

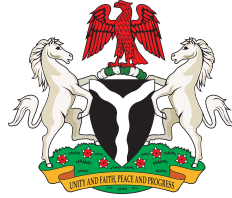


# Nigeria

**2013 Demographic and Health Survey**

**Key Findings**





This report summarizes the findings of the 2013 Nigeria Demographic and Health Survey (NDHS), implemented by the National Population Commission (NPC). ICF International provided financial and technical assistance for the survey through USAID-funded MEASURE DHS program, which is designed to assist developing countries to collect data on fertility, family planning, and maternal and child health. Financial support for the survey was provided by USAID, the United Kingdom Department for International Development (DFID) through PATHS2, and the United Nations Population Fund (UNFPA).

Additional information about the 2013 NDHS may be obtained from the National Population Commission (NPC), Plot 2031, Olusegun Obasanjo Way, Zone 7 Wuse, PMB 0281, Abuja, Nigeria (telephone: 234-09-523-9173; fax: 234-09-523-1024; email: [info@population.gov.ng](mailto:info@population.gov.ng); internet: [www.population.gov.ng](http://www.population.gov.ng)).

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

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# ABOUT THE 2013 NDHS

The 2013 Nigeria Demographic and Health Survey (NDHS) is designed to provide data for monitoring the population and health situation in Nigeria. The 2013 NDHS is the fifth Demographic and Health Survey conducted in Nigeria since 1990. The objective of the survey was to provide up-to-date information on fertility levels, marriage, fertility preferences, awareness and use of family planning methods, child feeding practices, nutritional status of women and children, adult and childhood mortality, awareness and attitudes regarding HIV/AIDS, and domestic violence. This information is intended to assist policymakers and programme managers in evaluating and designing programmes and strategies for improving health and family planning services in the country.

## Who participated in the survey?

A nationally representative sample of 38,948 women in all selected households and 17,359 men age 15–49 in half of the selected households were interviewed. This represents a response rate of 98% of women and 95% of men. The sample design for the 2013 NDHS provides estimates at the national level, urban-rural areas, for each of the six zones, for each of the 36 states, and the Federal Capital Territory (FCT).



# CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

## Household Composition

Nigerian households consist of an average of 4.6 people. Only 19% of households are headed by women. Almost half of the population (46%) is under age 15.

## Housing Conditions

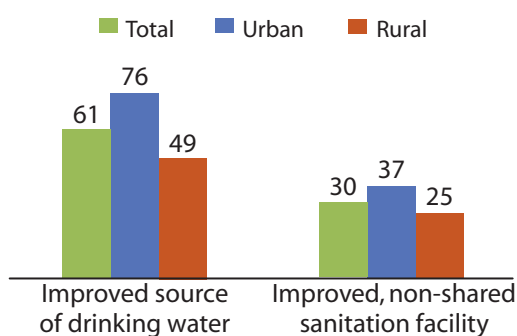
Housing conditions vary greatly based on residence. More than 80% of urban households have electricity compared with only one-third of rural households. Overall, six in ten households have access to an improved source of drinking water. Three-quarters of households in urban areas have access to an improved source of water, compared with half of households in rural areas. In Nigeria, 30% of households have an improved, not shared sanitation facility. Three in ten households have no sanitation facility. In urban areas, 37% of households use improved sanitation facilities, compared with 25% of households in rural areas.



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### Water and Sanitation by Residence

Percent of households with:



## Ownership of Goods

Currently, three-quarters of Nigerian households own a mobile phone, two-thirds have a radio, and nearly half own a television. Households in urban areas are more likely to own a mobile phone, radio, or television than rural households.

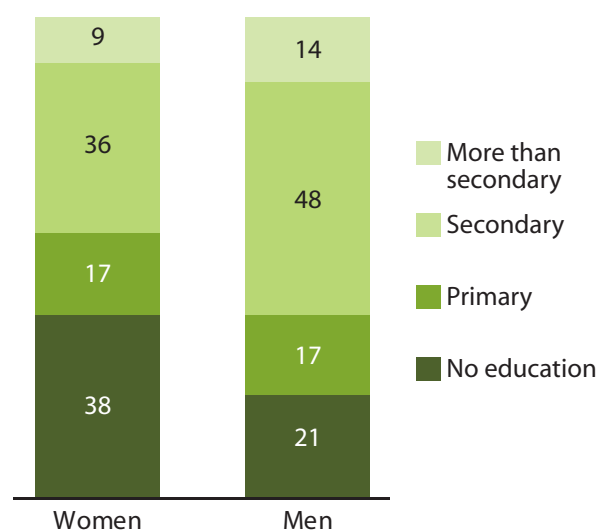
Rural households are more likely to own a motorcycle/scooter and bicycle than urban households. Nationally, more than half (58%) of households own agricultural land and half of households own farm animals. One-third of households possess a bank account.

## Education

More than one-third (38%) of Nigerian women and 21% of men age 15-49 have no education. Only 17% of women and men have attended primary school. More than one-third (36%) of women and nearly half of men have attended secondary school. Less than 10% of women and 14% of men have attended more than secondary school. Women and men in urban areas are most likely to achieve higher levels of education. Nearly half of women (47%) and one-quarter of men are illiterate.

### Education

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





# FERTILITY AND ITS DETERMINANTS

## Total Fertility Rate (TFR)

Currently, women in Nigeria have an average of 5.5 children, compared with 5.7 children in 2003 and 2008. TFR in Western African countries ranges from 4.0 in Ghana to 7.6 in Niger.

Fertility varies by residence and region. Women in urban areas have 4.7 children on average, compared with 6.2 children per woman in rural areas. Fertility is highest in North West Zone, where women have an average of 6.7 children. Fertility is lowest in South South Zone, where women have an average of 4.3 children.

