



# Nigeria

2003 Demographic and Health Survey

Key Findings



This report summarizes the findings of the 2003 Nigeria Demographic and Health Survey (2003 NDHS), which was conducted by the National Population Commission of the Federal Republic of Nigeria. ORC Macro provided technical assistance. Funding was provided by the U.S. Agency for International Development (USAID).

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Additional information about the DHS project may be obtained from ORC Macro, 11785 Beltsville Drive, Calverton, MD 20705; Telephone: 301-572-0200, Fax: 301-572-0999, Internet: [www.measuredhs.com](http://www.measuredhs.com).

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*Cover photograph: John Harris/CCP*

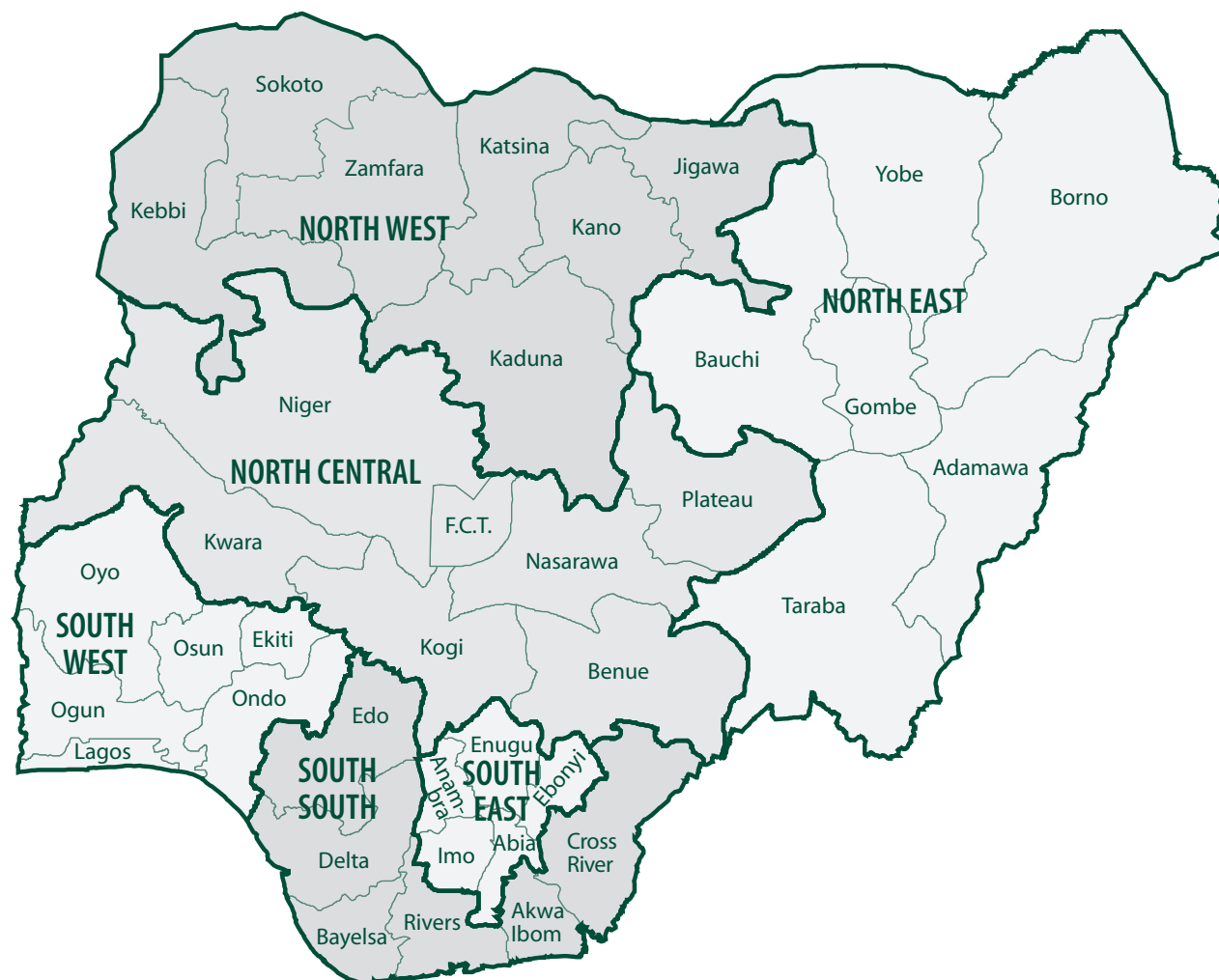
## ABOUT THE 2003 NDHS

The 2003 Nigeria Demographic and Health Survey (2003 NDHS) provides estimates of national health and family planning statistics. The survey was designed to provide estimates for Nigeria as a whole, for urban and rural areas, and for the six geopolitical regions.

### Who participated in the survey?

A nationally representative sample of 7,620 women (95 percent of those eligible), and 2,346 men (91 percent of those eligible) were interviewed.

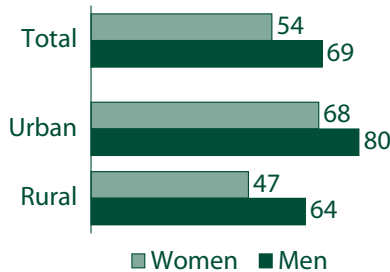
This survey provides a picture of Nigeria's population. The population has about equal numbers of males and females. Just over 4 in 10 Nigerians (44 percent) are younger than 15 years of age. Only 4 percent of Nigerians are 65 or older. This youthful age structure is typical of populations with high fertility and high mortality.



