HEALTH

## Infant, under-five and maternal mortality rates

Over the past five years, infant and under-five mortality rates have remained steady in Nigeria, at 74 and 117 deaths per 1,000 live births, respectively. At these mortality levels, one Nigerian child of every 13 born dies before reaching age 1, and one in every eight does not survive to their fifth birthday. Infant and under-five mortality rates have both declined gradually over the past 25 years, down from 126 and 213, respectively, in 1990.

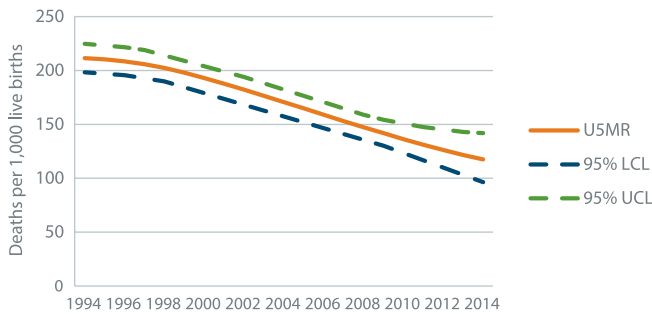### Under-five, infant, neonatal and maternal mortality rates

	Nigeria	West and Central Africa	World
Under-five mortality rate	117	109	46
Infant mortality rate	74	72	34
Neonatal mortality rate	37	35	20
Maternal mortality rate	560	590	210

Source: UNICEF State of the World's Children Report 2015

Neonatal mortality rate (UN global data)
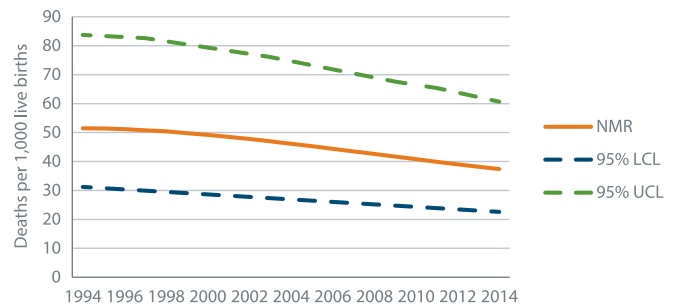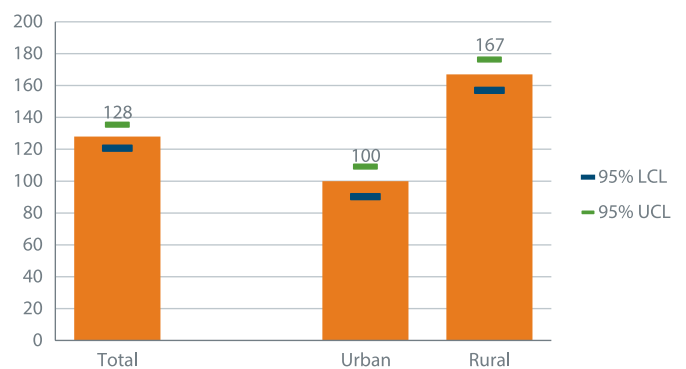

Under-five mortality rate (UN global data)
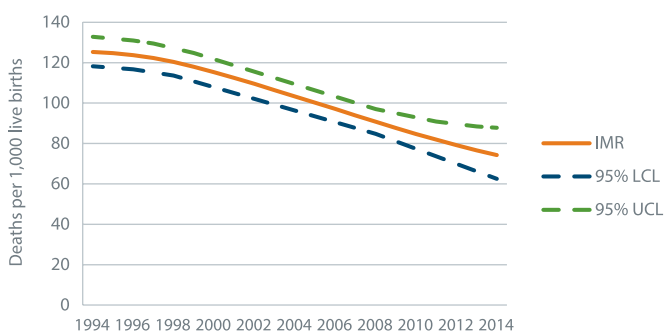
Infant and under-five mortality rates are closely related to key socioeconomic and geographic characteristics. Both rates decrease as household wealth index and the mother's education level increase, while both rates are higher in rural areas and in the North-West geopolitical zone. A child from the poorest 20 per cent of households is twice as likely to die before their first birthday or to die before their fifth birthday than a child from the wealthiest 20 per cent of households.

Infant mortality rate (UN global data)

Under-five mortality rate by area of residence (DHS 2013)

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Under-five mortality rate by wealth index (DHS 2013)

Poorest: 190
Second: 187
Middle: 127
Fourth: 100
Richest: 73

Ratio between advantaged groups and disadvantaged groups[1]

	Rural/Urban	20% Poorest / 20% richest	Geopolitical zones (strongest/weakest)
U5MR	1.7	2,6	2.1
IMR	1.4	1.9	1.5
NMR	1.3	1.5	1.4

■ Rural/Urban   ■ 20% Poorest / 20% richest   ■ Geopolitical zones (strongest/weakest)
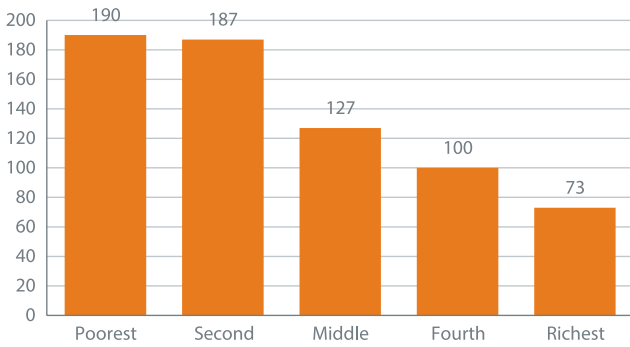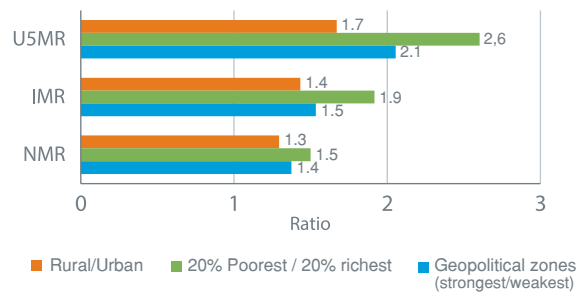
Under-five mortality rate by background characteristics (DHS 2013)

Sex — Male: 151, Female: 137
Mother's education — No education: 180, Primary: 128, Secondary: 91, More than secondary: 62
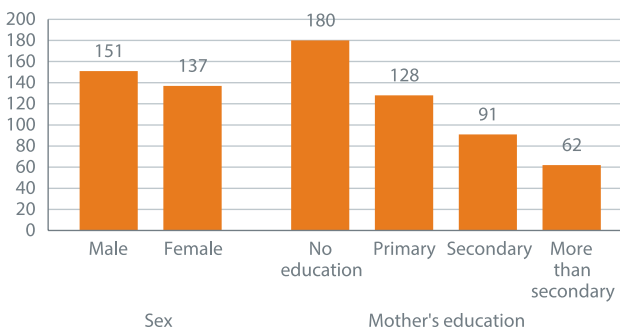
The maternal mortality ratio was 560 maternal deaths per 100,000 live births for the seven-year period preceding 2013. This ratio has not changed significantly over the past 20 years.

Trends in maternal mortality ratio (UN global data)

— MMR
– – 95% LCL
– – 95% UCL
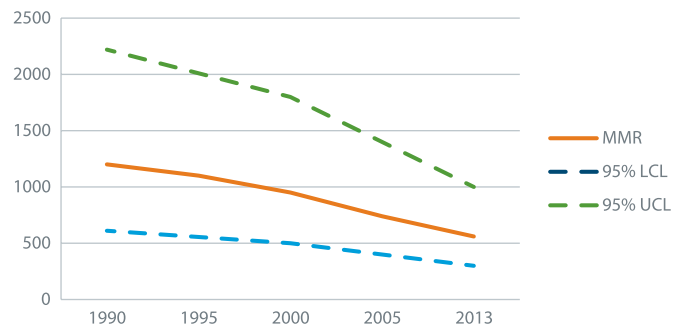
Under-five mortality rate by geopolitical zones (DHS 2013)

North Central: 100
North East: 160
North West: 185
South East: 131
South South: 91
South West: 90

— 95% LCL
— 95% UCL

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Immunization coverage by type of vaccine

In Nigeria, more than half (51 per cent) of all children aged 12-23 months have received the Bacillus Calmette-Guérin (BCG) vaccine for tuberculosis and fewer than half (42 per cent) have received the measles vaccine. Although BCG and measles vaccination coverage increased between 2007 and 2011, coverage declined in 2013 to the 2007 level. Among children vaccinated before their first birthday, almost all received the BCG vaccine, while 83 per cent had received the measles vaccine.

Immunization coverage by type of vaccine

	Nigeria	West and Central Africa	World
BCG	51	80	90
DPT (three doses)	38	69	84
Polio (three doses)	54	73	84
Measles	42	68	84

Source: UNICEF State of the World's Children Report 2015

Trends in tuberculosis immunization (BCG vaccine) (MICS 2007, MICS 2011 and DHS 2013)
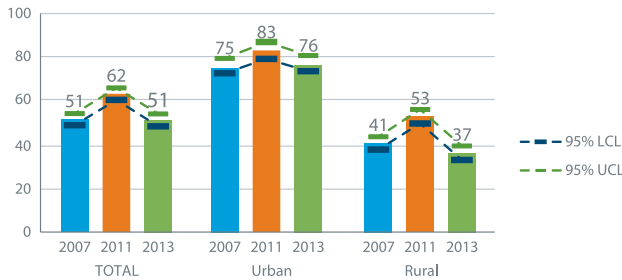
Trends in measles immunization (MICS 2007, MICS 2011 and DHS 2013)
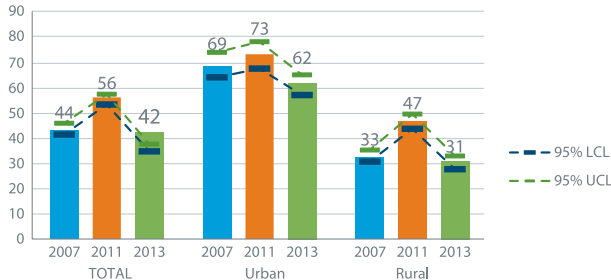
Disparities in tuberculosis and measles vaccination coverage are important and very similar. Urban children are twice as likely to be immunized than rural children. Children from the wealthiest 20 per

cent of households are six times more likely to be immunized than those from the poorest 20 per cent of households. This inequity ratio has increased since 2007.

