In Nigeria, only one in every four young women aged 15-24 years (24 per cent) has comprehensive knowledge of HIV prevention. This rate is below the average for West and Central Africa (33 per cent) and has not significantly improved over the past six years. Comprehensive knowledge of HIV prevention is not significantly better among older women than among young women.

Comprehensive knowledge of HIV prevention is two times higher among women with secondary or higher education than women with lower levels of education; and two times lower among women from the poorest 40 per cent of households than women from all other wealth quintiles. These disparities are similar to what has been observed in other countries in the West and Central Africa region.

Comprehensive knowledge of HIV among young women (aged 15-24) by education level (MICS 2011)

Comprehensive knowledge about HIV among young women (aged 15-24) by wealth quintiles (MICS 2011)

On average, comprehensive knowledge of HIV prevention is higher in States from the southern zones. In four States in the northern zones – Kebbi, Yobe, Niger and Katsina – the proportion of young women who have comprehensive knowledge of HIV is lower than 10 per cent.
As is the case in the rest of the world, comprehensive knowledge of HIV prevention is higher among young men (34 per cent) than young women (24 per cent), though there are strong regional disparities in this regard. Disparities between young women and young men are particularly significant in the South-East geopolitical zone. In one zone, North-Central, comprehensive knowledge of HIV prevention is higher among young women than among young men.

Gender disparity in comprehensive knowledge about HIV among young people aged 15-24 by geopolitical zone (DHS 2013)
In Nigeria, 11 per cent of sexually active young women aged 15-24 years have been tested for HIV and have received their results in the past 12 months. The proportion of young women recently tested is two times higher in urban areas (17 per cent) than in rural areas (8 per cent). The proportion of young women who have ever been tested for HIV more than doubled between 2007 (10 per cent) and 2011 (25 per cent).

Disparities in HIV testing among young sexually active women are significant. Only 3 per cent of young women from the poorest 20 per cent of households have been tested in the past 12 months, compared with 20 per cent of young women from the wealthiest 20 per cent of households. Women with secondary or higher education are three times more likely to have had a recent HIV test than women with less education. There is no significant difference in HIV testing between young women and young men.
Both socioeconomic and geographic disparities appear to have worsened since 2007. In regards to geography, recent HIV testing is at least two times lower in the North-East and North-West geopolitical zones than in other zones. In eight States in the Northern zones – Bauchi, Borno, Yobe, Jigawa, Katsina, Kebbi, Sokoto and Zamfara – the proportion of sexually active young women who have had a recent HIV test and received the results is lower than 5 per cent. In contrast, HIV testing is higher than 20 per cent in Benue, Imo and Cross River.

HIV testing, with results, in the past 12 months among young women (aged 15-24) who are sexually active by States (MICS 2011)

HIV testing with results: percentage of women aged 15-24 years who have had sex in the 12 months preceding the survey, who have been tested for HIV in the 12 months preceding the survey and who know their results; Young women ever tested: percentage of women aged 15-24 years who have had sex in the 12 months preceding the survey, who have ever been tested for HIV; 95 per cent LCL and 95 per cent UCL: 95 per cent lower / upper confidence limits, representing the uncertainty range around the estimate; Inequity concept is shown as the difference in the indicator estimate between advantaged groups and disadvantaged groups for each background characteristic. The longer the line between the two groups, the greater the absolute inequality.
HIV prevalence among adults

During the 2012 National HIV/AIDS and Reproductive Health Survey (NARHS), 3.4 per cent of adult respondents aged 15-64 years tested positive for HIV. Although this prevalence rate is higher than the estimated prevalence for the West and Central Africa region overall (2.2 per cent), HIV prevalence has decreased gradually in Nigeria over the past 10 years.

HIV prevalence in the adult population aged 15-64

3.4%  
Nigeria

2.2%  
West and Central Africa


Disparities in HIV prevalence within the Nigerian population are difficult to analyse. There is no clear relationship between education level or wealth index and HIV prevalence nor are there clear disparities related to gender. HIV prevalence may be highest among people in their late thirties.

HIV prevalence (population aged 15-64) by wealth quintiles (NARHS 2012)
Clear geographic disparities are observed in terms of HIV prevalence, which is highest in the South-South geopolitical zone at 5.5 per cent of the adult population, and lowest in the South-East geopolitical zone at 1.8 per cent of the adult population.

Notes (1) Sources of data: National HIV/AIDS and Reproductive Health Survey (NARHS) 2012 and Nigeria Global AIDS Response Progress Report (GARPR) 2014 – Country Progress Report; (2) All indicators are expressed in percentages; (3) HIV prevalence: percentage of the population aged 15-64 years who have tested positive for HIV; (4) 95 per cent LCL and 95 per cent UCL: 95 per cent lower / upper confidence limits, representing the uncertainty range around the estimate.
Although only 12 per cent of women aged 15-49 years express accepting attitudes towards people living with HIV on all four questions, the proportion of women expressing accepting attitudes on all four questions is four times higher than in 2007 in both rural and urban areas.

In terms of accepting attitudes towards people with HIV, minor disparities exist in regards to education level, wealth index and area of residence.