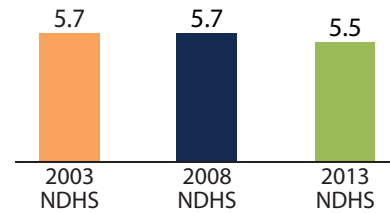
Fertility also varies with mother's education and economic status. Women who have more than secondary education have an average of 3.1 children, while women with no education have 6.9 children. Fertility increases as the wealth of the respondent's household\* decreases. Women from the poorest households, in general, have three children more than women who live in the wealthiest households (7.0 versus 3.9 children per woman).

## Teenage Fertility

Nearly one-quarter (23%) of adolescent women age 15-19 are already mothers or pregnant with their first child. Young motherhood is highest in North West Zone (36%) and lowest in South East and South West Zones (8% each). Half of adolescent women with no education have begun childbearing, compared with 2% of women with more than secondary education. Teenagers from the poorest households (43%) are more likely to have begun childbearing than those from the wealthiest households (5%).

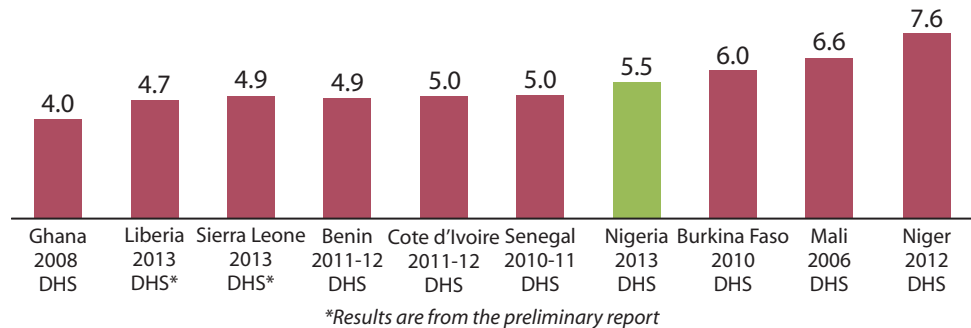
## Trends in Fertility

Births per woman for the three years prior to the survey



## Total Fertility Rates of Western African Countries

Births per woman for the three years prior to the survey

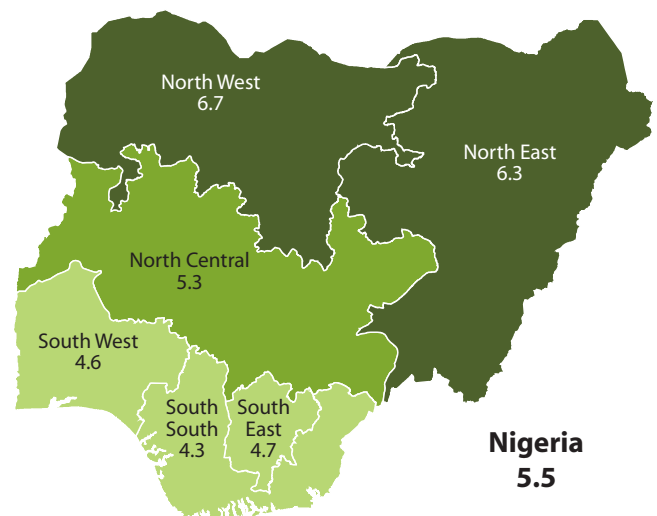


\*Results are from the preliminary report

## Total Fertility Rate by Zone

Births per woman for the three years prior to the survey

Legend: <5.0 (light green), 5.0 - 6.0 (medium green), >6.0 (dark green)



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

### **Age at First Marriage**

Half of women age 25-49 were married by age 18 and 61% were married by age 20. The median age at first marriage is 18.1 years. Women in urban areas marry four years later than rural women (20.8 and 16.6 years, respectively). The median age at first marriage among Nigerian men age 30-49 is 27.2 years.

### **Age at First Birth**

The median age at first birth for women age 25-49 is 20.2 years. Women living in urban areas have their first birth three years later (22.0 years) than women living in rural areas (19.0 years). Median age at first birth increases with level of education. Women with no education have their first birth four years earlier than women with secondary education (18.1 and 22.4 years, respectively).

### **Age at First Sexual Intercourse**

Women and men in Nigeria tend to initiate sexual activity before marriage. Nearly one-quarter of women age 25-49 have had sexual intercourse by age 15 and more than half by age 18. The median age at first sexual intercourse is 17.6 years for women and 21.1 years for men age 25-49.

### **Polygyny**

One-third of currently married women and 17% of currently married men are in polygynous unions. Older women and men are more likely to be in polygynous unions.

### **Desired Family Size**

Nigerian women want, on average, 6.5 children while men want 8 children. Women's ideal family size is highest in North West Zone (8.4) and lowest in South West Zone (4.5).



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# FAMILY PLANNING

## Knowledge of Family Planning

Knowledge of family planning methods is high in Nigeria; 85% of women and 95% of men age 15-49 know at least one method of family planning. The most commonly known modern methods among women are the pill (71%), injectables (68%), and the male condom (67%). Among men, the most commonly known methods are the male condom (91%), the pill (65%), and injectables (60%).

## Current Use of Family Planning

Fifteen percent of currently married women use any method of contraception. One in ten married women use a modern method of family planning. Another 5% are using a traditional method. The injectables (3%) followed by male condom and the pill (2% each) are the most commonly used modern methods.

Use of any family planning method varies by residence and zone. More than one-quarter of married women in urban areas use any method, compared to 9% of women in rural areas. Contraceptive use ranges from a low of 3% among married women in North East Zone to a high of 38% in South West Zone.