Trends of inequity ratios for tuberculosis immunization (BCG vaccine) (MICS 2007, MICS 2011 and DHS 2013)
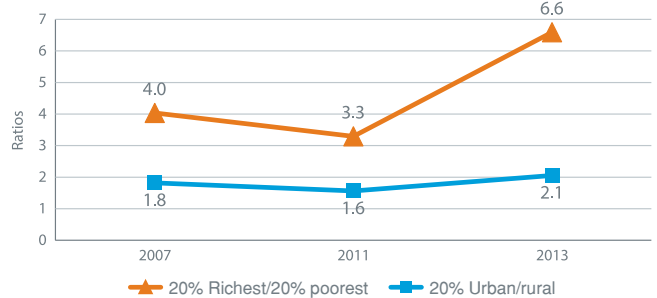
In terms of geographic location, tuberculosis and measles immunization are particularly low in the North-West geopolitical zone and are highest in the three southern zones. In four States, less than one quarter of all children received the BCG vaccine: Jigawa, Kebbi, Sokoto and Zamfara.

Tuberculosis immunization (BCG vaccine) by geopolitical zone (MICS 2011)

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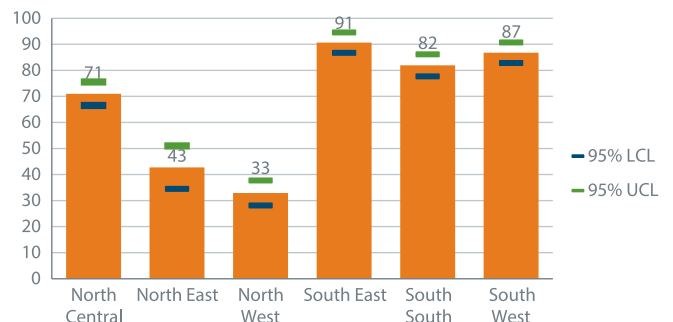
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Although coverage of the diphtheria, pertussis and tetanus (DPT) vaccine has improved slightly since 2007, coverage decreased between 2011 and 2013 in both urban and rural areas. Overall, 38 per cent of children aged 12-23 months have received three doses of DPT, and 54 per cent have received three doses of polio vaccine. Polio immunization has increased significantly over the past six years, particularly in rural areas.

One quarter (25 per cent) of children who have received a first dose of DPT have not received the third dose, compared with 30 per cent of children for the polio vaccine. Drop out rates for both polio and DPT have decreased, however, since 2007.

Trends in DPT immunization (three doses) (MICS 2007, MICS 2011 and DHS 2013)
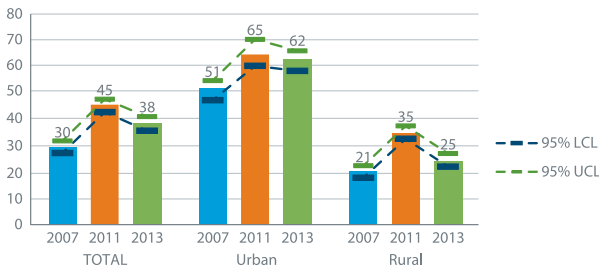
Trends in polio immunization (three doses) (MICS 2007, MICS 2011 and DHS 2013)
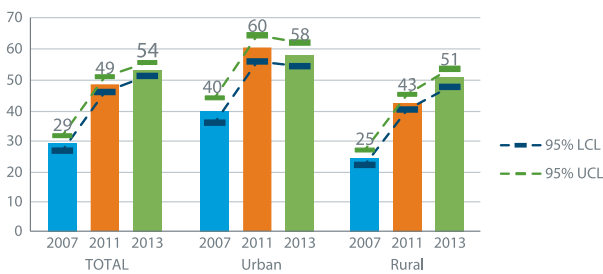
Polio and DPT immunization are the lowest in the North-West geopolitical zone (where drop out rates are also the highest) and the highest in the South-East and South-West zones. In eight States from North-East and North-West zones, less than one fifth of children (20 per cent) have received three doses of DPT vaccine: Bauchi, Borno,

Yobe, Jigawa, Katsina, Kebbi, Sokoto and Zamfara. Less than one third of children have received three doses of polio vaccine in Borno, Taraba, Jigawa, Kaduna, Kano and Sokoto.

Trends of inequity ratios for DPT immunization (MICS 2007, MICS 2011 and DHS 2013)
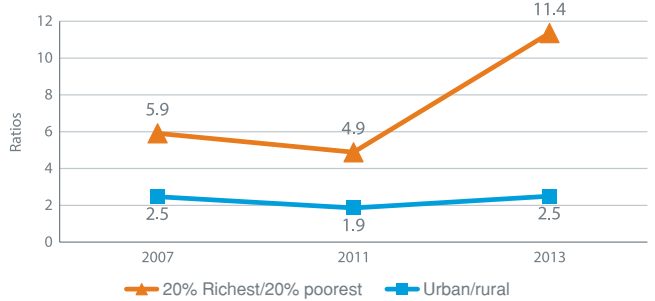
Trends of inequity ratios for polio immunization (MICS 2007, MICS 2011 and DHS 2013)
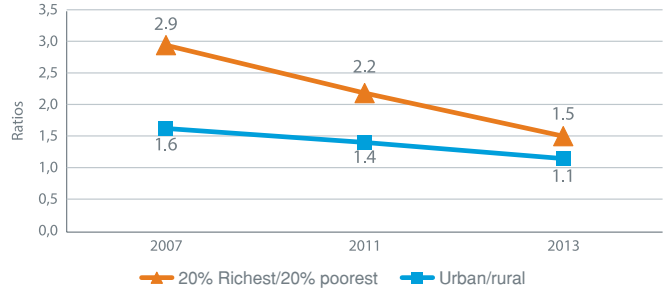
Polio immunization by geopolitical zone (MICS 2011)

DPT immunization (three doses) by States (MICS 2011)
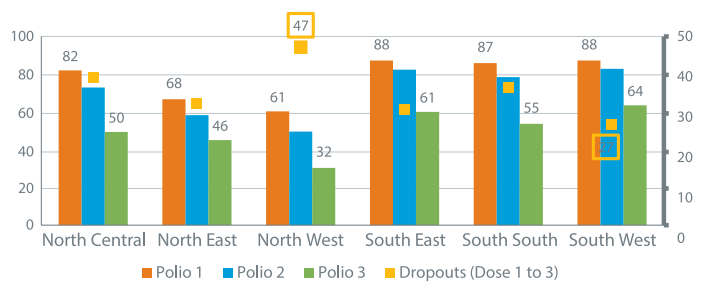
(1) Sources of data: Multiple Indicator Cluster Survey-3 (MICS3) 2007, MICS 2011 and the Demographic and Health Survey (DHS) 2013; (2) All indicators, except ratios are expressed in percentages; (3) BCG: percentage of children aged 12-23 months who received BCG vaccine (children immunized against tuberculosis); (4) DPT3: percentage of children aged 12-23 months who received three doses of DPT vaccine; (5) Polio 3: percentage of children aged 12-23 months who received three doses of polio vaccine; (6) Measles: percentage of children aged 12-23 months who received measles vaccine; (7) 95 per cent LCL and 95 per cent UCL: 95 per cent lower / upper confidence limits, representing the uncertainty range around the estimate.

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Immunization against all of the main childhood diseases

In Nigeria, one quarter (25 per cent) of children aged 12-23 months is immunized against the main childhood diseases, meaning they have received the BCG vaccine, three doses of the polio vaccine, three doses of the DPT vaccine and the measles vaccine. The proportion of children who have been fully immunized doubled between 2007 and 2011, from 16 per cent to 32 per cent, but decreased to 25 per cent in 2013. One in every five children (21 per cent) has not received any of the vaccines against the main childhood diseases.

Trends in full immunization (BCG, Polio3, DPT3, measles) (MICS 2007, MICS 2011 and DHS 2013)

Legend: 95% LCL, 95% UCL

Disparities in full immunization have widened since 2007. Full immunization remains almost three times higher among urban children than among rural children. Children from the wealthiest 20 per cent of households are 16 times more likely to be fully immunized than children from the poorest 20 per cent of households. A child whose mother has a secondary or higher education is four times more likely to be fully immunized than a child whose mother has no education.

Immunization coverage of children aged 12-23 months, any time before survey, by vaccines (MICS 2011)

Vaccine	Value
BCG*	62
Polio at birth	45
Polio 1*	76
Polio 2*	68
Polio 3*	49
DPT 1*	60
DPT 2*	56
DPT 3*	45
Measles*	56
All basic (*) vacc.	32
No basic (*) vacc.	21
HepB at birth	29
HepB 1	55
HepB 2	48
HepB 3	36
Yellow fever	50
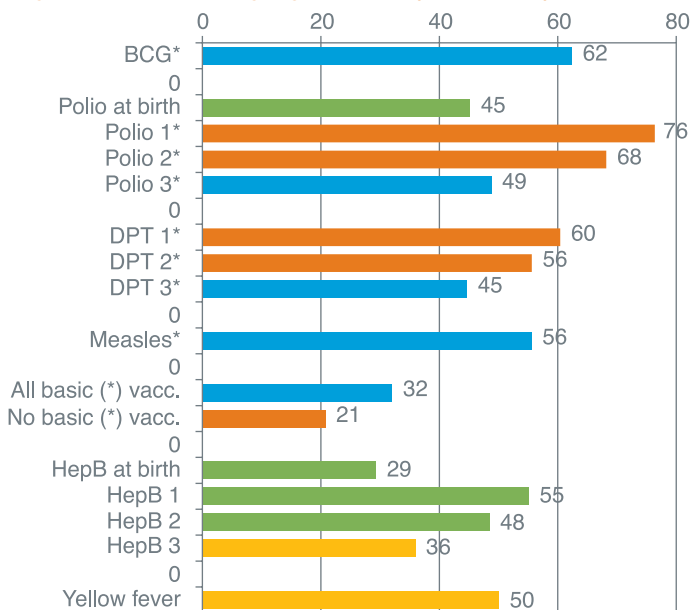
Trends of inequity ratios for full immunization (MICS 2007, MICS 2011 and DHS 2013)