Main rejecting attitudes towards people living with HIV (MICS 2011)

- NOT willing to care for a family member with AIDS at home
- Would NOT buy fresh vegetables from a vendor with AIDS virus
- Believe female teacher with AIDS should NOT be allowed to continue teaching
- Would want to KEEP SECRET that a family member got infected with AIDS

1 Please see adjacent table entitled 'Main rejecting attitudes towards people living with HIV' for a list of the main rejecting attitudes.
Geographic disparities are significant. On average, the proportion of women with accepting attitudes is highest in the North-Central geopolitical zone and lowest in the North-West, South-East and South-West zones. In seven States – Kwara, Jigawa, Kebbi, Sokoto, Abia, Ogun and Ondo – the proportion of women with accepting attitudes is very low.

Notes (1) Sources of data: Multiple Indicator Cluster Survey (MICS) 2007, MICS 2011 and the Demographic and Health Survey (DHS) 2013; (2) All indicators are expressed in percentages; (3) Accepting attitudes towards people living with HIV: percentage of women age 15-49 years expressing accepting attitudes on all four questions towards people living with HIV; (4) 95 per cent LCL and 95 per cent UCL: 95 per cent lower / upper confidence limits, representing the uncertainty range around the estimate.
Nearly half of all Nigerian women aged 15-24 years (47 per cent) who have had more than one sexual partner in the 12 months preceding the survey reported that a condom was used the last time they had sex. The same proportion of women report having used a condom the last time they had sex with a non-marital or non-cohabitating partner.

Condom use with multiple partners is more common in urban areas and highly related to education level and wealth. Women with secondary or higher education are three times more likely to use a condom than women with no education. Women from the wealthiest 20 per cent of households are three to four times more likely to use a condom than women from the poorest 20 per cent. Less than one third of women that have more than one sexual partner use condoms in the three northern geopolitical zones. Condom use is two times more common in the South-West zone.
Condom use among young women (aged 15-24) with multiple sexual partners by wealth quintiles (MICS 2011)

Condom use among young women (aged 15-24) with multiple sexual partners by geopolitical zone (MICS 2011)

Evolution of inequity in condom use among young women (aged 15-24) with non-regular partners by category (MICS 2007 and MICS 2011)

Notes (1) Sources of data: Multiple Indicator Clustery Survey-3 (MICS3) 2007 and MICS 2011; (2) All indicators, except ratios, are expressed in percentages; (3) Condom use during sex with multiple partners: percentage of women aged 15-24 years who report having had more than one sexual partner in the 12 months preceding the survey who also reported that a condom was used the last time they had sex; (3) Condom use with non-marital partners: percentage of women aged 15-24 years reporting the use of a condom during sexual intercourse with their last non-marital, non-cohabiting sex partner in the 12 months preceding the survey; (4) 95 per cent LCL and 95 per cent UCL: 95 per cent lower / upper confidence limits, representing the uncertainty range around the estimate; (5) Inequity concept is shown as the difference in the indicator estimate between advantaged groups and disadvantaged groups for each background characteristic. The longer the line between the two groups, the greater the absolute inequality.
Equity in HIV in Nigeria

Knowledge and accepting attitudes by area of residence (MICS 2011)

HIV prevalence by area of residence (MICS 2011)

Condom use with non-marital partner by area of residence (MICS 2011)

HIV testing among young women (aged 15-24) by area of residence (MICS 2011)

Ratio between advantaged groups and disadvantaged groups (MICS 2011)

Ratio between disadvantaged groups and advantaged groups (MICS 2011)
### Socioeconomic absolute inequities (MICS 2011)

![Diagram showing socioeconomic absolute inequities](image)

#### MICS 2011

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Notes:
1. Sources of data: Multiple Indicator Cluster Survey (MICS) 2011, MICS 2007 and the Demographic and Health Survey (DHS) 2013.
2. All indicators, except ratios, are expressed in percentages.
3. Comprehensive knowledge: percentage of women aged 15-24 years who correctly identify two ways of preventing HIV infection (using condoms and limiting sex to one faithful, uninfected partner), know that a healthy looking person can have HIV, and reject the two most common misconceptions about HIV transmission (transmission through mosquito bites, sharing food with an infected person); (4) Young women ever tested: percentage of women aged 15-24 years who have had sex in the 12 months preceding the survey, who have ever been tested for HIV; (5) Young women recently tested: percentage of women aged 15-24 years who have had sex in the 12 months preceding the survey, who have been tested for HIV in the 12 months preceding the survey and who know their results; (6) HIV prevalence: percentage of population aged 15-64 years who have been tested positive for HIV; (7) Accepting attitudes toward people living with HIV: percentage of women aged 15-49 years expressing accepting attitudes on all four questions toward people living with HIV; (8) Condom use with non-marital partner: percentage of women aged 15-24 years reporting the use of a condom during sexual intercourse with their last non-marital, non-cohabiting sex partner in the 12 months preceding the survey; (9) Condom use with multiple partners: percentage of women aged 15-24 years who report having had more than one sexual partner in the 12 months preceding the survey who also reported that a condom was used the last time they had sex; (10) Ratios presented: U/R = urban / rural; R/P = 20 per cent richest / 20 per cent poorest; max / min = maximum value of all zones / minimum value of all zones; (12) 95 per cent LCL and 95 per cent UCL: 95 per cent lower / upper confidence limits, representing the uncertainty range around the estimate.