (GCFR), on January 14, 2004.¹ The policy recognizes that population factors, social and economic development, and environmental issues are irrevocably entwined and are all critical to the achievement of sustainable development in Nigeria.

The overall goal of the 2004 National Policy on Population for Sustainable Development is the improvement of the quality of life and the standards of living of the people of Nigeria. The specific goals are the following:

- Achievement of sustained economic growth, poverty eradication, protection and preservation of the environment, and provision of quality social services
- Achievement of a balance between the rate of population growth, available resources, and the social and economic development of the country
- Progress towards a complete demographic transition to reasonable birth rates and low death rates.
- Improvement in the reproductive health of all Nigerians at every stage of the life cycle
- Acceleration of a strong and immediate response to curb the spread of HIV/AIDS and other related infectious diseases
- Progress in achieving balanced and integrated urban and rural development.

To achieve these goals, the 2004 population policy sets out the following objectives:

¹ Although the policy has been approved by the government, some changes are still expected.

- Increase understanding and awareness of the interrelationships between population factors, social and economic development, and the environment, and their mutual importance to the long-term sustainable development of Nigeria
- Expand access and coverage and improve the quality of reproductive and sexual health care services
- Strengthen and expand a comprehensive family planning and fertility management programme that ensures that all couples/individuals who want them have uninterrupted access to a reasonable range of contraceptive methods at affordable prices, and is also adequately responsive to the needs of infertile and subfertile couples
- Strengthen and improve safe motherhood programmes to reduce maternal mortality and morbidity and enhance the health of women
- Reduce infant and child mortality and improve the health and nutritional status of Nigerian children through expanded access to high-quality promotive, preventive, and curative health care services
- Promote Behavioural Change Communication (BCC) programmes to increase reproductive and sexual health knowledge, awareness, and behavioural change among Nigerians
- Empower women to participate actively and fully in all aspects of Nigeria's development and effectively address gender issues
- Enhance the involvement of men in reproductive health programmes and health care
- Increase the integration of adolescents and young people into development efforts and effectively address their reproductive health and related needs
- Increase and intensify coverage of population and family life education programmes
- Accelerate the integration of reproductive health and family planning concerns into sectoral programmes and activities
- Use effective advocacy to promote and accelerate attitudinal change towards population and reproductive health issues among public and private sector leaders
- Reduce and eventually eliminate harmful social and cultural practices that adversely affect the reproductive health of the population through the promotion of behavioural change and appropriate legislation
- Strengthen the national response to HIV/AIDS to rapidly control the spread of the epidemic and mitigate its social and economic impacts
- Encourage the integration of population groups with special needs, including nomads, refugees and displaced persons, the elderly, persons with disabilities, and remote rural dwellers into the development process
- Accelerate progress towards integrated urban and rural development and balanced population distribution

- Increase enrolment and retention of children, especially girls, in basic education and raise literacy levels among Nigerians
- Accelerate the integration of population factors into development planning at national, state and local government levels
- Improve the population, social, and economic database; promote and support population and development research; and help leadership groups recognize the important contribution that planning and data utilization make to the good governance of Nigeria
- Improve systems for monitoring and evaluating the implementation of the population policy and for reviewing the policy at periodic intervals.

The Government of Nigeria has set the goal of a 2-percent population growth rate by 2015 or beyond in its National Economic Policy. The targets for reduction in the total fertility rate and increases in modern contraceptive prevalence indicated below are consistent with this goal. The following key targets have been set to guide policy, programme planning, and implementation:

- Achieve a reduction of the national population growth rate to 2 percent or lower by the year 2015
- Achieve a reduction in the total fertility rate of at least 0.6 children every five years
- Increase the modern contraceptive prevalence rate by at least 2 percentage points per year
- Reduce the infant mortality rate to 35 deaths per 1,000 live births by 2015
- Reduce the child mortality rate to 45 deaths per 1,000 live births by 2015
- Reduce the maternal mortality ratio to 125 deaths per 100,000 live births by 2010 and to 75 per 100,000 live births by 2015
- Achieve sustainable universal basic education as soon as possible prior to 2015
- Eliminate the gap between men and women in enrolment in secondary, tertiary, vocational and technical education and training by 2015
- Eliminate illiteracy by 2020
- Achieve a 25 percent reduction in the adult prevalence of HIV every five years.

Health Policies and Programmes

The Federal Government has several programmes and policies aimed at improving health care delivery services. The fourth National Development Plan (1981-1985) established a government commitment to provide adequate and effective primary health care that is promotive, protective, preventive, restorative, and rehabilitative to the entire population by the year 2000. A national health policy was consequently adopted in 1988. Its goal is to provide a formal framework for the direction of health management in Nigeria. The objective is to provide the population with access not only to primary health care but also to secondary and tertiary care, as needed, through a functional referral system. It defines the roles and responsibilities of the three tiers of government, as well as of civil society and nongovernmental organizations (NGOs).