	2007	2011	2013
20% Richest/20% poorest	6.1	4.6	16.0
Urban/rural	2.9	2.0	2.7

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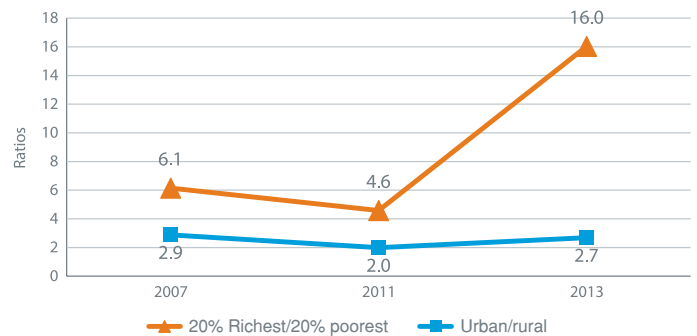
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Full immunization (BCG, Polio3, DPT3, measles) by mother's education (MICS 2011)

Chart values:
- None: 12
- Primary: 34
- Secondary +: 52

— 95% LCL
— 95% UCL

Much like for each individual vaccine, full immunization is lowest in the North-West geopolitical zone and highest in the South-East and South-West zones. Less than one tenth of children have all of the main vaccines in Borno, Jigawa, Kebbi, Sokoto and Zamfara.
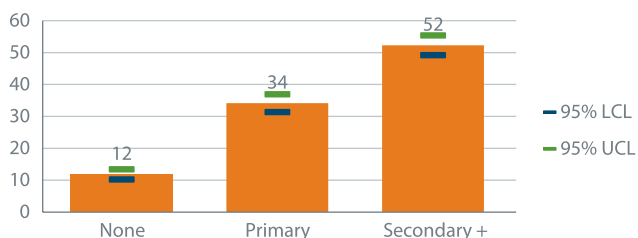
Full immunization (BCG, Polio3, DPT3, measles) by geopolitical zone (MICS 2011)

Chart values:
- North Central: 29
- North East: 22
- North West: 10
- South East: 56
- South South: 40
- South West: 57

— 95% LCL
— 95% UCL

Full immunization (BCG, Polio3, DPT3, measles) by States (MICS 2011)
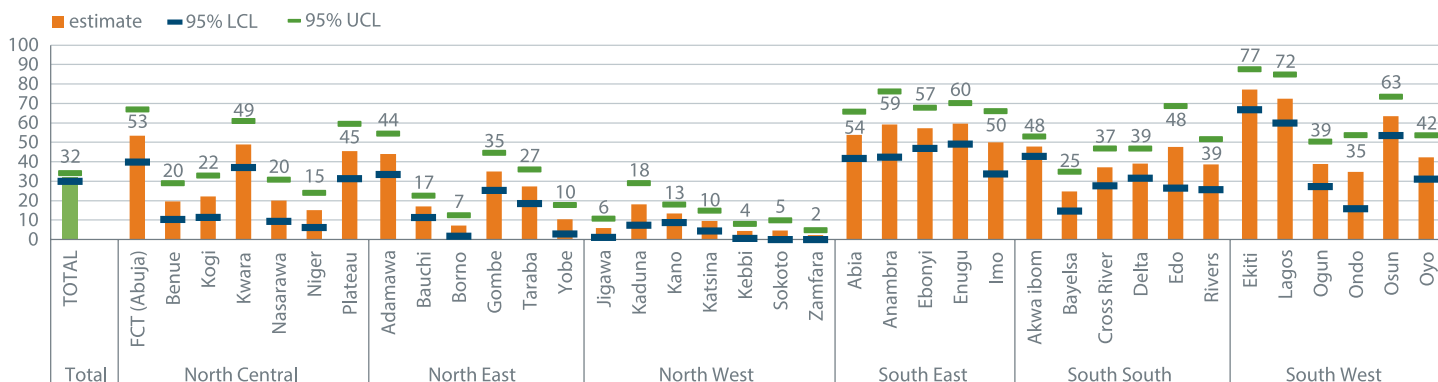
■ estimate — 95% LCL — 95% UCL

State	Estimate
Total — TOTAL	32
North Central — FCT (Abuja)	53
Benue	20
Kogi	22
Kwara	49
Nasarawa	20
Niger	15
Plateau	45
North East — Adamawa	44
Bauchi	17
Borno	7
Gombe	35
Taraba	27
Yobe	10
North West — Jigawa	6
Kaduna	18
Kano	13
Katsina	10
Kebbi	4
Sokoto	5
Zamfara	2
South East — Abia	54
Anambra	59
Ebonyi	57
Enugu	60
Imo	50
South South — Akwa ibom	48
Bayelsa	25
Cross River	37
Delta	39
Edo	48
Rivers	39
South West — Ekiti	77
Lagos	72
Ogun	39
Ondo	35
Osun	63
Oyo	42

Notes (1) Source of data: Multiple Indicator Cluster Survey-3 (MICS3) 2007, MICS 2011 and the Demographic and Health Survey (DHS) 2013; (2) All indicators, except ratios, are expressed in percentages. (3) BCG: percentage of children aged 12-23 months who received BCG vaccine (children immunized against tuberculosis); (4) DPT3: percentage of children aged 12-23 months who received three doses of DPT vaccine; (5) Polio3: percentage of children aged 12-23 months who received three doses of polio vaccine; (6) measles: percentage of children aged 12-23 months who received measles vaccine; (7) full immunization coverage: percentage of children aged 12-23 months who received BCG vaccine, three doses of polio vaccine, three doses of DPT and measles vaccine; (8) Inequity ratio(s): ratio between immunization coverage for the most advantaged group and for the least advantaged groups. The above presents two ratios: (a) urban / rural ratio and (b) 20 per cent richest / 20 per cent poorest; (9) 95 per cent LCL and 95 per cent UCL: 95 per cent lower / upper confidence limits, representing the uncertainty range around the estimate.
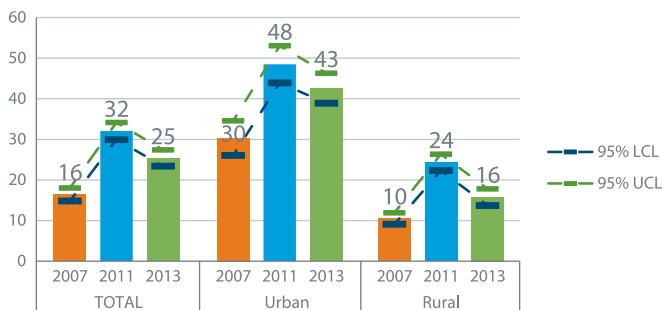
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Prevention and treatment of malaria

Malaria diagnostics by geopolitical zone (MICS 2011)

— 95% LCL   — 95% UCL

	North Central	North East	North West	South East	South South	South West
	48	37	36	57	55	59
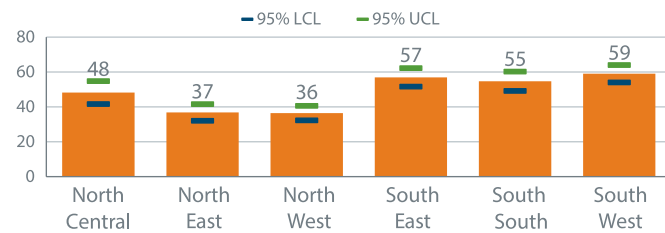
Malaria diagnostics by mother's education (MICS 2011)

	None	Primary	Secondary +
	5	8	13

— 95% LCL
— 95% UCL
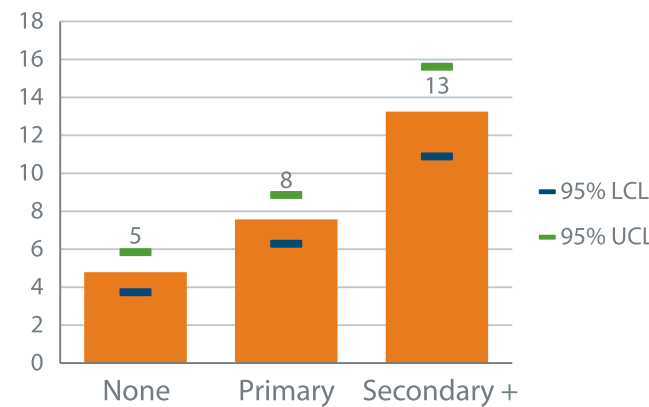
In Nigeria, one out of every five children (18 per cent) sleeps under an insecticide treated net (ITN). Over the past six years, the proportion of children using ITNs has improved significantly, tripling since 2007 in both rural and urban areas. Disparities in ITN use related to different socioeconomic characteristics (e.g. age group, sex, mother's education or wealth) are minimal.

Trends in the use of insecticide treated nets by children under five (MICS 2007, MICS 2011 and DHS 2013)

	TOTAL			Urban			Rural		
	2007	2011	2013	2007	2011	2013	2007	2011	2013
	3	16	17	5	16	18	3	17	16

■ Estimate
···■··· 95% LCL
···■··· 95% UCL
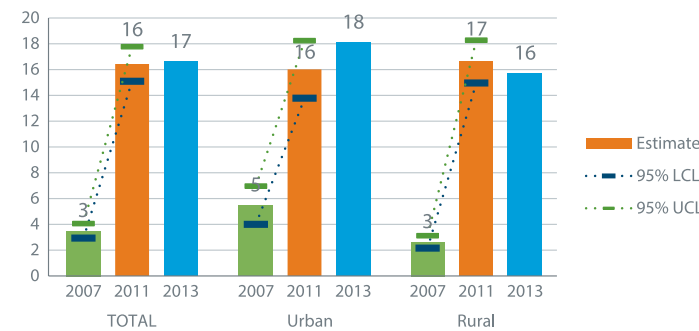
Geographic differences in ITN use are significant. On average, ITN use among children under 5 years is highest in States in the South-South and North-West geopolitical zones, though disparities between States also exist. In six States, fewer than 5 per cent of children under 5 years sleep under an ITN: Benue, Borno, Taraba, Imo, Edo and Ondo.