## Education

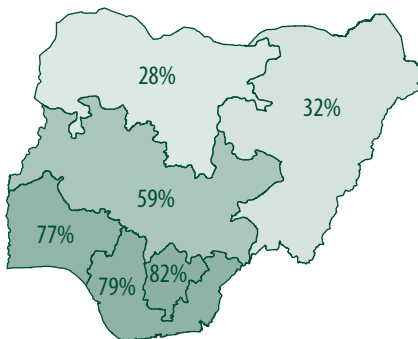
The majority of the population has some education. Still, 46 percent of women and 31 percent of men have never attended school.

### Women and men with at least some education



Education varies by age and residence. Younger adults have more education than their parents and grandparents. Nigerians in the south have more education than those in the north.

### Women with at least some education



## HOUSEHOLD CHARACTERISTICS

*Housing conditions and ownership of durable goods reflect the socioeconomic level of the household.*

### Household Composition

On average, Nigerian households include 5.0 persons. Households are slightly larger in rural areas (5.1 persons) than in urban areas (4.7 persons). There are more people per household in the north than the south.

More than 8 in 10 households in Nigeria are headed by men (83 percent). Female-headed households are more common in urban areas and in the south.

### Housing Conditions

Living conditions vary across Nigeria. Almost 6 in 10 households have access to safe drinking water. Far fewer, just 15 percent, have flush toilets. About 56 percent of Nigerians use traditional pit toilets. Nationwide, about half the households have electricity, but this varies by residence. Electricity is much more common in urban households (85 percent) than in rural households (34 percent).



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### Ownership of Consumer Goods

Nationally, almost three-fourths of households own a radio, and about one-third own a television. Fewer households (18 percent) own a refrigerator. Urban households own more consumer goods than rural households. For example, 12 percent of urban households own telephones or cell phones compared with just 2 percent of rural households.

# FERTILITY AND ITS DETERMINANTS

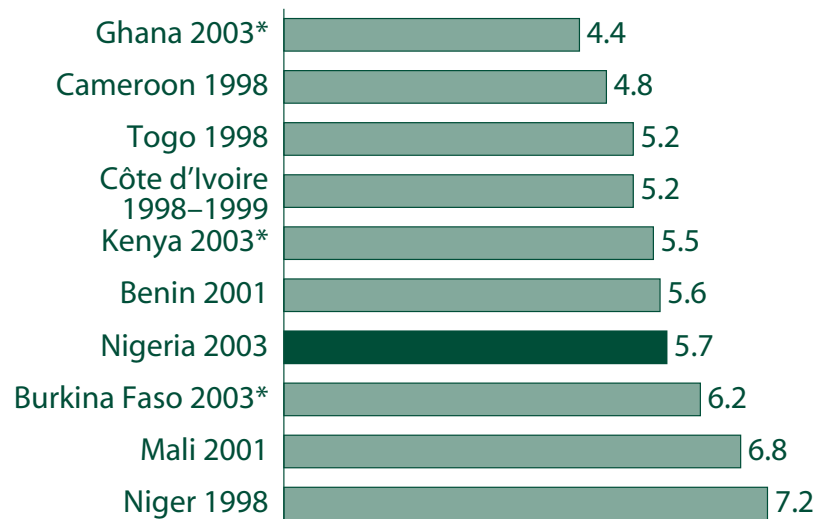
The 2003 NDHS examines several aspects of fertility. This information can help monitor the effectiveness of public health and family planning programs.

## Total Fertility Rate

Women in Nigeria have an average of 5.7 children. This is high compared to other African countries. Rural women have at least one more child (6.1) than urban women (4.9). Fertility also varies by region. In the South West and South East women have 4.1 children, on average, compared to 7.0 children in the North East and 6.7 children in the North West.

Fertility also varies by education level and socioeconomic status. More educated women and more economically advantaged women have fewer children. For example, women with higher education have 2.8 children, on average, while women with no education have an average of 6.7 children. Similarly, women in the highest socioeconomic bracket have 4.2 children, compared with 6.5 children among the poorest women.

### Total fertility rates for select African countries



\* All data from the Burkina Faso, Ghana, and Kenya 2003 DHS surveys are preliminary.

There is some evidence that fertility is declining in Nigeria, although it is difficult to make comparisons. The 1999 NDHS underestimated the true levels of fertility in the country. Still, compared with previous national surveys, the 2003 NDHS shows a slight decline in the TFR from 6.3 in the 1981-82 National Fertility Survey and 6.0 in the 1990 NDHS to 5.7 in the current survey.

## Birth Intervals

Spacing children at least 36 months apart is safest and healthiest for the mother and the child. Longer birth intervals also contribute to smaller families. In Nigeria, the average interval between births is 31 months. Younger women have shorter birth intervals than older women. Birth intervals are similar between urban and rural women. There is no clear pattern of birth intervals by region.



John Harris/CCP

### Desired Family Size

Nigerians want large families. According to the 2003 NDHS, women would like to have at least 6 children; men would like to have almost 9. Currently married people want even larger families—7.3 children for married women and 10.6 for married men.

### Age at First Marriage

The 2003 NDHS suggests that women are waiting longer to marry and to have their first births. Overall, among women age 25–49, the median age at first marriage is 16.6 years. However, among younger women, age 20–24, the median age at first marriage is 19.1. In contrast, among older women, age 45–49, the median age of marriage is 15.5.