In general, the provision of health services is the responsibility of federal, state, and local governments as well as religious organizations and individuals. The services are organized in a three-tier health care system:

- 1) Primary health care, which is largely the responsibility of local governments, with the support of the State Ministry of Health
- 2) Secondary health care, which provides specialized services to patients referred from the primary health care level and is the responsibility of the state government
- 3) Tertiary health care, which provides highly specialized referral services to the primary and secondary levels of the health care delivery system and is in the domain of the federal and state governments.

The national health policy regards primary health care as the framework to achieve improved health for the population. Primary health care services include health education; adequate nutrition; safe water and sanitation; reproductive health, including family planning; immunization against five major infectious diseases; provision of essential drugs; and disease control. The policy document requires that a comprehensive health care system delivered through the primary health centers should include maternal and child health care, including family planning services.

The health sector is characterized by wide regional disparities in status, service delivery, and resource availability. More health services are located in the southern states than in the north. The health sector has deteriorated despite Nigeria's high number of medical personnel per capita. The current priorities in the health sector are in the area of childhood immunization and prevention of HIV/AIDS.

1.4 EDUCATION

Education in Nigeria has evolved over a long period of time, with a series of policy changes. As a result, there have been increases in the enrolment of children and in the number of educational institutions both in the public and private sectors. The 1976 National Policy on Universal Primary Education gives every child the right to tuition-free primary education. Later, the 6-3-3-4 system was introduced, establishing six years of primary education, followed by three years of junior secondary and three years of senior secondary education; the last segment of four years is for university or polytechnic education. Subsequently, the National Literacy Programme for Adults was launched, followed by the establishment of nomadic education to address the needs of children of migrant cattle herders and fishermen in the riverine areas. In October 1999, Universal Basic Education (UBE) was launched, making it compulsory for every child to be educated free of tuition up to the junior secondary school level in an effort to meet Nigeria's manpower requirement for national development.

1.5 ORGANIZATION AND OBJECTIVES OF THE 2003 NIGERIA DEMOGRAPHIC AND HEALTH SURVEY

The 2003 Nigeria Demographic and Health Survey (2003 NDHS) is the latest in a series of nationally representative population and health surveys conducted in Nigeria. The 2003 NDHS was conducted by the National Population Commission (NPC); all activities were coordinated by a 12-member committee. The survey was funded by USAID/Nigeria, while ORC Macro provided technical support through MEASURE DHS+, a project sponsored by the U.S Agency for International Development (USAID) to assist countries worldwide in conducting surveys to obtain information on key population and health indicators. Other development partners, including the Department for International Development (DFID), the United Nations Population Fund (UNFPA), and the United Nations Children's Fund (UNICEF), also provided support for the survey.

The 2003 NDHS was designed to provide estimates for key indicators such as fertility, contraceptive use, infant and child mortality, immunization levels, use of family planning, maternal and child health, breastfeeding practices, nutritional status of mothers and young children, use of mosquito nets, female genital cutting, marriage, sexual activity, and awareness and behaviour regarding AIDS and other sexually transmitted infections in Nigeria.

Sample Design

The sample for the 2003 NDHS was designed to provide estimates of population and health indicators (including fertility and mortality rates) for Nigeria as a whole, urban and rural areas, and six major subdivisions.

A representative probability sample of 7,864 households was selected for the 2003 NDHS sample. The sample was selected in two stages. In the first stage, 365 clusters were selected from a list of enumeration areas developed from the 1991 population census. In the second stage, a complete listing of households was carried out in each selected cluster. Households were then systematically selected for participation in the survey.

All women age 15-49 who were either permanent residents of the households in the 2003 NDHS sample or visitors present in the household on the night before the survey were eligible to be interviewed. In addition, in a subsample of one-third of all households selected for the survey, all men age 15-59 were eligible to be interviewed if they were either permanent residents or visitors present in the household on the night before the survey.

Questionnaires

Three questionnaires were used for the 2003 NDHS: the Household Questionnaire, the Women's Questionnaire, and the Men's Questionnaire. The content of these questionnaires was based on the model questionnaires developed by the MEASURE *DHS+* programme for use in countries with low levels of contraceptive use.

The questionnaires were adapted during a technical workshop organized by the National Population Commission to reflect relevant issues in population and health in Nigeria. The workshop was attended by experts from the government, NGOs, and international donors. The adapted questionnaires were translated from English into the three major languages (Hausa, Igbo, and Yoruba) and pretested during November 2002.