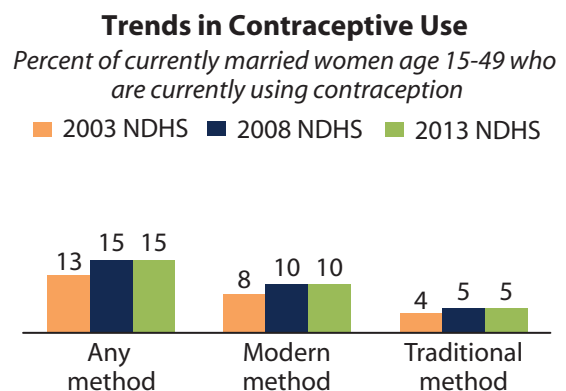
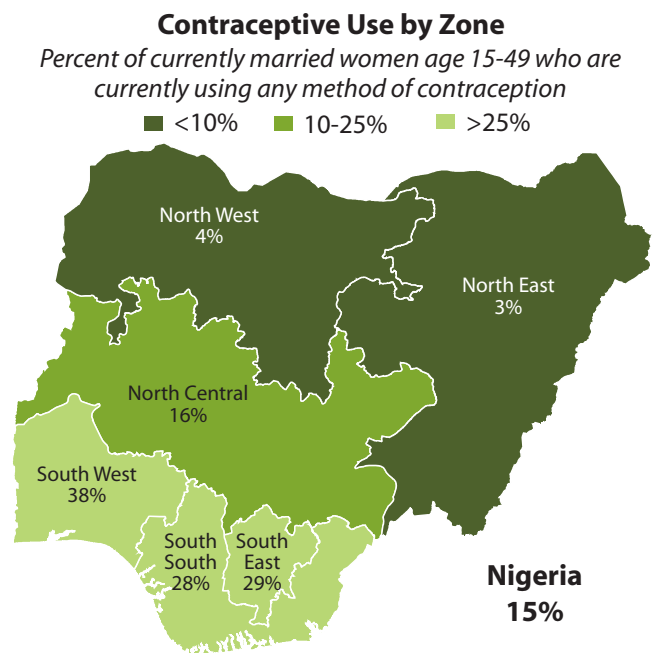
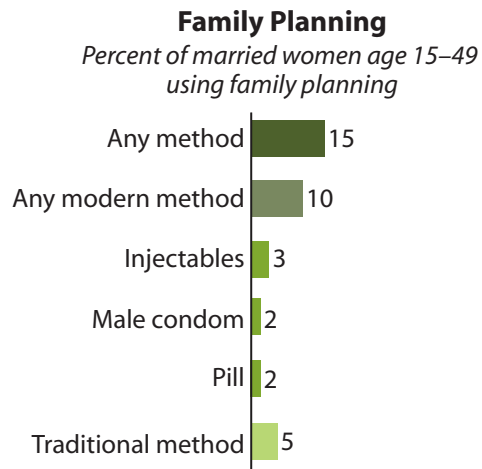
Contraceptive use increases with education; 37% of married women with more than secondary education use any method, compared with 3% of married women with no education. Contraceptive use is highest among women from the wealthiest households (37%).

## Trends in Family Planning Use

Use of any family planning method has increased from 13% in 2003 to 15% in 2013. The use of injectables, male condoms, and traditional methods have all increased from 2003 to 2013.

## Source of Family Planning Methods

The private medical sector currently provides family planning to 60% of users, while public sources, such as government hospitals and health centers, provide methods to 29% of users. More than 70% of the pill and male condoms are accessed at private facilities, while implants and IUDs are primarily accessed from the public sector.



# NEED FOR FAMILY PLANNING

## Desire to Delay or Stop Childbearing

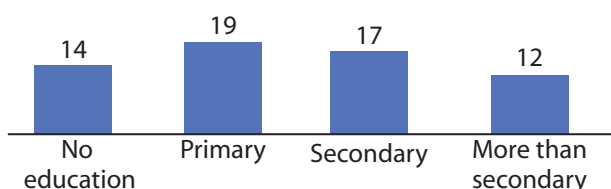
Eighteen percent of married women and 12% of married men want no more children. One-third of married women and 40% of men want to wait at least two years before their next birth. These women and men are potential users of family planning.

## Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely, but are not using contraception. The 2013 NDHS reveals that 16% of married women have an unmet need for family planning—12% of women have a need for spacing births and 4% for limiting births. Unmet need is higher among women with primary education (19%) than among women with more than secondary education (12%).

### Unmet Need for Family Planning by Education

*Percent of married women age 15-49 with unmet need for family planning*



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## Exposure to Family Planning Messages

More than one-third of women and half of men were exposed to a family planning message on radio, television, poster/leaflet or brochure, or newspaper/magazine in the few months before the survey. Among women who heard or saw a family planning message in the past few months, the most common message (18%) was, “Unspaced children makes the going tough. For the love of your family, go for child spacing today.” For men, the most popular message (22%) was, “Well spaced children are every parent’s joy.”

Among all women who are not currently using family planning, 6% were visited by a field worker who discussed family planning, and 7% of women visited a health facility where they discussed family planning. Overall, more than 90% of non-users did not discuss family planning with any health worker.

## Informed Choice

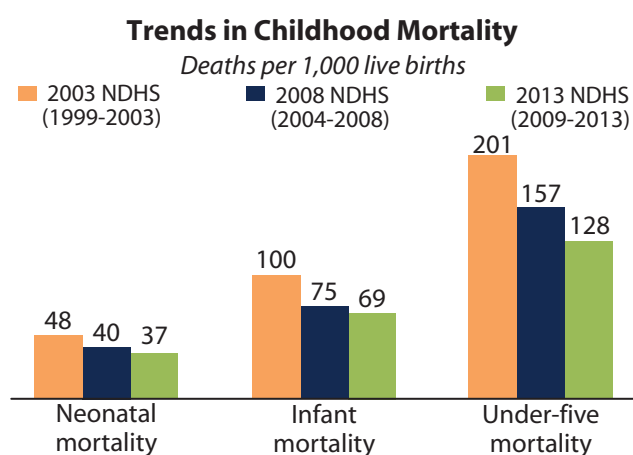
Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. Six in ten Nigerian women were informed about possible side effects or problems of their method, 54% were informed about what to do if they experience side effects, and nearly two-thirds were informed about other available family planning methods.