### Age at First Sexual Intercourse

Younger Nigerian women are also delaying sexual activity. Overall, one-third of women age 25–49 reported having sexual intercourse by age 15. However, younger women, age 20–24, start sexual activity at the median age of 17.6 compared with a median age of 15.5 for older women age 45–49. The findings suggest, however, that younger Nigerian women are more likely to begin sexual activity before marriage compared with their mothers and grandmothers.

### Age at First Birth

The median age at first birth is increasing. Among women ages 25–29, the median age at first birth is 20.3 years. In contrast, for women 35 and older the median age is less than 19 years.

# FAMILY PLANNING

*Less than one in ten married women in Nigeria uses modern contraceptive methods.*

## Knowledge of Family Planning

The majority of Nigerians surveyed, 77 percent of women and 90 percent of men, knows of at least one modern family planning method. Women are most likely to know about the pill (60 percent), the male condom (59 percent), injectables (57 percent), and female sterilization (37 percent).

## Current Use of Family Planning

Thirteen percent of currently married women are using family planning, but only 8 percent are using a modern method. The most commonly used methods are injectables, male condoms, the pill, and periodic abstinence (each about 2 percent).

Married women in urban areas are twice as likely to use a contraceptive method as women in rural areas (20 percent versus 9 percent). Contraceptive use also varies by region. Women in the south use contraceptives more frequently than women in the north. One-third of married women in the South West currently use contraceptives compared with just 4 percent of married women in the North East.

Contraceptive use increases with a woman's education. Twenty-two percent of women with higher education use a modern family planning method, compared with 2 percent of women with no education.

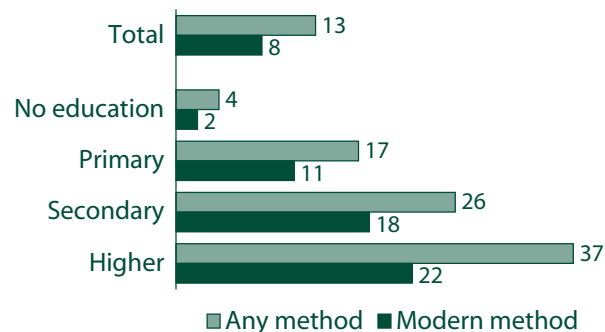
## Source of Family Planning Methods

More than half of the women using modern family planning methods get their contraceptives from the private medical sector, including private doctors, pharmacies, and hospitals or clinics. About one in four women obtain their modern methods from a health care professional or facility funded by the public sector.

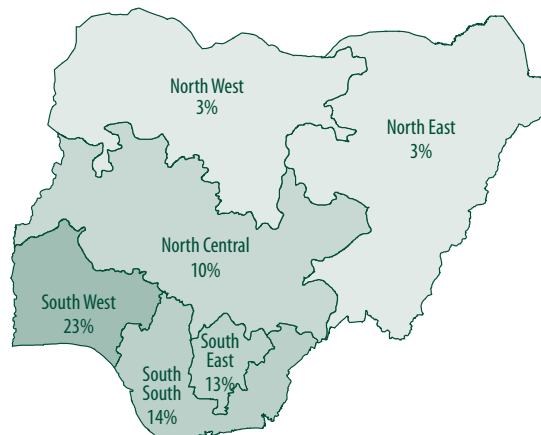


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## Currently married women who use family planning, by education



## Currently married women who use modern family planning, by region



## Intention to Use Family Planning

Most currently married women who are not using family planning (64 percent) do not intend to use a method in the future, compared with 27 percent who do intend to use family planning.

Desire for more children is the most common reason for not planning to use contraceptive methods. About one-fourth of the women are opposed to family planning or face opposition from a family member or someone else. Only 9 percent of women cited health concerns or fear of side effects as reasons for not intending to use contraception.

# NEED FOR FAMILY PLANNING

Although most women and men in Nigeria want large families, about half of married women would like either to stop childbearing or to delay the next pregnancy. These women are potential users of family planning services.

## The Desire to Stop Childbearing

According to the 2003 NDHS one-third of currently married women want to delay the next birth, and 18 percent want to have no more children.



Harvey Nelson/CCP

The desire to stop childbearing varies among Nigerian women. Overall, slightly more urban women than rural women want no more children (22 percent versus 17 percent). Once rural and urban women have 6 or more children, however, they are equally as likely to want to end childbearing.

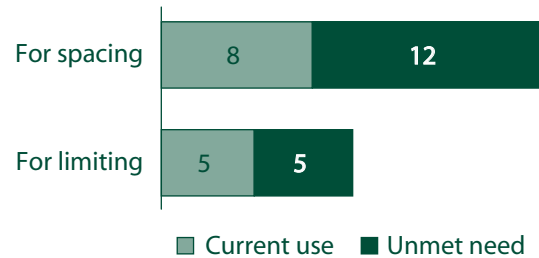
Women in the south are more likely to want to end childbearing than women in the north. Almost one in three women in the South East and South South want to limit their families compared to only 7 percent of women in the North West.

More educated women are more likely to want to stop childbearing. Almost twice as many women with higher education (29 percent) want to limit births as women with no education (15 percent).

## Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of women who want to space their next birth or stop childbearing entirely but are not using contraception. Overall, 17 percent of currently married women have an unmet need for family planning. Twelve percent want to space their next birth, and 5 percent want to stop childbearing.