Insecticide treated net use by geopolitical zone (MICS 2011)

	North Central	North East	North West	South East	South South	South West
	14	14	22	12	21	10

— 95% LCL   — 95% UCL

Insecticide treated net use by wealth quintiles (MICS 2011)

— 95% LCL   — 95% UCL

	Poorest	Second	Middle	Fourth	Richest
	13	19	17	17	18

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Use of insecticide treated nets by children under 5 years by States (MICS 2011)

Legend: estimate · 95% LCL · 95% UCL

Values by state: TOTAL 16; FCT (Abuja) 19; Benue 4; Kogi 12; Kwara 12; Nasarawa 17; Niger 10; Plateau 32; Adamawa 21; Bauchi 13; Borno 2; Gombe 40; Taraba 4; Yobe 7; Jigawa 34; Kaduna 35; Kano 22; Katsina 27; Kebbi 11; Sokoto 7; Zamfara 5; Abia 8; Anambra 26; Ebonyi 8; Enugu 5; Imo 4; Akwa Ibom 28; Bayelsa 7; Cross River 41; Delta 15; Edo 4; Rivers 27; Ekiti 26; Lagos 7; Ogun 17; Ondo 4; Osun 6; Oyo 9

Zones: Total · North Central · North East · North West · South East · South South · South West

Trends in antimalarial treatment within 24 hours of children under 5 years with a fever (MICS 2007, MICS 2011 and DHS 2013)

Any anti-malaria treatment: 2007 = 52; 2011 = 45; 2013 = 33
Anti-malaria treatment within 24 hours: 2007 = 36; 2011 = 29; 2013 = 23
Ratio 24h/anytime: 2013 = 0.70

Legend: Any anti-malaria treatment · Anti-malaria treatment within 24 hours · Ratio 24h/anytime

Malaria diagnostics by wealth quintiles (MICS 2011)

Poorest 4; Second 6; Middle 7; Fourth 13; Richest 15

Legend: 95% LCL · 95% UCL

In terms of malaria diagnosis and treatment, one in every three children under 5 years with a fever (33 per cent) is treated with antimalarial drugs and 11 per cent are given malaria diagnostics. Although the proportion of children with fever who had malaria diagnostics remained consistent, the proportion of anti-malarial treatment of children under 5 years with a fever has significantly decreased over the past six years, from 52 per cent in 2007 to 33 per cent in 2013. This decrease has been observed in both rural and urban areas. Of those who received treatment, 70 per cent were treated within 24 hours of the onset of symptoms.

Trends in malaria diagnostics usage (MICS 2011 and DHS 2013)

TOTAL: 2011 = 8; 2013 = 11
Urban: 2011 = 11; 2013 = 12
Rural: 2011 = 7; 2013 = 11

Legend: 95% LCL · 95% UCL

Anti-malaria treatment and diagnostic differ greatly according to a child's socioeconomic background. A child whose mother has secondary or higher education is twice as likely to receive an anti-malaria drug or to have a malaria diagnostic than a child whose mother has no education. Children from the poorest 20 per cent of households are two times less likely to be treated with anti-malarial drugs and three times less likely to have malaria diagnostics than children from the wealthiest 20 per cent of households. Geographically, anti-malaria treatment and malaria diagnostics are less frequent in the North-East and North-West zones.

Anti-malaria treatment by geopolitical zone (MICS 2011)

North Central 16; North East 4; North West 5; South East 14; South South 9; South West 13

Legend: 95% LCL · 95% UCL

Trends in antimalarial treatment of children under 5 years with a fever (MICS 2007, MICS 2011 and DHS 2013)

TOTAL: 2007 = 52; 2011 = 45; 2013 = 33
Urban: 2007 = 63; 2011 = 58; 2013 = 40
Rural: 2007 = 48; 2011 = 40; 2013 = 29

Legend: 95% LCL · 95% UCL
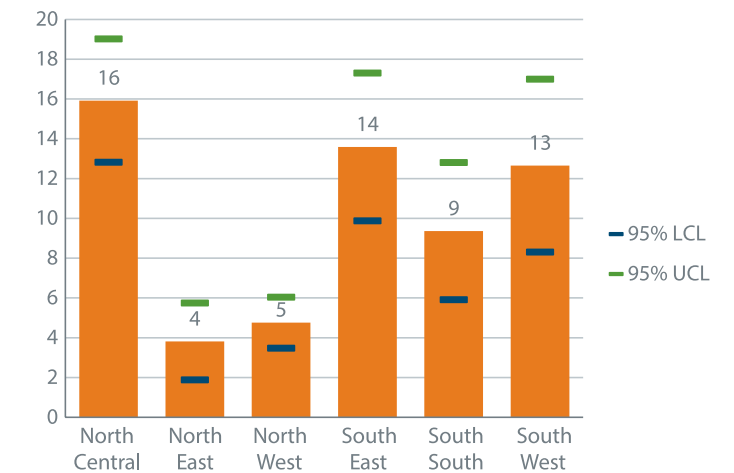
Anti-malaria treatment by wealth quintiles (MICS 2011)

Poorest 27; Second 40; Middle 47; Fourth 57; Richest 71

Legend: 95% LCL · 95% UCL
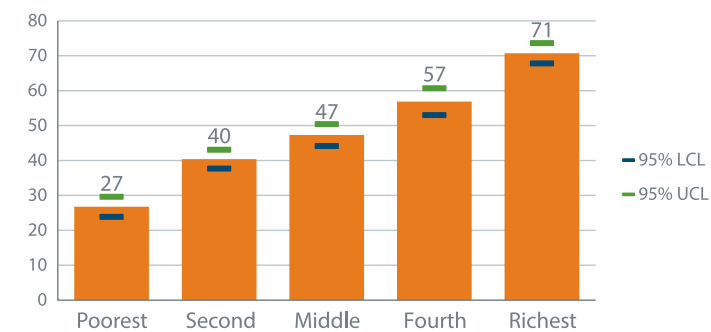
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Equity in child health

BCG by area of residence (MICS 2011)

- 95% LCL
- 95% UCL

Nigeria	Urban	Rural
62	83	53
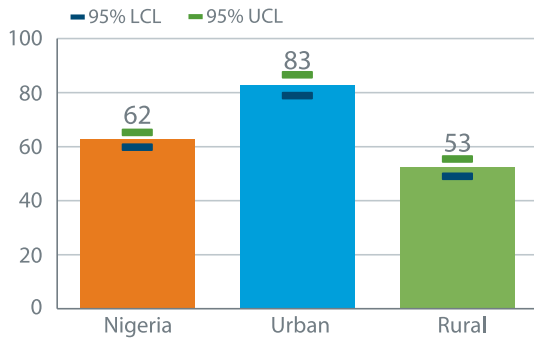
Measles by area of residence (MICS 2011)

- 95% LCL
- 95% UCL

Nigeria	Urban	Rural
56	73	47

DPT3 by area of residence (MICS 2011)

- 95% LCL
- 95% UCL

Nigeria	Urban	Rural
45	65	35
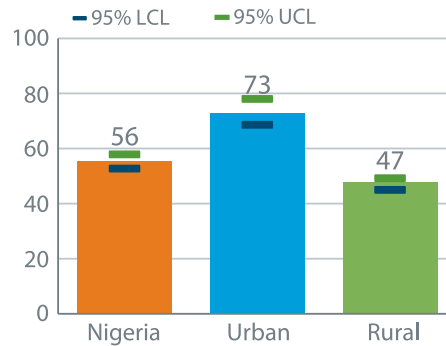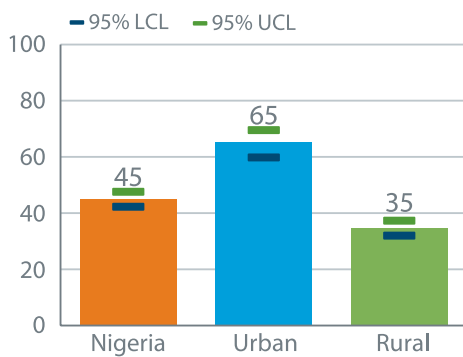
All vaccinations by area of residence (MICS 2011)

- 95% LCL
- 95% UCL

Nigeria	Urban	Rural
32	48	24

Polio3 by area of residence (MICS 2011)

- 95% LCL
- 95% UCL

Nigeria	Urban	Rural
49	60	43
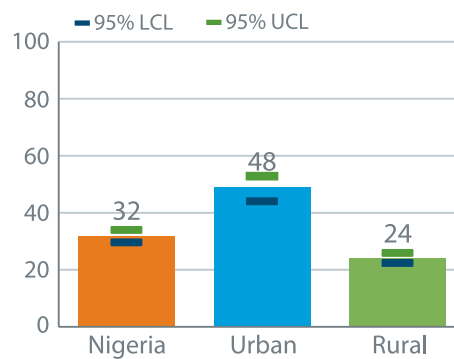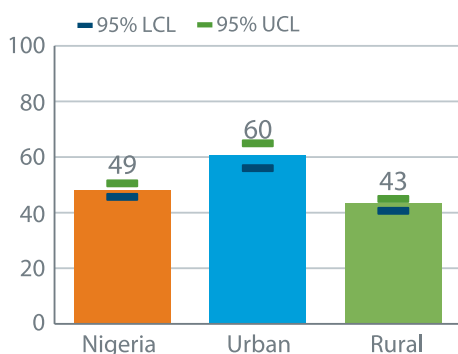
Malaria (children under 5 years) by area of residence (MICS 2011)

- ITN use
- Antimalarial
- Diagnostic
- 95% LCL
- 95% UCL

	Nigeria	Urban	Rural
ITN use	16	16	17
Antimalarial	45	58	40
Diagnostic	8	11	7

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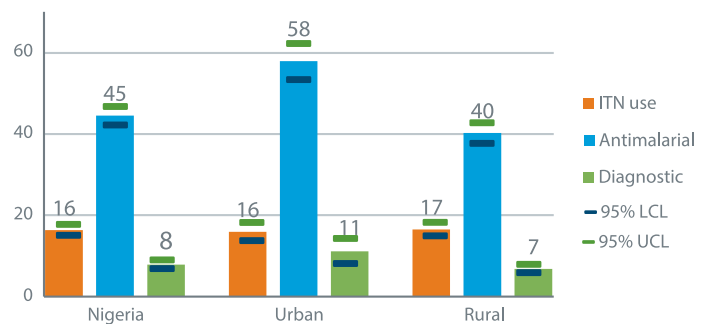
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Ratio between advantaged groups and disadvantaged groups (MICS 2007, MICS 2011 and DHS 2013)