# INFANT AND CHILD MORTALITY

## Levels and Trends

Infant and under-five mortality rates in the five-year period before the survey are 69 and 128 deaths per 1,000 live births, respectively. At these mortality levels, 1 in every 15 Nigerian children dies before reaching age 1. One in every 8 does not survive to his or her fifth birthday.



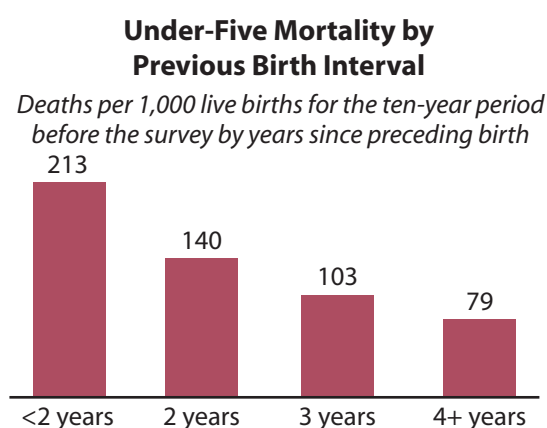
Mortality rates differ by zones. The under-five mortality rate for the ten-year period before the survey ranges from 185 deaths per 1,000 live births in North West Zone to 90 per 1,000 live births in South West Zone. Children living in rural areas are also more likely to die young than children in urban areas, with under-five mortality at 167 per 1,000 live births in rural areas, compared with 100 per 1,000 live births in urban areas.

Under-five mortality among children born to mothers with no education (180 deaths per 1,000 live births) is almost twice that of children born to mothers with secondary education (91 deaths per 1,000 live births) and three times that of children born to mothers with more than secondary education (62 deaths per 1,000 live births).

Childhood mortality generally decreases as household wealth increases. Under-five mortality among poorer households (190 deaths per 1,000 live births) is more than twice that of children from the wealthiest households (73 deaths per 1,000 live births).

## Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. In Nigeria, the median birth interval is 31.7 months. Infants born less than two years after a previous birth have high under-five mortality rates (213 deaths per 1,000 live births compared with 103 deaths per 1,000 live births for infants born three years after the previous birth). Nearly one-quarter of all children are born less than two years after their siblings.



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# REPRODUCTIVE HEALTH

## Antenatal Care

Six in ten women receive antenatal care (ANC) from a skilled provider (doctor, nurse, midwife, or auxiliary nurse or midwife), most commonly from a nurse/midwife (33%). One-third of women had no ANC at all. ANC coverage varies by zone. About 40% of women in North West Zone received ANC from a skilled provider compared to 91% in South East Zone.

The timing and quality of ANC are also important. Eighteen percent of women had an ANC visit before their fourth month of pregnancy, as recommended, and more than half of women made four or more ANC visits.

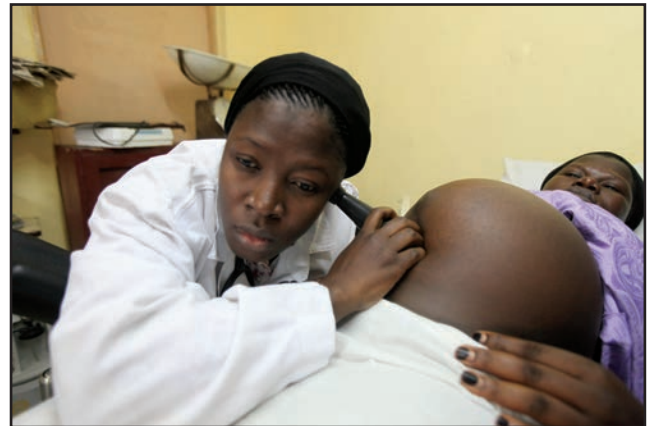
More than 60% of women took iron supplements or syrup during pregnancy. Two-thirds of women were informed of signs of pregnancy complications during an ANC visit. More than half of women's most recent births were protected against neonatal tetanus.

## Delivery and Postnatal Care

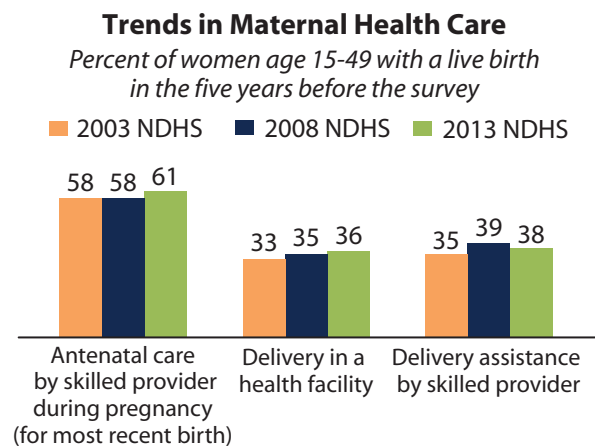
One-third of births occur in health facilities, primarily in public sector facilities. Facility-based births are least common in North West Zone (12%) and most common in South East Zone (78%). More than 60% of births occur at home. Home births are more common in rural areas (77%) than urban areas (37%).

More than one-third of births are assisted by a skilled provider. Skilled assistance at birth is most common in South West Zone (83%) and least common in North West Zone (12%). Women with more education and those from wealthier households are most likely to have their births attended by a skilled provider.

Postnatal care helps prevent complications after childbirth. Four in ten women received a postnatal checkup within two days of delivery. Fifty-eight percent of women did not have a postnatal checkup within 41 days of delivery.



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## Problems in Accessing Health Care

More than half of women report having at least one problem accessing health care for themselves. Four in ten women were concerned about getting money for treatment. About 30% of women were concerned about distance to the health facility.