### Demand for family planning among currently married women





## INFANT AND CHILD MORTALITY

Infant and child mortality rates are basic indicators of a country's socioeconomic situation and quality of life. Identifying children most at risk of dying allows policymakers and program planners to direct resources to improve health outcomes for all.

### Levels and Trends

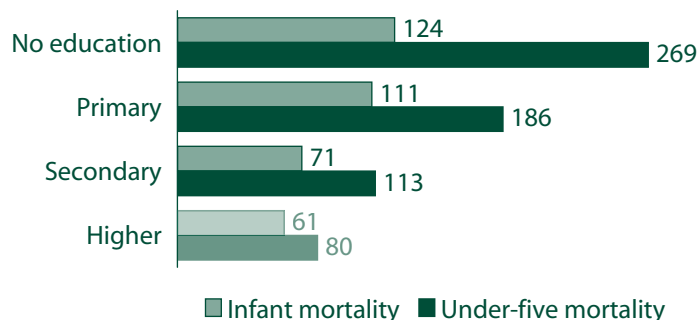
For the five years immediately preceding the 2003 NDHS, the infant mortality rate (IMR) was 100 deaths per 1,000 live births. This means 100 of every 1,000 children born will not live until their first birthday. Twice that number, or 201 children for every 1,000 born, will not reach the age of five.

The infant mortality rate estimated by the 2003 NDHS is significantly higher than the estimates from both the 1990 and 1999 NDHS surveys. The earlier surveys underestimated deaths in some regions of the country so it is difficult to compare those rates with the 2003 NDHS. The higher IMR from the 2003 NDHS is most likely due to better data quality than to an actual increase in the risk of children dying.



Liz Gilbert/CCP

### Infant and under-five mortality rates, by mother's education level (for the ten years preceding the survey)



Note: Figures for children whose mothers have higher than secondary education are based on a small number of cases.

As is the case in many countries, infant and child deaths in Nigeria occur more frequently in rural areas and among the poorest and least educated families. In rural areas the infant mortality rate is about 121 deaths per 1,000 live births. This is 1.5 times higher than the rate in urban areas, 81 deaths per 1,000 live births. The rural-urban difference is even greater for child mortality rates. The child mortality rate in rural areas is 139 deaths per 1,000 live births compared with 78 deaths per 1,000 live births in urban areas.

Children born to mothers who have little or no education are more than twice as likely to die before age five as children born to mothers with secondary or higher education. Similarly, the under-five mortality rate is three times as high among children born to women in the lowest and second-lowest socioeconomic groups as compared to children born to women in the most economically advantaged group.

# MATERNAL HEALTH

Maternal and child health reflects both a society's level of development as well as the performance of the health care delivery system.

## Antenatal Care

Sixty percent of women who gave birth in the past five years received antenatal care at least once from a trained health care provider, most often a nurse or midwife.

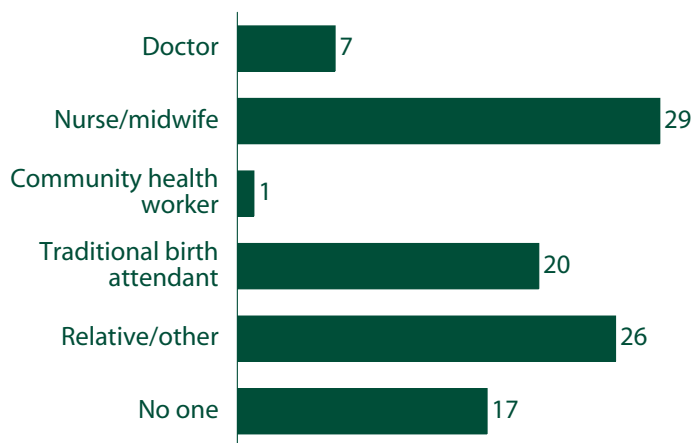
Nigerian women are more likely to receive antenatal care if they have secondary or higher education and if they are more economically advantaged. Urban women are three times as likely to receive antenatal care as rural women (46 percent versus 15 percent). Of particular concern is the lack of care for younger mothers. Almost half of teenage mothers did not receive care, compared with about one-third of mothers over age 20.

Good antenatal care can prevent the major causes of neonatal mortality in Nigeria—neonatal tetanus, malaria, and maternal anemia. According to the 2003 NDHS, only 58 percent of pregnant women received iron supplements; 39 percent received drugs to prevent malaria; and 40 percent received two or more doses of tetanus toxoid.



Liz Gilbert/CCP

### Type of assistance at delivery



Percent distribution of live births in the five years preceding the survey, by type of assistance at delivery

### Delivery and Postnatal Care

Many Nigerian women give birth without emergency services or trained personnel nearby. About two-thirds of births in Nigeria occur at home. At their most recent delivery, 26 percent of women were assisted by a relative or other untrained person. Almost one in five women (17 percent) had no assistance at all at delivery.

## FEMALE CIRCUMCISION

*Female genital cutting (FGC) is also known as female circumcision in Nigeria. The 2003 NDHS collected data on the practice from all women age 15–49.*

### Prevalence

Overall, 19 percent of women report some kind of female genital cutting. Female circumcision is most common in the south and among the Yoruba (61 percent) and Igbo (45 percent). Most often, circumcision is performed in infancy, although about one-fifth of women report being circumcised sometime after their fifth birthday.