Legend:
- Urban/rural
- 20% Richest/20% poorest
- Geopolitical zones (highest/strongest)
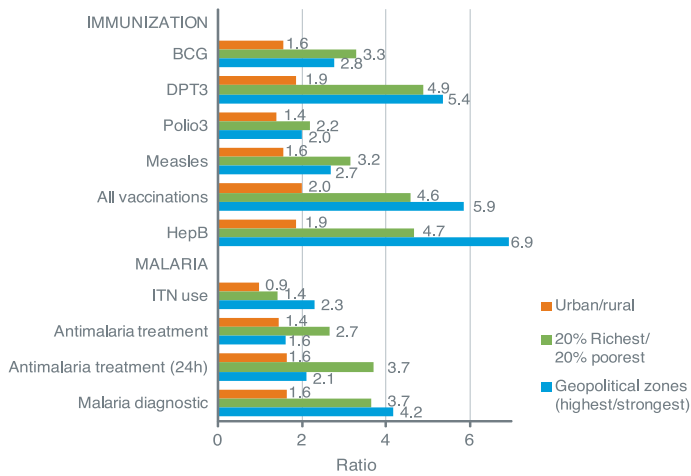
Socioeconomic absolute inequities (MICS 2007, MICS 2011 and DHS 2013)
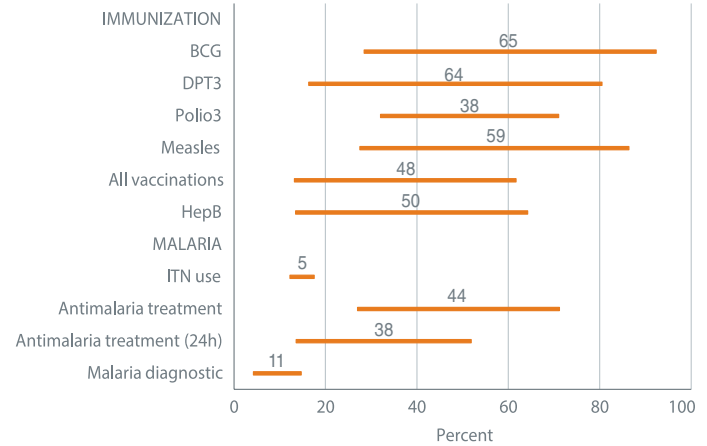
MICS 2011

2011		Vaccination (before survey)						Malaria (children under 5)			
		BCG	DPT3	Polio3	Measles	All vaccinations	HepB	ITN use	Antimalaria treatment	Antimalaria treatment (24h)	Malaria diagnostic
Trends	(2007)	51	30	29	44	16	24	3	52	36	0
	(2011)	62	45	49	56	32	36	16	45	29	8
	(2013)	0	38	54	42	25	0	17	33	23	11
Sex	Male	64	44	49	57	32	36	16	46	30	8
	Female	61	45	49	54	32	36	17	43	29	8
	Ratio M/F	1.1	1.0	1.0	1.1	1.0	1.0	1.0	1.1	1.0	1.1
Area	Urban	83	65	60	73	48	52	16	58	41	11
	Rural	53	35	43	47	24	28	17	40	26	7
	Ratio U/R	1.6	1.9	1.4	1.5	2.0	1.9	1.0	1.4	1.6	1.6
Wealth	20% Poorest	28	16	32	27	13	14	13	27	14	4
	Second	49	28	43	42	20	24	19	40	27	6
	Middle	66	45	46	55	29	33	17	47	28	7
	Fourth	83	59	56	73	41	49	17	57	44	13
	20% Richest	93	80	71	86	62	64	18	71	51	15
	Ratio R/P	3.3	4.9	2.2	3.2	4.6	4.7	1.4	2.6	3.7	3.7
Geopolitical zones	North Central	71	48	50	57	29	39	14	48	30	16
	North East	43	26	46	39	22	22	14	37	23	4
	North West	33	14	32	31	10	9	22	36	23	5
	South East	91	78	61	82	56	64	12	57	37	14
	South South	82	61	55	72	40	45	21	55	35	9
	South West	87	72	64	78	57	62	10	59	49	13
	Ratio max/min	2.8	5.4	2.0	2.7	5.9	6.9	2.3	1.6	2.1	4.2

Notes (1) Source 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) BCG: percentage of children aged 12-23 months who received BCG vaccine (children immunized against tuberculosis); (4) DPT3: percentage of children aged 12-23 months who received three doses of DPT vaccine; (5) Polio 3: percentage of children aged 12-23 months who received three doses of polio vaccine; (6) Measles: percentage of children aged 12-23 months who received measles vaccine; (7) All vaccinations: percentage of children aged 12-23 months who received BCG vaccine, three doses of polio vaccine, three doses of DPT and measles vaccine; (8) HepB 3: percentage of children aged 12-23 months who received three doses of hepatitis vaccine; (9) ITN use: percentage of children under 5 who slept under an insecticide-treated mosquito net the previous night; (10) Anti-malaria treatment: percentage of children under 5 reported to have had fever in the previous two weeks who received any antimalarial treatment; (11) Anti-malaria treatment (within 24 hours): percentage of children under 5 reported to have had fever in the previous two weeks who were treated with any anti-malarial drug within the same or next day of onset of symptoms; (12) Malaria diagnostic: percentage of children under 5 reported to have had fever in the previous two weeks who had a finger or heel stick for malaria testing; (13) Ratios of the highest indicator value over the smallest value are shown for urban/rural, 20 per cent richest / 20 per cent poorest and highest zone / lowest zone. The higher the ratio between the two groups, the greater the relative inequity. (14) Ratios presented: M/F = male / female, 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; (15) The longer the line between the two groups, the greater the absolute inequality. (16) 95 per cent LCL and 95 per cent UCL: 95 per cent lower / upper confidence limits, representing the uncertainty range around the estimate.

HEALTH

Coverage and content of care for pregnant women

In Nigeria, two in every three women (66 per cent) who had a live birth in the past two years received antenatal care with skilled personnel, fewer than the average for the West and Central Africa region (76 per cent). Only half of women in rural areas (56 per cent) received antenatal care with skilled personnel. There has been no significant change in antenatal care coverage with skilled personnel since 2007.

Antenatal care coverage (%) by skilled personnel

66%
Nigeria

76%
West and
Central Africa

82%
World

Source: UNICEF State of the World's Children Report 2015

Trends in content of antenatal control exams
(MICS 2007 and MICS 2011)

Legend: 2007, 2011, 95% LCL, 95% UCL

	Blood pressure	Urine specimen	Blood test	All three
2007	59	48	48	42
2011	62	56	56	51

Antenatal coverage and content show very similar socioeconomic and geographic disparities. Fewer than 4 in every 10 women (39 per cent) with no education had antenatal coverage with skilled personnel, compared with nearly 9 in every 10 women (89 per cent) with secondary or higher education. Antenatal coverage is lowest among women from the poorest 20 per cent of households (30 per cent), whereas nearly all women from the wealthiest 20 per cent of households had antenatal coverage with skilled personnel.

Trends in antenatal coverage with skilled personnel
(MICS 2007 and MICS 2011)

Legend: 95% LCL, 95% UCL

	TOTAL 2007	TOTAL 2011	Urban 2007	Urban 2011	Rural 2007	Rural 2011
	61	66	86	88	50	56
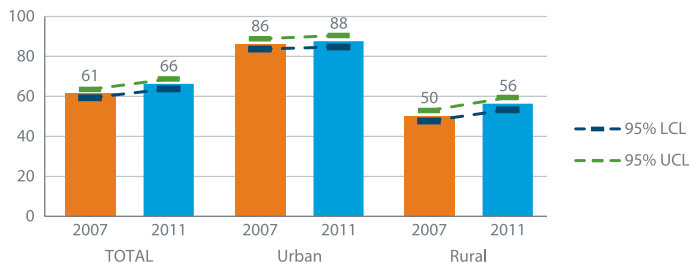
Among women with a live birth in the past two years, half (51 per cent) also had the three basic medical exams during pregnancy – blood pressure, urine sample and blood sample – indicating that the content of antenatal care has improved slightly since 2007 (42 per cent).

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Antenatal coverage with skilled personnel by education level (MICS 2011)

- 95% LCL ■ 95% UCL
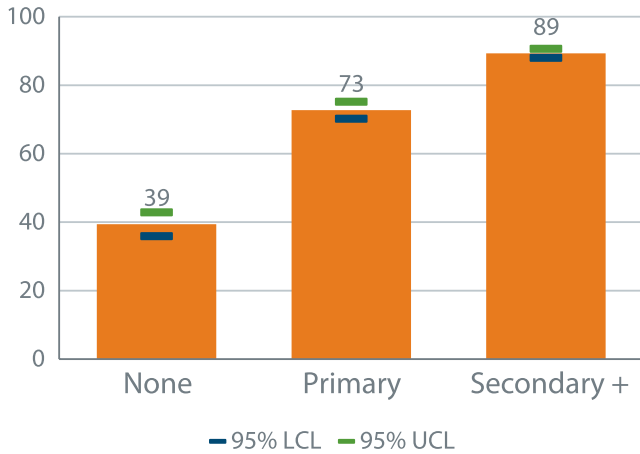
In the North-East and North-West geopolitical zones, fewer than half of women had antenatal coverage with skilled personnel, compared with 90 per cent in South-East and South-West zones. In five States in North-East and North-West zones, antenatal coverage is lower than 33 per cent: Bauchi, Katsina, Kebbi, Sokoto and Zamfara. These disparities have declined since 2007.