## Maternal Mortality

The 2013 NDHS asked women about deaths of their sisters to determine maternal mortality—deaths associated with pregnancy and childbearing. The maternal mortality ratio for Nigeria is 576 deaths per 100,000 live births. The 95% confidence interval for the 2013 maternal mortality ratio ranges from 500 to 652 deaths per 100,000 live births. The 2013 NDHS ratio is not significantly different from the 2008 NDHS ratio of 545 deaths per 100,000 live births.

# CHILD HEALTH

## Vaccination Coverage

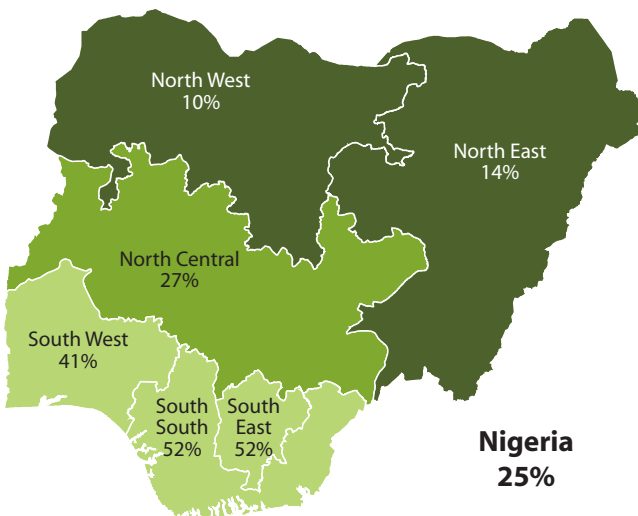
According to the 2013 NDHS, one in four Nigerian children age 12-23 months have received all recommended vaccines—one dose each of BCG and measles and three doses each of DPT and polio. One in five children did not receive any of the recommended vaccines.

Vaccination coverage is 43% in urban areas and 16% in rural areas. Full vaccination coverage varies by zone, ranging from 10% of children in North West Zone to 52% in South East and South South Zones. Coverage increases with mother's education; 64% of children whose mothers have more than secondary education were fully vaccinated, compared with 7% of children whose mothers have no education.

### Vaccination Coverage by Zone

Percent of children age 12-23 months fully vaccinated

■ <20% ■ 20-40% ■ >40%



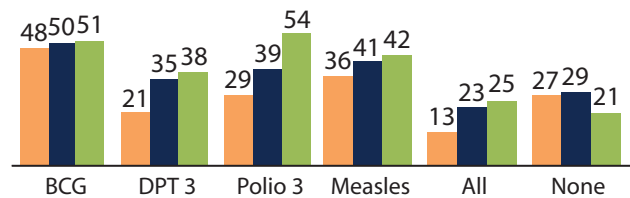
## Trends in Vaccination Coverage

Vaccination coverage gradually increased in Nigeria from 13% in 2003 to 25% in 2013. The percentage of children age 12-23 months who did not receive any of the six basic immunizations decreased from 27% to 21% over the past decade.

### Trends in Vaccination Coverage

Percent of children age 12-23 months vaccinated

■ 2003 NDHS ■ 2008 NDHS ■ 2013 NDHS



## Childhood Illnesses

In the two weeks before the survey, 2% of children under five were ill with cough and rapid breathing, symptoms of an acute respiratory infection (ARI). Of these children, more than one-third (35%) were taken to a health facility or provider.

Thirteen percent of children under five had a fever in the two weeks before the survey. One-third of these children were taken to a health facility or provider for advice or treatment.

During the two weeks before the survey, one in ten Nigerian children under five had diarrhoea. This rate was highest (17%) among children age 12-23 months. Nearly 30% of children with diarrhoea were taken to a health facility or provider. Children with diarrhoea should drink more fluids, particularly through oral rehydration salts (ORS). Forty-four percent of children with diarrhoea were treated with oral rehydration therapy or increased fluids. However, 21% of children received no treatment from a medical professional or at home.

# FEEDING PRACTICES AND THE NUTRITIONAL STATUS OF WOMEN AND CHILDREN

## Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Nigeria, with 98% of children ever breastfed. WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Only 17% of children under six months in Nigeria are being exclusively breastfed. On average, children 0-35 months breastfeed until the age of 18.2 months and are exclusively breastfed for 0.5 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Nigeria, two-thirds of children age 6-9 months are breastfed and eat complementary foods.

The Infant and Young Child Feeding (IYCF) practices recommend that breastfed children age 6-23 months be fed foods from four or more food groups daily. Non-breastfed children should be fed milk or milk products, in addition to foods from four or more food groups. IYCF also recommends that children be fed a minimum number of times per day.\* However, only 11% of breastfed children in Nigeria are receiving foods from four or more food groups daily and receiving the minimum number of meals and just 7% of non breastfed children are being fed in accordance with IYCF recommendations.

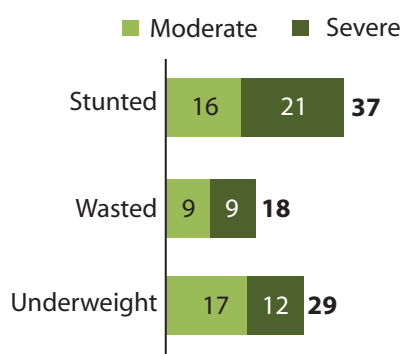
## Children's Nutritional Status

The 2013 NDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. According to the 2013 survey, 37% of children under-five are stunted, or too short for their age. This indicates chronic malnutrition. Stunting is most common among children of less educated mothers (50%) and those from the poorest households (54%). Stunting is more common in rural areas (43%) than urban areas (26%).

Eighteen percent of children under age five in Nigeria are wasted (too thin for height), which is a sign of acute malnutrition. In addition, 29% of Nigerian children are underweight, or too thin for their age.