### Changing Attitudes Toward Female Circumcision

The 2003 NDHS findings suggest that the practice of circumcision is declining. More than one-quarter of women age 45–49 have been circumcised compared with only 13 percent of women age 15–19. In addition, 66 percent of women who had heard of female circumcision believe that the practice should be stopped. Only 21 percent believe in continuing the practice, and 12 percent are unsure. Almost half (49 percent) of circumcised women believe that the practice should be stopped.



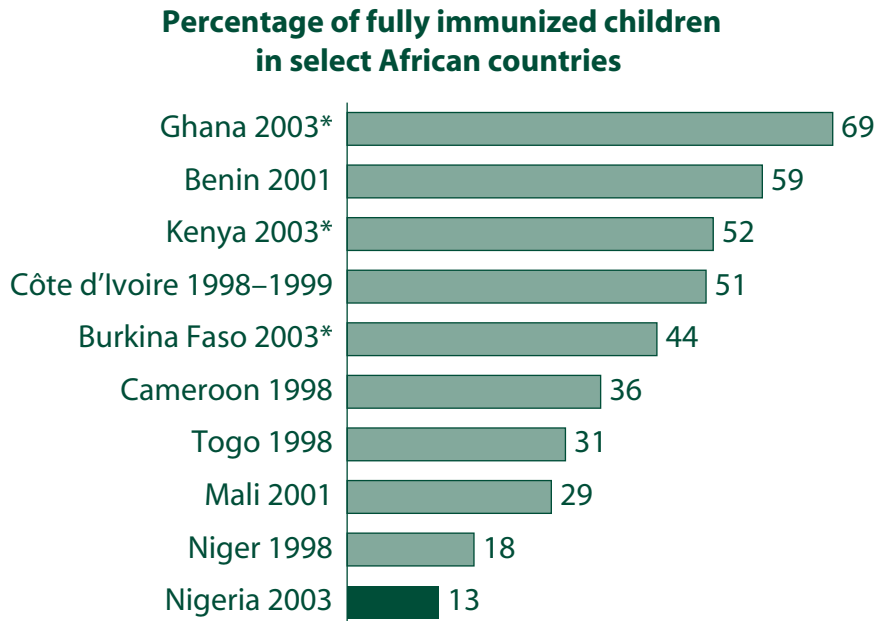
*Arzum Ciloglu/CCP*

## CHILD HEALTH

*A large proportion of childhood deaths can be prevented by vaccination against six serious diseases and early diagnosis and treatment of common childhood illnesses.*

### Vaccination Coverage

In Nigeria, only 13 percent of children ages 12–23 months have received the recommended regimen of immunizations: BCG, measles and three doses each of DPT and polio vaccine. This is the lowest vaccination rate among the African countries in which DHS surveys have been conducted since 1998. Twenty-seven percent of children receive no immunizations at all.



\* All data from the Burkina Faso, Ghana, and Kenya 2003 DHS surveys are preliminary.

Immunization rates vary with residence, region, mother's level of education, and household wealth. One in four urban children is fully immunized compared to one in 14 rural children. More children in the south are immunized than in the north. Most striking is the difference in immunization levels according to household economic status. Almost 40 percent of children living in the most economically advantaged households have received the full course of immunizations compared with less than 4 percent among children from the least advantaged households.

### Childhood Illnesses

In the two weeks before the survey, 10 percent of children had symptoms of an acute respiratory infection (ARI), and 31 percent had a fever. Almost one-third of children with these symptoms were taken to a health facility for treatment. The likelihood of seeking treatment increases with the education level of the mother and the socioeconomic level of the household.

Diarrhoea can cause dehydration, a leading cause of death among young children in Nigeria. In the two weeks before the survey, 19 percent of children under five had diarrhoea. Treatments for these children varied. Twenty-two percent of the children were taken to a health care provider. Forty percent were given oral rehydration salts (ORS) or recommended home fluids (RHF), such as cereal-based liquids or a mixture of sugar, salt and water, or increased fluids. Only 18 percent received a solution made from an ORS packet, although 65 percent of mothers say they know about ORS packets. About one-fifth of children with diarrhoea did not receive any treatment at all.

Mothers are encouraged to give their children a normal diet and to increase fluid intake when their children have diarrhoea. Most often, however, Nigerian mothers give their children the same amount of fluids (41 percent) or even worse, fewer fluids (38 percent). Only one in five mothers offered their children more fluids.

# MALARIA

According to the Federal Ministry of Health, about half of Nigerians have at least one episode of malaria each year. Children under five and pregnant women are most at risk. The Government's policy on malaria control focuses on three interventions: case management, use of insecticide-treated nets (ITN), and use of intermittent preventive treatment (IPT) during pregnancy.