Antenatal coverage with skilled personnel by geopolitical zone (MICS 2011)

- 95% LCL ■ 95% UCL
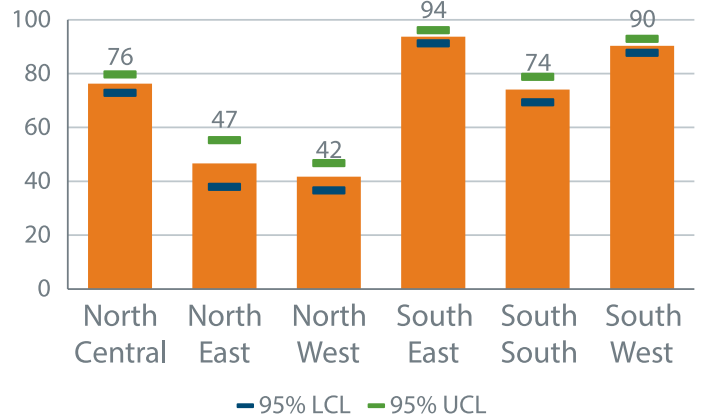
Antenatal coverage with skilled personnel by wealth quintiles (MICS 2011)

- 95% LCL ■ 95% UCL
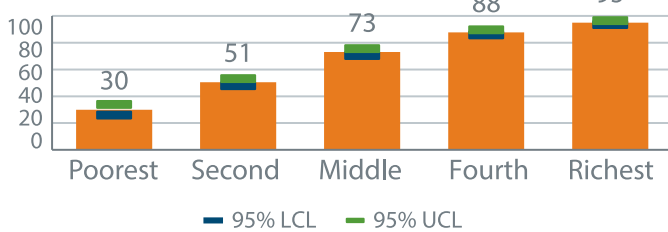
Antenatal coverage with skilled personnel by States (MICS 2011)
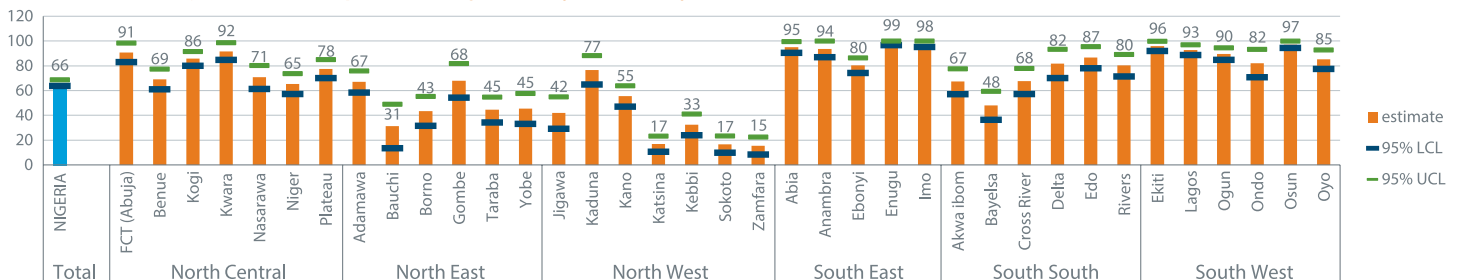
Notes (1) Source of data: Multiple Indicator Cluster Survey-3 (MICS3) 2007 and MICS 2011; (2) All indicators are expressed in percentages. (3) Antenatal care coverage (skilled attendant): percentage of women aged 15-49 years who were attended during pregnancy in the two years preceding the survey at least once by skilled personnel; (4) Antenatal care content: percentage of women aged 15-49 years with a live birth in the two years preceding the survey who had their blood pressure measured and gave urine and blood samples during the last pregnancy; (5) 95 per cent LCL and 95 per cent UCL: 95 per cent lower / upper confidence limits, representing the uncertainty range around the estimate.
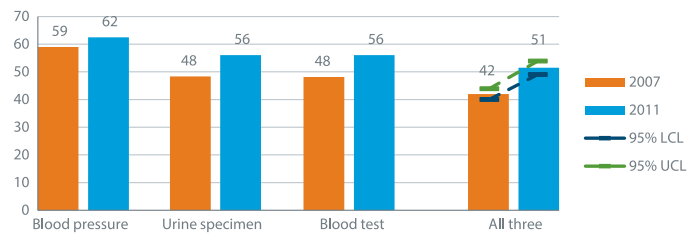
HEALTH

Trends in family planning among Nigerian women

Only one in every six married women aged 15-49 years (15 per cent) uses a contraceptive method in Nigeria, a proportion that changed little between 2007 and 2013.
The prevalence of contraception use increases slightly with women's number of living children.

Prevalence (%) of contraception use

15%
Nigeria

17%
West and
Central Africa

55%
World

Source: UNICEF State of the World's Children Report 2015

Trends in contraception prevalence (MICS 2007, MICS 2011 and DHS 2013)

Chart values:
TOTAL: 2007 = 15, 2011 = 18, 2013 = 15
Urban: 2007 = 27, 2011 = 25, 2013 = 27
Rural: 2007 = 10, 2011 = 14, 2013 = 9

- - · 95% LCL
- - · 95% UCL
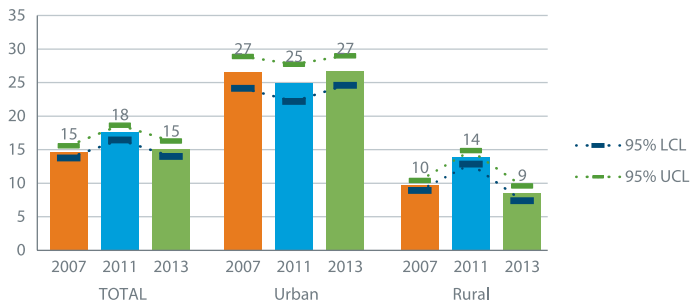
Contraception prevalence by number of living children (MICS 2011)

Chart values:
0 = 3
1 = 13
2 = 17
3 = 20
4+ = 21
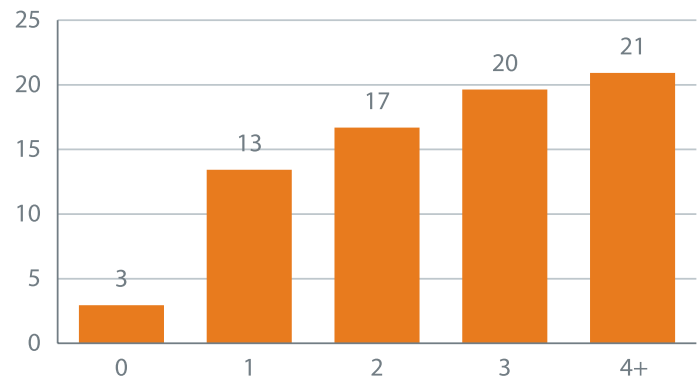
Contraception use varies significantly according to socioeconomic background. Women from the wealthiest 20 per cent of households are five times more likely to use contraception than women from the poorest 20 per cent of households. Similarly, women with secondary or higher education are five times more likely to use contraception than those with no education. The rate of contraception use in urban areas is two to three times higher than in rural areas.

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Inequity in contraception prevalence by category (MICS 2011)

Chart values:
- State: 59 (max), 1 (min)
- Rural/urban: 25 (max), 14 (min)
- Education: 29 (max), 6 (min)
- Poorest/richest: 31 (max), 6 (min)
- Geopolitical zone: 47 (max), 4 (min)

Legend: max-min, total
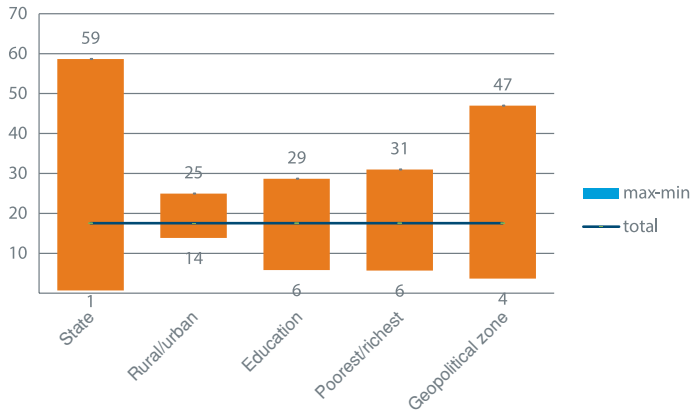
Contraception use is highest in States in the South-East geopolitical zone, though most women in those States use traditional methods.

In contrast, contraception use is low (10 per cent and below) in all States in the North-East and North-West geopolitical zones (except for Gombe).

Contraception use by geopolitical zone (MICS 2011)

Zone	Any modern method	Any method (total)
North Central	12	17
North East	4	7
North West	3	4
South East	15	47
South South	14	23
South West	21	29

Legend: Any modern method, Any traditional method, Any method
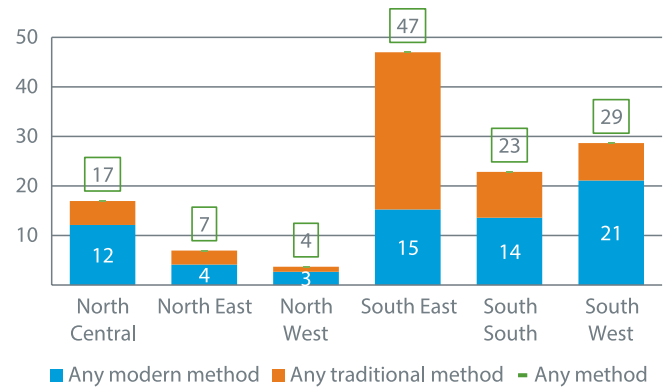
Contraception prevalence by States (MICS 2011)
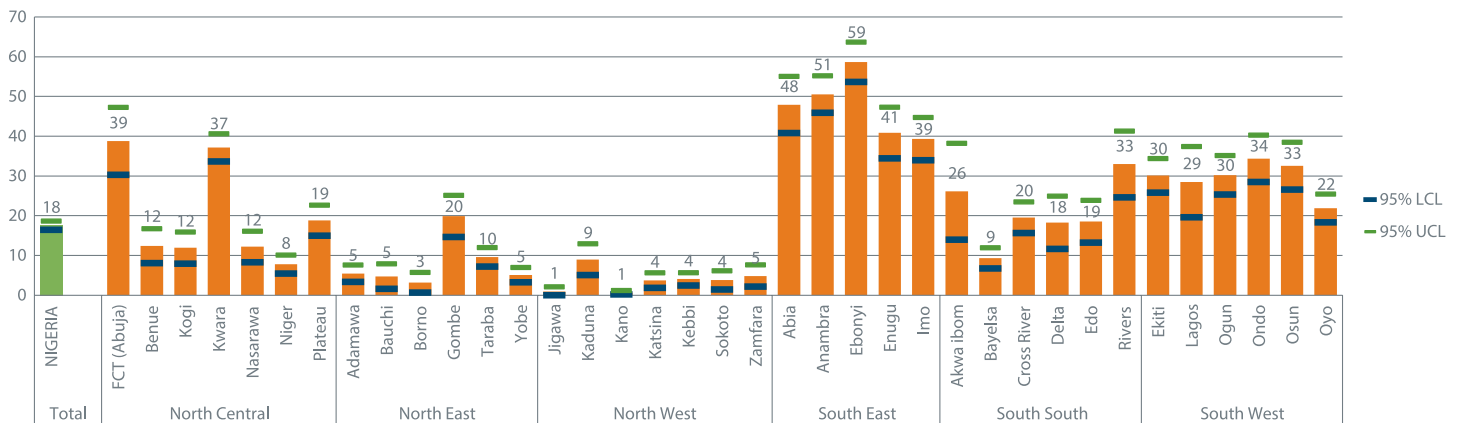
Total
- NIGERIA: 18