### Children's Nutritional Status

Percent of children under age 5, based on 2006 WHO Child Growth Standards



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\*At least twice a day for breastfed infants age 6-8 months and at least three times a day for breastfed children age 9-23 months. For non breastfed children age 6-23 months, the minimum number of times is four times a day.



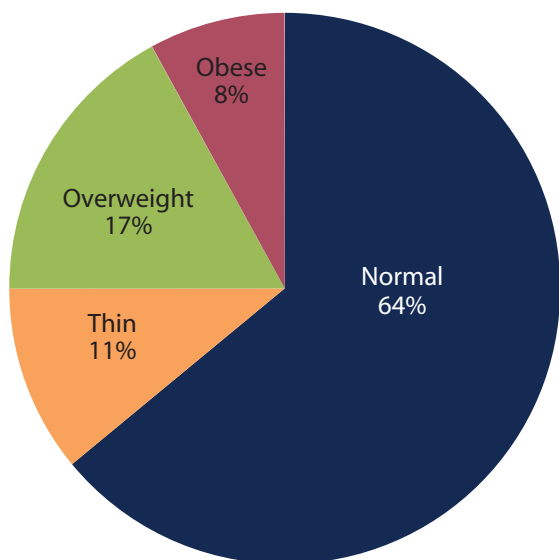
### Women's Nutritional Status

The 2013 NDHS also took weight and height measurements of women age 15–49. Just 11% of Nigerian women are thin (BMI < 18.5), while one-quarter of women are overweight or obese (BMI ≥ 25.0). Overweight and obesity increase with age: only 6% of 15-19 year old women are overweight or obese compared to 40% of women age 40-49.



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



### 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 and new mothers. In the 24 hours before the survey, more than half of children age 6–23 months ate foods rich in vitamin A. Four in ten children age 6–59 months received a vitamin A supplement in the six months prior to the survey. One-third of children ate iron-rich foods the day before the survey, but only 6% were given iron supplements in the week before the survey.

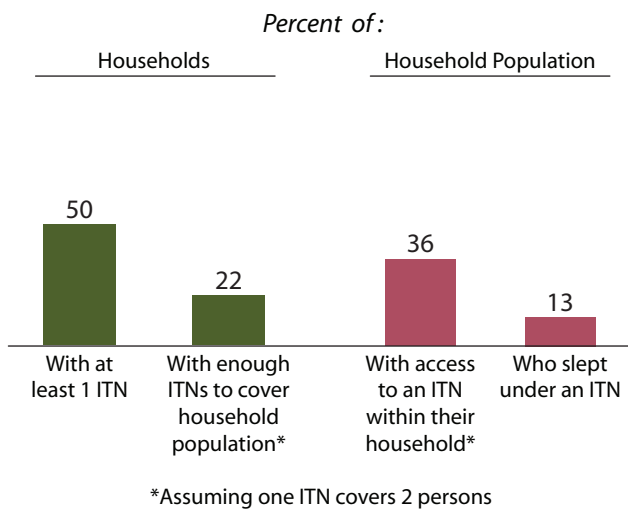
Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. Two in ten women took iron tablets for at least 90 days during their last pregnancy.

# MALARIA

## Ownership and Use of Mosquito Nets

Among all households in Nigeria, half own at least one insecticide-treated net (ITN), and 48% own at least one long-lasting insecticidal net (LLIN). However, only 22% of households have enough ITNs to cover each member, assuming one ITN is used by two people. Among the household population, more than one-third have access to an ITN, while 13% slept under an ITN the night before the survey.

### Ownership of, Access to, and Use of ITNs

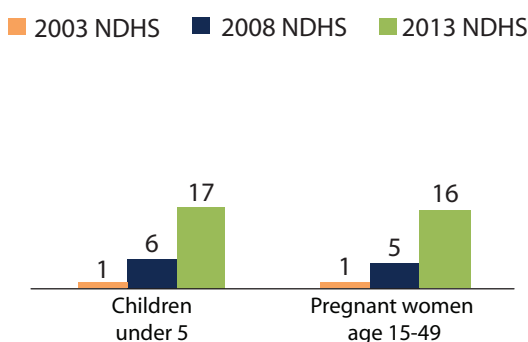


## Trends in Use of ITNs

Children and pregnant women are most vulnerable to malaria. In 2013, 17% of children under five slept under an ITN the night before the survey. Sixteen percent of pregnant women slept under an ITN the night before the survey. Use of ITNs by children under five and pregnant women has increased since 2003.

### Trends in Use of ITNs

Percent who slept under an ITN the night before the survey



## Intermittent Preventive Treatment of Pregnant Women

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. To prevent malaria, pregnant women should receive 2 or more doses of SP/Fansidar during an antenatal care (ANC) visit. Only 15% of pregnant women received this intermittent preventive treatment (IPTp) during ANC. Less than 10% of pregnant women received 3 or more doses of SP/Fansidar.



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## Management of Malaria in Children

In the two weeks before the survey, 13% of children under five had fever, the primary symptom of malaria. Seven in ten children with fever sought treatment, while 11% had blood taken from a finger or heel stick.

At the time of the survey, artemisinin combination therapy (ACT) was the recommended drug for treating malaria in children. One-third of children with fever received an antimalarial. Among children with fever who received an antimalarial, 18% received ACT.

## Indoor Residual Spraying

Indoor residual spraying (IRS) is limited to specific areas in Nigeria. Only 2% of households in Nigeria had been sprayed with insecticide in the year before the survey. However, half of households are covered by vector control through possession of at least one ITN and/or had IRS in the past 12 months.

# HIV/AIDS KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

## Knowledge of HIV Prevention Methods

Knowledge of HIV is universal: almost all Nigerians have heard of AIDS. More than half of women and 70% of men know that the risk of getting HIV can be reduced by using condoms and limiting sex to one faithful, uninfected partner. Men are more likely than women to know about the different HIV prevention methods. Knowledge of HIV prevention methods is highest among women and men with more than secondary education and in the highest wealth quintile.