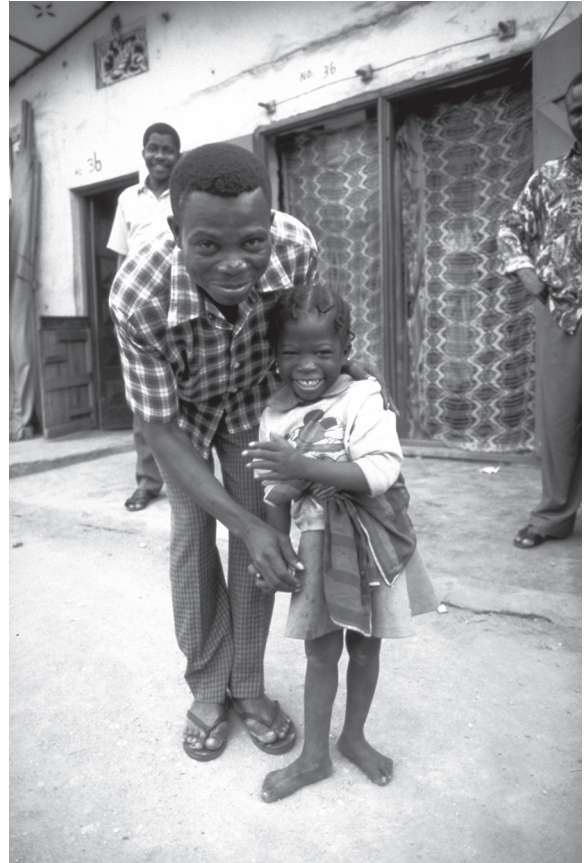
## Mosquito Nets

Few Nigerians own mosquito nets. The 2003 NDHS found that only 12 percent of households own at least one net, and only 2 percent own an insecticide-treated net (ITN). Nets are most common in rural households and in the northern regions. The poorest households are more likely to own nets than the most economically advantaged households.

## Antimalarial Drug Use During Pregnancy

The Federal Ministry of Health recommends that pregnant women receive two doses of antimalarial drugs during the second and third trimesters of pregnancy. During their last pregnancies, only 20 percent of women reported taking a preventive antimalarial drug during their last pregnancy. Urban women are more than twice as likely as rural women to have taken a preventive antimalarial drug during pregnancy (34 versus 14 percent, respectively).

Pregnant women used several types of antimalarial drugs. Twelve percent took the recommended treatment, sulfadoxine-pyrimethamine (SP). Thirty-nine percent took chloroquine, which was the recommended drug until 2001. Of great concern is the frequent use of Daraprim/Metaprim. Over half of pregnant women using antimalarial products used this drug, which is not effective in preventing malaria in pregnant women.



John Harris/CCP

# FEEDING PRACTICES AND THE NUTRITIONAL STATUS OF WOMEN AND CHILDREN

*Nutritional deficiencies contribute to high rates of disability, illness and death in Nigeria, especially among women and young children. The 2003 NDHS collected height and weight measurements of women and young children to assess overall nutritional status.*

## Breastfeeding and the Introduction of Other Foods

Over 97 percent of the children born in the five years before the survey were breastfed. WHO and UNICEF recommend that children receive nothing but breast milk (exclusive breastfeeding) for the first six months of life. Exclusive breastfeeding is not common in Nigeria, however. Only 26 percent of infants less than 2 months, and 17 percent less than 6 months, are exclusively breastfed. Most commonly, infants are fed plain water in addition to breast milk.

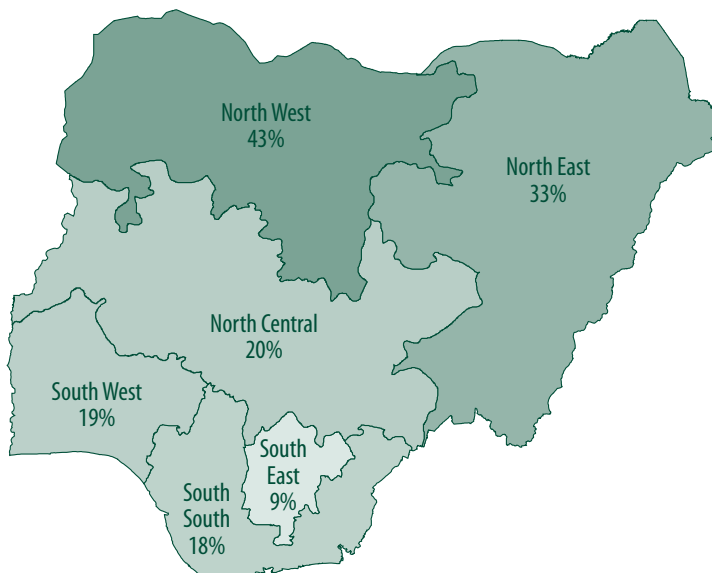


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Complementary foods should be introduced when a child is six months old. According to the 2003 NDHS, however, one-quarter of children 6–9 months still receive only breast milk or breast milk and plain water. This practice puts children at increased risk of malnutrition, illness, and death.

A child in Nigeria is breastfed for an average of 18.6 months. Breastfeeding patterns do not vary by residence, region, mother's education level, or household wealth.

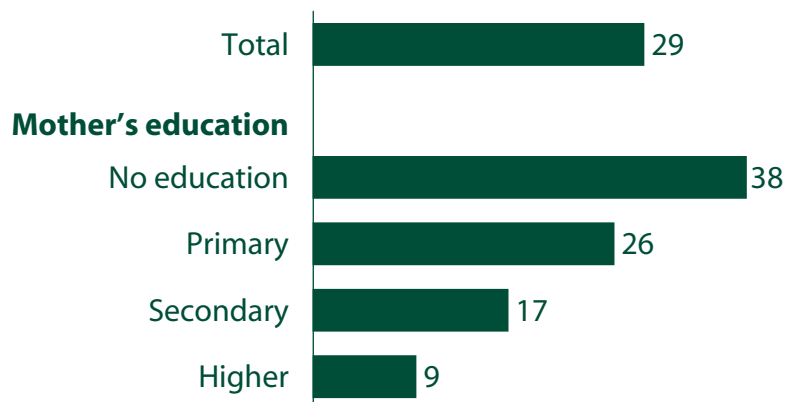
## Underweight children under age five, by region