North Central
- FCT (Abuja): 39
- Benue: 12
- Kogi: 12
- Kwara: 37
- Nasarawa: 12
- Niger: 8
- Plateau: 19

North East
- Adamawa: 5
- Bauchi: 5
- Borno: 3
- Gombe: 20
- Taraba: 10
- Yobe: 5

North West
- Jigawa: 1
- Kaduna: 9
- Kano: 1
- Katsina: 4
- Kebbi: 4
- Sokoto: 4
- Zamfara: 5

South East
- Abia: 48
- Anambra: 51
- Ebonyi: 59
- Enugu: 41
- Imo: 39

South South
- Akwa ibom: 26
- Bayelsa: 9
- Cross River: 20
- Delta: 18
- Edo: 19
- Rivers: 33

South West
- Ekiti: 30
- Lagos: 29
- Ogun: 30
- Ondo: 34
- Osun: 33
- Oyo: 22

Legend: 95% LCL, 95% UCL

Notes (1) Source of data: Multiple Indicator Cluster Survey-3 (MICS3) 2007, MICS 2011 and the Demographic and Health Survey (DHS) 2013; (2) All indicators are expressed in percentages. (3) Contraception prevalence: percentage of women aged 15-49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method; (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.

HEALTH

Live births to mothers under 18

In Nigeria, 3 in every 10 women aged 20-24 years (29 per cent) have given birth before the age of 18, a prevalence that has not decreased over the past two years. Early child bearing is two times lower in urban areas than in rural areas.

Percentage of women that have given birth before age 18

29%
Nigeria

29%
West and Central Africa

20%
World

Source: UNICEF State of the World's Children Report

Trends in early child bearing (MICS 2011 and DHS 2013)

- ■ Live birth before 18 (women aged 20-49)
- ■ Women aged 15-19 who have begun child bearing

The likelihood of early child bearing decreases significantly with women's level of education. Women with secondary or higher education are six times less likely to give birth before the age of 18 than women with no education. Similarly, early child bearing is six times more likely among women from the poorest 20 per cent of households than among women from the wealthiest 20 per cent.

Early child bearing (before age 18) by area (MICS 2011)

- — 95% LCL
- — 95% UCL

NIGERIA

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Early child bearing (before age 18) by wealth quintiles (MICS 2011)

95% LCL   95% UCL

Quintile	Value
Poorest	52
Second	44
Middle	26
Fourth	14
Richest	8

On average, more than 40 per cent of women aged 20-24 in the North-East and North-West geopolitical zones had a live birth before the age of 18, compared with less than 20 per cent in the three southern zones. In five States in the North-East and North-West zones – Bauchi, Yobe, Jigawa, Katsina and Sokoto – some 60 per cent of women had a live birth before the age of 18.

Early child bearing (before age 18) by geopolitical zone (MICS 2011)

95% LCL   95% UCL

Zone	Value
North Central	20
North East	45
North West	53
South East	8
South South	17
South West	10

Early child bearing (before age 18) by education level (MICS 2011)

95% LCL   95% UCL

Education	Value
None	59
Primary	41
Secondary +	9
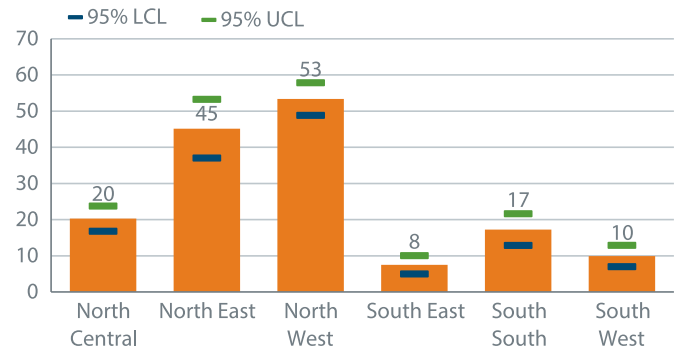
Early child bearing (before age 18) by States (MICS 2011)

estimate   95% LCL   95% UCL

State	Estimate
NIGERIA (Total)	29
FCT (Abuja)	5
Benue	15
Kogi	12
Kwara	17
Nasarawa	25
Niger	47
Plateau	13
Adamawa	31
Bauchi	66
Borno	32
Gombe	48
Taraba	29
Yobe	59
Jigawa	61
Kaduna	46
Kano	49
Katsina	58
Kebbi	52
Sokoto	61
Zamfara	52
Abia	3
Anambra	19
Ebonyi	10
Enugu	5
Imo	1
Akwa ibom	15
Bayelsa	32
Cross River	15
Delta	22
Edo	6
Rivers	20
Ekiti	18
Lagos	6
Ogun	7
Ondo	14
Osun	7
Oyo	16
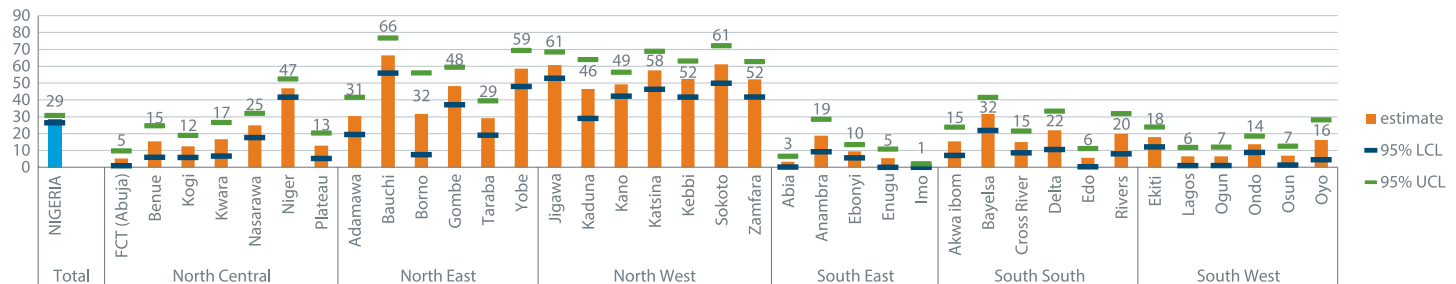
Notes (1) Source of data: Multiple Indicator Cluster Survey (MICS) 2011 and the Demographic and Health Survey (DHS) 2013; (2) All indicators are expressed in percentages. (3) Live birth before age 18: percentage of women aged 20-24 years who had at least one live birth before age 18; (4) Women 15-19 who have begun childbearing: percentage of women aged 15-19 years who have begun childbearing; (5) 95 per cent LCL and 95 per cent UCL: 95 per cent lower / upper confidence limits, representing the uncertainty range around the estimate.

HEALTH

Births attended by skilled health personnel

In 2011, skilled health personnel attended to nearly half (49 per cent) of all deliveries that took place over the previous two years, indicating little improvement since 2007. Skilled attendance at delivery has also remained higher in urban areas than in rural areas over the same period.

Percentage of deliveries attended by skilled personnel

49%
Nigeria

53%
West and Central Africa

68%
World

Source: UNICEF State of the World's Children Report 2015

There are a number of disparities in skilled attendance related to women's socioeconomic background. Deliveries attended by skilled personnel are five times more common among women with secondary or higher education than among women with no education. Only 10 per cent of women from the poorest 20 per cent of households delivered with the support of a skilled attendant. This proportion is nine times higher among women from the wealthiest 20 per cent of households. Age also plays a role: only 29 per cent of women under the age of 20 benefitted from skilled attendance during delivery, compared with half of older women. Over the past six years, inequities in skilled attendance during birth have not narrowed.

Trends in delivery by skilled attendant (MICS 2007 and MICS 2011)

95% LCL
95% UCL

TOTAL: 2007 = 44, 2011 = 49
Urban: 2007 = 73, 2011 = 74
Rural: 2007 = 31, 2011 = 37

Delivery by skilled attendant by women's education level (MICS 2011)

None = 15
Primary = 51
Secondary + = 80

95% LCL
95% UCL

NIGERIA

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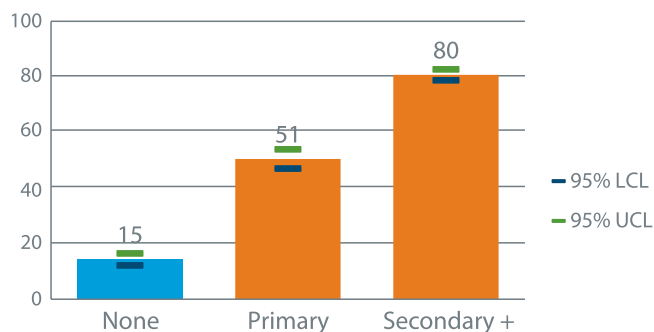
HEALTH

Delivery by skilled attendant by wealth quintiles (MICS 2011)

Bar chart values: Poorest 11, Second 26, Middle 50, Fourth 73, Richest 90. Legend: 95% LCL, 95% UCL

Delivery by skilled attendant by mother's age at birth (MICS 2011)

Bar chart values: Less than 20 = 29, 20-34 = 52, 35-49 = 47
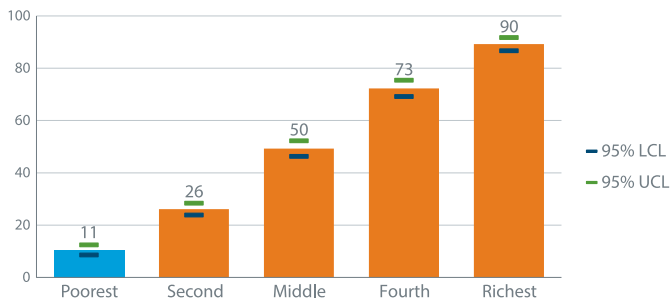
Evolution of inequity in delivery by skilled attendant by category (MICS 2007, MICS 2011 and DHS 2013)

Legend: Total 2007, Total 2011, Total 2013. Categories: State (2007, 2011, 2013), Urban/rural (2007, 2011, 2013), Education (2007, 2011, 2013), Poorest/richest (2007, 2011, 2013), Geopolitical zone (2007 = 44, 2011, 2013 = 38)
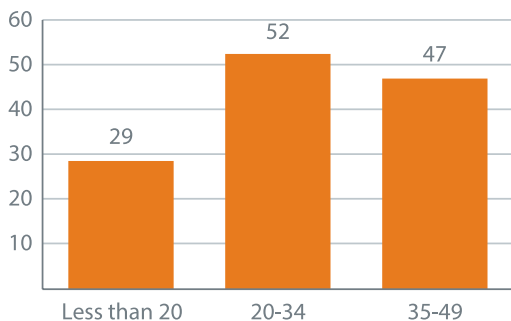
Geographic disparities are also significant. Skilled personnel attended less than one fifth of deliveries in the North-East and North-West States (except in Adamawa and Kaduna). Having skilled health personnel attend delivery is four times more common in most South-East and South-West States.