## Knowledge of Prevention of Mother-to-Child Transmission of HIV (PMTCT)

While 65% of women and 62% of men know that HIV can be transmitted by breastfeeding, only about half of women and of men know that the risk of MTCT can be reduced by the mother taking special drugs during pregnancy. Half of women and 45% of men know both key messages about PMTCT of HIV.

## Attitudes

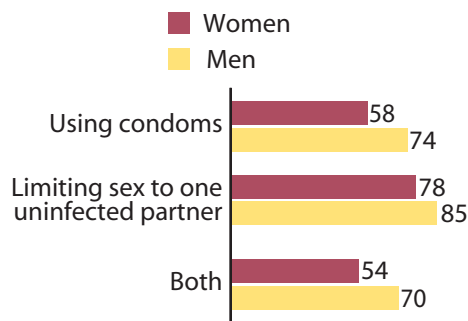
Stigma and discrimination related to HIV/AIDS are still widespread among Nigerian adults. Though nearly 70% of women and men say they are willing to care for a family member with AIDS in their home, only 36% of women and 47% of men say that they would not want to keep secret that a family member has HIV. Furthermore, only 12% of women and 13% of men express accepting attitudes on all four indicators.

## Male Circumcision

Male circumcision is nearly universal in Nigeria: 99% of men age 15-49 are circumcised. More than half (55%) of men were circumcised at home while 20% of men were circumcised at a health facility. Circumcisions are primarily conducted by a traditional practitioner/family/friend (61%), while less than one-quarter (24%) of circumcision providers are health professionals.

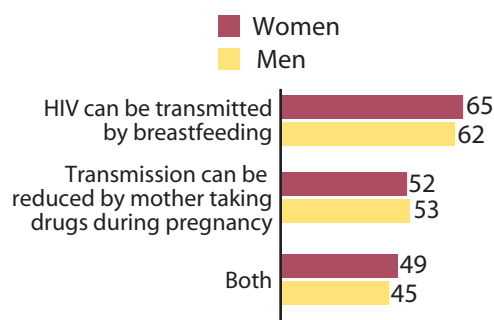
### Knowledge of HIV Prevention

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



### Mother-to-Child Transmission

Percent who know that:

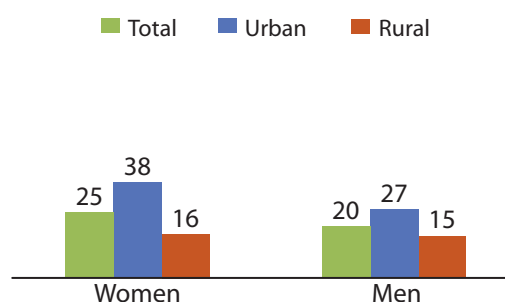


## HIV Testing

Six in ten women and seven in ten men know where to get an HIV test. One-quarter of women and 20% of men have ever been tested for HIV and received their results. HIV testing is higher in urban areas than rural areas among both women and men. However, 70% of women and 78% of men have never been tested for HIV. One in ten women and men have been tested for HIV and received the results in the past 12 months.

### HIV Testing

Percent of women and men age 15-49 who have ever been tested for HIV and received their results



# WOMEN'S EMPOWERMENT

## Employment

More than 70% of married women age 15-49 were employed at any time in the past 12 months, compared with almost all married men. Among those who are employed, women are more likely to earn cash, while men are more likely than women to be paid in cash and in-kind. Seven in ten women who are employed and earning cash made independent decisions on how to spend their earnings. The majority of women who receive cash payment (86 %) earn less than their husbands.

## Ownership of Assets

Eight in ten women do not own a house (82%) or land (85%). Only 18% of women own a house, either alone or jointly, and only 15% own land. In comparison, 60% of Nigerian men do not own a house and two-thirds do not own land.



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## Participation in Household Decisions

Not all Nigerian women have power to make decisions. Nearly half of women have sole or joint decisionmaking power about visiting family or relatives, while only 38% participate in decisions about major household purchases. Nearly four in ten married women participate in decisions about their own health care. Half do not participate in any of the three decisions; less than one-third report that they participate in all three decisions.

Women's decisionmaking varies by region. Just 12% of women in North West Zone participate in all three decisions, compared to more than 60% of women in South West Zone. Women with more than secondary education (61%) are more likely to participate in all three decisions than women with no education (13%).

## Attitudes Toward Wife Beating

More than one-third of women (35%) and one-quarter of men agree that a husband is justified in beating his wife if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. Women are most likely to agree that wife beating is justified if a wife goes out without telling her husband (25%) or neglects the children (25%). Men are more likely to agree that wife beating is justified if the wife neglects the children (14%).



# DOMESTIC VIOLENCE

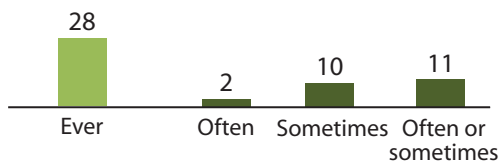
## Experience of Violence

Nearly three in ten women have ever experienced physical violence since age 15. One in ten women experienced physical violence in the past 12 months. Women in South South Zone (19%) are more likely to experience recent physical violence than women in North West Zone (3%). The most common perpetrator of physical violence among ever-married women is the current husband or partner (36%).

Violence during pregnancy may threaten not only a woman's well-being but also her unborn child. Among women who had ever been pregnant, 5% experienced physical violence during pregnancy.

### Experience of Physical Violence

Percent of women age 15-49 who have experienced physical violence since age 15  
In the past 12 months



## Spousal Violence

One-quarter of ever-married women have suffered from spousal abuse at some point in their life, whether physical, emotional, or sexual. Eleven percent of ever-married women report having experienced some form of physical or sexual violence by their husband or partner in the past 12 months.