The Household Questionnaire was used to list all usual members and visitors in the selected households. Some basic information was collected on the characteristics of each person listed, including age, sex, education, and relationship to the head of the household. The main purpose of the Household Questionnaire was to identify women and men who were eligible for the individual interview. The Household Questionnaire also collected information on characteristics of the household's dwelling unit, such as the source of water, type of toilet facilities, materials used for the floor of the house, ownership of various durable goods, and ownership and use of mosquito nets. Additionally, the Household Questionnaire was used to record height and weight measurements of women age 15-49 and children under the age of 6.

The Women's Questionnaire was used to collect information from all women age 15-49. These women were asked questions on the following topics:

- Background characteristics (e.g., education, residential history, media exposure)
- Birth history and childhood mortality

- Knowledge and use of family planning methods
- Fertility preferences
- Antenatal and delivery care
- Breastfeeding and child feeding practices
- Vaccinations and childhood illnesses
- Marriage and sexual activity
- Woman's work and husband's background characteristics
- Awareness and behaviour regarding AIDS and other sexually transmitted infections
- Female genital cutting.

The Men's Questionnaire was administered to all men age 15-59 living in every third household in the 2003 NDHS sample. The Men's Questionnaire collected much of the same information found in the Women's Questionnaire, but was shorter because it did not contain a reproductive history or questions on maternal and child health or nutrition.

Training of Field Staff

Over 100 people were recruited by the NPC to serve as supervisors, field editors, male and female interviewers, quality control personnel, and reserve interviewers. Efforts were made to recruit high-calibre personnel who came from all of the 36 states and the FCT to ensure appropriate linguistic and cultural diversity. They all participated in the main interviewer training, which was conducted from February 17 to March 8, 2003. The training was conducted in English and included lectures, presentations by outside experts, practical demonstrations, and practice interviewing in small groups. The practice interviews were conducted in the languages that the questionnaires were translated into: English, Hausa, Igbo, and Yoruba. Practice in certain less common dialects was also accomplished by translating directly from the English questionnaires. All of the field staff participated in three days of field practice. Finally, a series of special lectures was held specifically for the group comprising supervisors, field editors, quality control personnel, and field coordinators.

Fieldwork

Fieldwork for the 2003 NDHS took place over a five-month period, from March to August 2003. Twelve interviewing teams carried out data collection. Each team consisted of one team supervisor, one field editor, four female interviewers, one male interviewer, and one driver. Special care was taken to monitor the quality of data collection. First, the field editor was responsible for reviewing all questionnaires for quality and consistency before the team's departure from the cluster. The field editor and supervisor would also sit in on interviews periodically. Twelve staff assigned from the NPC coordinated fieldwork activities and visited the teams at regular intervals to monitor the work. In addition, quality control personnel independently reinterviewed selected households after the departure of the teams. These checks were performed periodically through the duration of the fieldwork. ORC Macro also participated in field supervision.

Data Processing

The processing of the 2003 NDHS results began shortly after the fieldwork commenced. Completed questionnaires were returned periodically from the field to NPC headquarters in Abuja, where they were entered and edited by data processing personnel who were specially trained for this task. The data processing personnel included two supervisors, a questionnaire administrator (who ensured that the expected numbers of questionnaires from all clusters were received), three office editors, 12 data entry operators, and a secondary editor. The concurrent processing of the data was an advantage since the NPC was able to advise field teams of problems detected during the data entry. In particular, tables were gener-

ated to check various data quality parameters. As a result, specific feedback was given to the teams to improve performance. The data entry and editing phase of the survey was completed in September 2003.

1.6 RESPONSE RATES

Table 1.2 shows household and individual response rates for the 2003 NDHS. A total of 7,864 households were selected for the sample, of which 7,327 were found. The shortfall is largely due to structures that were found to be vacant. Of the 7,327 existing households, 7,225 were successfully interviewed, yielding a household response rate of 99 percent. In these households, 7,985 women were identified as eligible for the individual interview. Interviews were completed with 95 percent of them. Of the 2,572 eligible men identified, 91 percent were successfully interviewed. There is little difference between urban and rural response rates.

Table 1.2 Results of the household and individual interviews			
Number of households, number of interviews, and response rates, according to residence, Nigeria 2003			
Result	Residence		Total
	Urban	Rural	
Household interviews			
Households selected	3,163	4,701	7,864
Households occupied	2,979	4,348	7,327
Households interviewed	2,931	4,294	7,225
Household response rate	98.4	98.8	98.6
Interviews with women			
Number of eligible women	3,181	4,804	7,985
Number of eligible women interviewed	3,057	4,563	7,620
Eligible woman response rate	96.1	95.0	95.4
Interviews with men			
Number of eligible men	1,073	1,499	2,572
Number of eligible men interviewed	986	1,360	2,346
Eligible man response rate	91.9	90.7	91.2