Delivery by skilled attendant by States (MICS 2011)

Legend: estimate, 95% LCL, 95% UCL

Region	State	Value
Total	NIGERIA	49
North Central	FCT (Abuja)	78
North Central	Benue	60
North Central	Kogi	75
North Central	Kwara	82
North Central	Nasarawa	54
North Central	Niger	35
North Central	Plateau	50
North East	Adamawa	37
North East	Bauchi	8
North East	Borno	19
North East	Gombe	22
North East	Taraba	18
North East	Yobe	20
North West	Jigawa	12
North West	Kaduna	38
North West	Kano	21
North West	Katsina	9
North West	Kebbi	8
North West	Sokoto	7
North West	Zamfara	10
South East	Abia	92
South East	Anambra	91
South East	Ebonyi	58
South East	Enugu	95
South East	Imo	97
South South	Akwa ibom	40
South South	Bayelsa	37
South South	Cross River	43
South South	Delta	73
South South	Edo	83
South South	Rivers	72
South West	Ekiti	90
South West	Lagos	86
South West	Ogun	82
South West	Ondo	79
South West	Osun	90
South West	Oyo	70

Notes (1) Source of data: Multiple Indicator Cluster Survey-3 (MICS3) 2007 and MICS 2011; (2) All indicators are expressed in percentages. (3) Delivery with skilled attendance: percentage of women aged 15-49 years with a live birth in the two years preceding the survey who were attended during childbirth by skilled health personnel; (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.
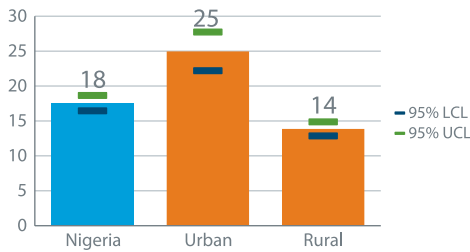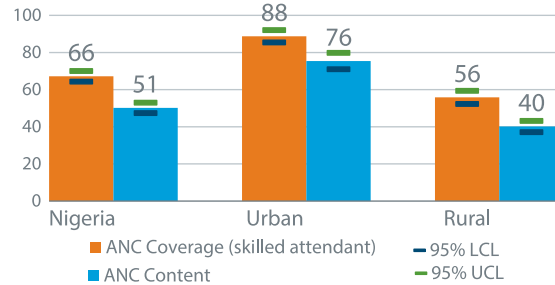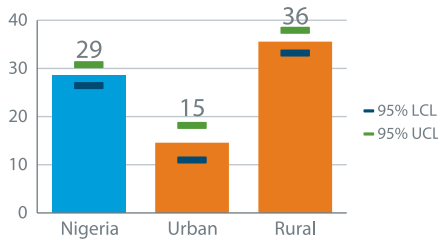
HEALTH

Equity in reproductive health

Contraception prevalence by area of residence (MICS 2011)

Nigeria: 18
Urban: 25
Rural: 14

- 95% LCL
- 95% UCL

Live birth before age 18 (women aged 20-24) by area of residence (MICS 2011)

Nigeria: 29
Urban: 15
Rural: 36

- 95% LCL
- 95% UCL
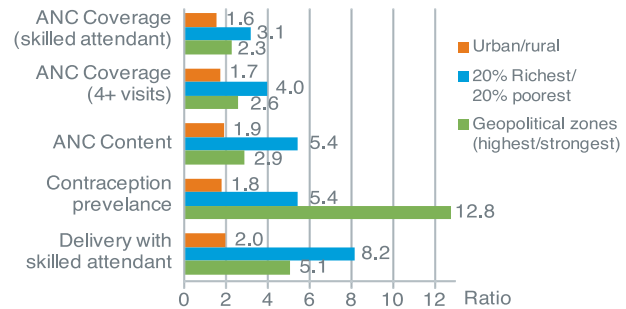
Delivery with skilled attendant by area of residence (MICS 2011)

Nigeria: 49
Urban: 74
Rural: 37

- 95% LCL
- 95% UCL

NIGERIA

Antenatal care (ANC) by area of residence (MICS 2011)

Nigeria: 66, 51
Urban: 88, 76
Rural: 56, 40

- ANC Coverage (skilled attendant)
- ANC Content
- 95% LCL
- 95% UCL

Ratio between advantaged groups and disadvantaged groups (MICS 2011)

Indicator	Urban/rural	20% Richest/20% poorest	Geopolitical zones (highest/strongest)
ANC Coverage (skilled attendant)	1.6	3.1	2.3
ANC Coverage (4+ visits)	1.7	4.0	2.6
ANC Content	1.9	5.4	2.9
Contraception prevalence	1.8	5.4	12.8
Delivery with skilled attendant	2.0	8.2	5.1

Ratio

Ratio between disadvantaged groups and advantaged groups (MICS 2011)

Indicator	Rural / urban	20% Richest/20% poorest	Geopolitical zone (highest/lowest)
Live birth before 18	2.4	6.5	7.1

Ratio

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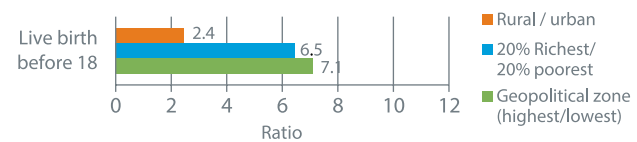
HEALTH

Socioeconomic absolute inequities (MICS 2007, MICS 2011 and DHS 2013)

- ANC Coverage (skilled)
- ANC Coverage (4+ visits)
- ANC Content
- Contraception prevelance
- Delivery with skilled attendant
- Live birth before age 18

● 20% poorest
● 20% richest
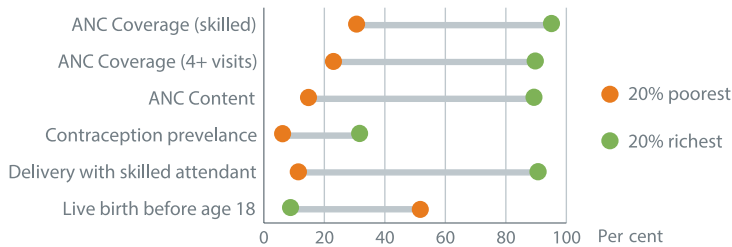
MICS 2011

2011		Antenatal care (ANC)			Contraception prevelance	Delivery with skilled attendant	Early childbearing	
		ANC coverage (skilled attendant)	ANC coverage (4+ visits)	ANC content			Live birth before age 18 (women aged 20-24)	Women aged 15-19 who have begun childbearing
Trends	(2007)	61	0	42	15	44	0	0
	(2011)	66	57	51	18	49	29	19
	(2013)	0	0	0	15	38	29	23
Area	Urban	88	80	76	25	74	15	9
	Rural	56	46	40	14	37	36	25
	Ratio U/R	1.6	1.7	1.9	1.8	2.0	0.4	0.3
Wealth	20% Poorest	30	22	16	6	11	52	43
	Second	51	38	32	11	26	44	26
	Middle	73	62	54	17	50	26	16
	Fourth	88	78	72	24	73	14	12
	20% Richest	95	89	88	31	90	8	4
	Ratio R/P	3.2	3.9	5.4	5.4	8.2	0.2	0.1
Geo-political zones	North Central	76	59	58	17	58	20	12
	North East	47	35	30	7	19	45	33
	North West	42	33	27	4	17	53	40
	South East	94	83	79	47	89	8	6
	South South	74	65	60	23	60	17	12
	South West	90	86	78	29	82	10	7
	Ratio max/min	2.2	2.6	2.9	12.8	5.1	7.1	7.1

Notes (1) Source 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) Antenatal coverage (skilled attendant) is the percentage of women aged 15-49 years who were attended during pregnancy in the two years preceding the survey at least once by skilled personnel; (4) Antenatal coverage (4+ visits) is the percentage of women aged 15-49 years who did four or more antenatal care visits during pregnancy in the two years preceding the survey; (5) Antenatal content is the percentage of women aged 15-49 years with a live birth in the two years preceding the survey who had their blood pressure measured and gave urine and blood samples during the last pregnancy; (6) Contraception prevalence is the percentage of women aged 15-49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method; (7) Live birth before age 18 is the percentage of women aged 20-24 years who had at least one live birth before age 18; (8) Women 15-19 who have begun childbearing is the percentage of women aged 15-19 who have begun childbearing; (9) Delivery by skilled attendant is the percentage of women aged 15-49 years with a live birth in the two years preceding the survey who were attended during childbirth by skilled health personnel; (10) Ratios of the highest indicator value over the smallest value are shown for urban/rural, 20 per cent richest / 20 per cent poorest and highest zone / lowest zone. The higher the ratio between the two groups, the greater the relative inequality. (11) 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) Indicator values are shown for the poorest 20 per cent (orange circles) and the richest 20 per cent (green circles). The longer the line between the two groups, the greater the absolute inequality. (13) 95 per cent LCL and 95 per cent UCL: 95 per cent lower / upper confidence limits, representing the uncertainty range around the estimate.