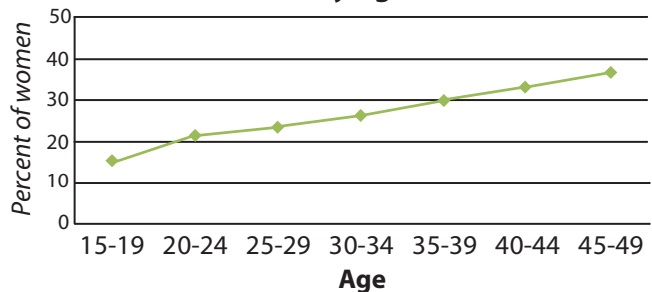
Spousal violence is most common in South South Zone, where 28% of ever-married women report having experienced physical or sexual violence by their husband or partner. Women who are divorced, separated, or widowed are twice as likely to experience spousal violence than women who are married or living together (32% and 15%, respectively).

Only 31% of women who have ever experienced physical or sexual violence have sought help to stop violence. More than 70% of women who sought help did so from their own family.

# FEMALE GENITAL CUTTING

Two-thirds of women and 62% of men have heard of female genital cutting (FGC). One-quarter of Nigerian women are circumcised. Older women age 45-49 are more than twice as likely to be circumcised than younger women age 15-49 (36% and 15%, respectively). FGC is most common in South East and South West Zones, where nearly half of women are circumcised. FGC is most commonly performed by a traditional circumciser (72%) followed by a nurse/midwife (10%).

### Prevalence of Female Genital Cutting by Age



Seventeen percent of girls age 0-14 are circumcised. Less than 20% of girls are circumcised before their first birthday. FGC among girls is most common in North West Zone (27%) and whose mothers are also circumcised (47%). FGC among girls is most commonly performed by a traditional circumciser (84%) followed by a nurse/midwife (10%).

Fifteen percent of women and 24% of men age 15-49 believe their religion requires FGC. More than 60% of women and men in Nigeria believe that FGC should be stopped.

# INDICATORS

	Residence		
	Nigeria	Urban	Rural
<b>Fertility</b>			
Total fertility rate (number of children per woman)	5.5	4.7	6.2
Median age at first marriage for women age 25–49 (years)	18.1	20.8	16.6
Women age 15–19 who are mothers or currently pregnant (%)	23	10	32
<b>Family Planning (currently married women, age 15–49)</b>			
Current use			
Any method (%)	15	27	9
Any modern method (%)	10	17	6
Currently married women with an unmet need for family planning <sup>1</sup> (%)	16	15	17
<b>Maternal and Child Health</b>			
<b>Maternity care</b>			
Pregnant women who received antenatal care from a skilled provider <sup>2</sup> (%)	61	86	47
Births assisted by a skilled provider <sup>2</sup> (%)	38	67	23
Births delivered in a health facility (%)	36	62	22
<b>Child vaccination</b>			
Children 12–23 months fully vaccinated <sup>3</sup> (%)	25	43	16
<b>Nutrition</b>			
Children under 5 years who are stunted (moderate or severe) (%)	37	26	43
Women 15–49 who are overweight or obese (%)	25	33	18
<b>Childhood Mortality (deaths per 1,000 live births)<sup>4</sup></b>			
Infant mortality	69	60	86
Under-five mortality	128	100	167
<b>Malaria</b>			
Households with at least one insecticide-treated net (ITN) (%)	50	42	55
Children under 5 years who slept under an ITN the night before the survey (%)	17	18	16
Pregnant women 15–49 who slept under an ITN the night before the survey (%)	16	17	16
<b>HIV/AIDS-related Knowledge</b>			
Knows ways to avoid HIV (women and men age 15–49):			
Using condoms (women/men) (%)	58/74	68/81	51/68
Limiting sexual intercourse to one uninfected partner (women/men) (%)	78/85	85/89	73/81
Knows HIV can be transmitted by breastfeeding (%)	65/62	76/64	57/60
Knows risk of MTCT can be reduced by mother taking special drugs during pregnancy (%)	52/53	62/56	45/50
Knows where to get an HIV test (women/men) (%)	60/71	77/81	48/64
<b>Domestic Violence and Female Genital Cutting</b>			
Ever experienced physical violence since age 15 (%)	28	33	24
Ever experienced physical or sexual violence committed by husband (%)	16	18	15
Women 15–49 circumcised	25	32	19

<sup>1</sup>Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. <sup>2</sup>Skilled provider includes doctor, nurse, midwife, or auxiliary nurse/midwife. <sup>3</sup>Fully vaccinated includes BCG, measles, three doses each of DPT and polio vaccine (excluding polio vaccine given at birth). <sup>4</sup>Figures are for the ten-year period before the survey except for the national rate, in italics, which represents the five-year period before the survey.

## Zone

North Central	North East	North West	South East	South South	South West
5.3	6.3	6.7	4.7	4.3	4.6
18.9	16.3	15.3	22.7	21.5	21.8
19	32	36	8	12	8
16	3	4	29	28	38
12	3	4	11	16	25
24	18	12	13	22	15
67	49	41	91	73	90
47	20	12	82	55	83
46	20	12	78	50	75
27	14	10	52	52	41
29	42	55	16	18	22
25	19	16	30	33	35
66	77	89	82	58	61
100	160	185	131	91	90
50	61	49	57	43	42
17	12	15	24	19	20
16	13	16	23	16	19
61/66	49/72	49/71	61/79	69/86	70/76
73/82	72/84	80/84	83/90	79/90	80/82
64/59	57/58	56/59	82/75	73/77	72/53
55/51	50/55	49/59	57/49	55/56	52/41
63/76	52/71	39/55	82/84	73/85	80/77
31	30	7	38	52	37
21	21	6	20	28	20
10	3	21	49	26	48