## Children's Nutritional Status

A child's nutritional status is assessed by comparing height and weight measurements against an international standard. By these standards many Nigerian children are malnourished. According to the 2003 NDHS, 38 percent of children are too short for their age, or stunted, including 19 percent who are severely stunted. Stunting indicates chronic malnutrition. Almost one in ten children is wasted or thin, with low weight-for-height. Wasting indicates acute malnutrition. Almost one in three children is underweight (low weight-for-age), including 9 percent who are severely underweight. This measure reflects the effects of both chronic and acute malnutrition. Rural children, children living in the north, and children of less educated mothers are most likely to be malnourished.

### Underweight children under age five, by mother's level of education



### Women's Nutritional Status

The average body mass index (BMI) of Nigerian women is 22.3. A woman with a BMI below 18.5 is considered thin, a BMI over 25.0 is considered overweight, and over 30.0 is obese. Sixty-four percent of women are in the normal range; 15 percent are thin; 15 percent are overweight; and 6 percent are obese.



Harvey Nelson/CCP

### Iodine, Vitamin A and Iron

Micronutrients are essential vitamins and minerals required for good health.

Adding the micronutrient iodine to salt prevents iodine deficiency. Over 95 percent of Nigerian households use iodized salt.

Children and new mothers need Vitamin A. In the seven days before the survey 43 percent of children under age three ate fruits and vegetables rich in Vitamin A. In the 6 months before the survey, one-third of children 6 months to 5 years received Vitamin A supplements. Only 20 percent of new mothers took Vitamin A supplements within two months of childbirth, however.

Pregnant women should take iron tablets for at least three months during pregnancy to prevent anemia and other complications. Only 21 percent of women took iron tablets for at least 90 days during their last pregnancy. Forty percent of women did not take any iron tablets at all. Urban women were twice as likely to take the recommended dose of iron tablets as rural women. Almost half (48 percent) of rural women did not take any iron at all. Iron supplementation increases with a woman's level of education and household wealth.

# HIV/AIDS

*HIV/AIDS poses serious economic, health, and social consequences for all Nigerians. The data collected in the 2003 NDHS will help the development of effective prevention programs.*

## Knowledge

Almost all men and most women have heard of AIDS. Fewer Nigerians, especially women, know how to prevent HIV transmission. Only 45 percent of women and 63 percent of men know that using condoms prevents HIV infection.

About half the population knows that a woman can transmit HIV to her baby through breastfeeding. Less than one person in ten, however, knows that drugs can block transmission of HIV from a pregnant woman to her baby.

## Attitudes/Beliefs

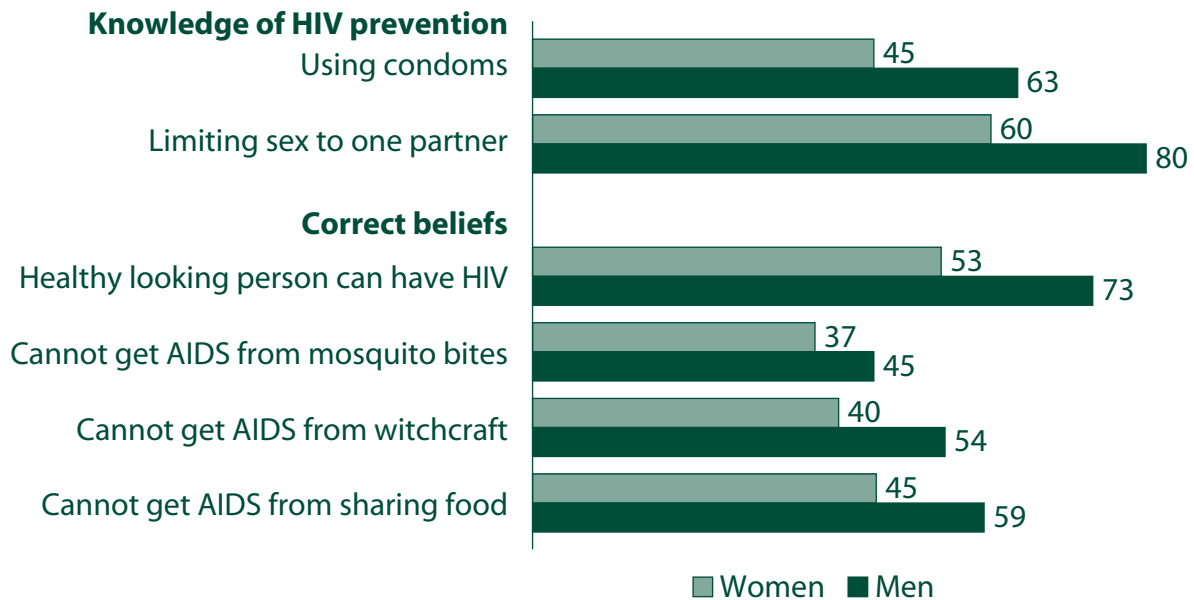
The 2003 NDHS results indicate a need for more public education about HIV/AIDS transmission and prevention. Overall, the majority of Nigerians hold many misconceptions about HIV transmission, believing for example that witchcraft can transmit the virus. Women are considerably less informed than men.

## High-Risk Sexual Encounters

High-risk sexual activity is defined as having sex with someone other than a spouse or live-in partner. This activity increases the risk of contracting a sexually transmitted infection (STI), including HIV. Condoms can help prevent HIV transmission.

Among sexually active Nigerians, 39 percent of men and 14 percent of women reported having high-risk sex in the past 12 months. Less than half of these men and less than a quarter of these women reported using a condom during a high-risk encounter.

### Knowledge and beliefs about HIV/AIDS





# KEY INDICATORS

	National			Region					
	Total	Urban	Rural	North Central	North East	North West	South East	South South	South West
<b>Fertility</b>									
Total fertility rate	5.7	4.9	6.1	5.7	7.0	6.7	4.1	4.6	4.1
Mean ideal number of children per woman	6.7	6.0	7.0	6.2	7.8	8.6	5.3	5.5	4.8
Women age 15–19 who are mothers or now pregnant	25	17	30	16	44	45	6	14	5
Median age at first intercourse for women age 25–49	16	18	16	17	15	15	19	17	19
Median age at first marriage for women age 25–49	17	19	16	18	15	15	22	19	21
Median birth intervals (months)	31	32	31	33	29	31	27	31	37
<b>Childhood Mortality</b>									
<i>Deaths per 1,000 live births</i>									
<i>(Figures are for the ten years before the survey, except for the national rate, in italics, which represents the five years before the survey)</i>									
Neonatal mortality rate	48	37	60	53	61	55	34	53	39
Infant mortality rate	100	81	121	103	125	114	66	120	69
Under-five mortality rate	201	153	243	165	260	269	103	176	113
<b>Maternal Health</b>									
<i>Percentage of women with a live birth in the five years before the survey</i>									
No antenatal care	37	15	46	25	47	59	1	17	2
Received 2+ doses of tetanus toxoid	41	61	32	46	31	21	78	62	74
Received vitamin A postpartum	20	33	14	19	12	7	52	34	48
<i>Percentage of live births in the five years before the survey</i>									
Delivered in a health facility	33	54	24	45	17	10	84	53	78
Assisted by a doctor, nurse or midwife at delivery	35	59	26	49	20	12	88	56	81
<b>Family Planning</b>									
<i>Percentage of currently married women age 15–49</i>									
Knowing any contraceptive method	78	91	73	77	64	75	87	94	97
Currently using any method	13	20	9	13	4	5	23	25	33
Currently using any modern method	8	14	6	10	3	3	13	14	23
Currently using:									
Female sterilization	0	0	0	1	0	0	0	0	0
Pill	2	3	1	2	1	1	2	4	5
IUD	1	2	0	0	0	0	1	1	5
Injectables	2	2	2	4	1	1	1	5	3
Male condom	2	4	1	2	0	0	9	2	7
LAM	1	2	1	1	1	2	1	2	2
Traditional methods	4	6	4	3	1	2	10	12	10
Unmet need for family planning	17	17	17	22	18	11	19	25	17

	National			Region					
	Total	Urban	Rural	North Central	North East	North West	South East	South South	South West
<b>Child Health</b>									
Children 12–23 months fully immunized (BCG, measles and 3 doses of DPT and polio) (%)	13	25	7	12	6	4	45	21	33
Children 6–59 months receiving vitamin A supplements (%)	34	49	27	32	25	15	60	56	76
<i>Percentage of children who were taken to a health facility, among children under 3 years who recently experienced:</i>									
Acute respiratory infection (ARI) or fever	31	40	28	50	20	33	37	25	53
Diarrhoea	22	30	19	40	8	30	(25)	(27)	(39)
<b>Nutrition in Women and Children</b>									
Children under 5 years who are underweight	29	22	32	20	33	43	9	18	19
Women who are too thin (BMI < 18.5)	15	13	16	7	23	20	8	11	17
Women who are overweight (BMI ≥ 25)	21	28	17	23	14	15	34	25	21
Median duration of any breastfeeding (months)	19	17	19	19	21	20	13	16	16
<b>Malaria</b>									
Households with a bednet	12	5	16	15	22	13	6	11	0
Households with an insecticide-treated net	2	1	3	4	1	3	2	2	0
Children under age 5 who slept under a bednet	6	4	7	9	7	5	4	9	0
Pregnant women who slept under a bednet	5	3	6	9	8	4	2	5	0
<b>HIV/AIDS</b>									
Women who have heard of AIDS	86	95	82	85	76	87	96	90	90
Men who have heard of AIDS	97	99	96	97	97	99	99	92	98
<i>Among those who have heard of AIDS:</i>									
Women who know AIDS can be prevented by using condoms and limiting sex to one uninfected partner	42	55	36	34	34	45	42	47	52
Men who know AIDS can be prevented by using condoms and limiting sex to one uninfected partner	60	65	56	67	46	62	76	50	69
Women who have been tested for HIV	7	13	4	6	1	1	23	11	12
Men who have been tested for HIV	15	17	13	20	14	5	26	14	19
Women who have been tested for HIV and received the test results	6	12	4	5	1	1	23	9	10
Men who have been tested for HIV and received the test results	14	16	12	19	13	4	25	14	18
<b>Female Circumcision</b>									
Women who have been circumcised	19	28	14	10	1	0	41	35	57
Women who believe female circumcision should be discontinued	66	65	68	64	79	71	67	74	46
Men who believe female circumcision should be discontinued	63	60	66	76	74	64	46	64	53