



NUTRITION



Malnutrition rates in children under 5 years

In Nigeria, 37 per cent of children, or 6 million children, are stunted (chronically malnourished or low height for age), more than half of them severely. In addition, 18 per cent of children suffer from wasting (acutely malnourished or low weight for height), half of them severely. Twenty-nine per cent of children are underweight (both acutely and chronically malnourished or low weight for age), almost half of them severely.

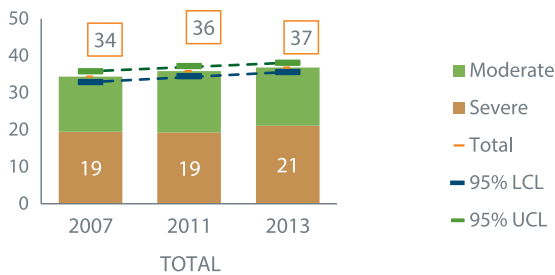
Stunting prevalence remained relatively stable between 2007 and 2013, whereas wasting has increased significantly, from 10 per cent in 2011 to 18 per cent in 2013. Although underweight rates were stable between 2007 and 2011 at around 25 per cent, the rate increased slightly to 29 per cent in 2013.

Trends in malnutrition rates

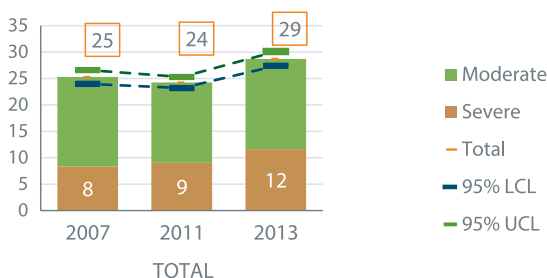
	Nigeria	West and Central Africa	World ¹
Stunting	37%	36%	25%
Underweight	29%	23%	15%
Wasting	18%	11%	8%

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

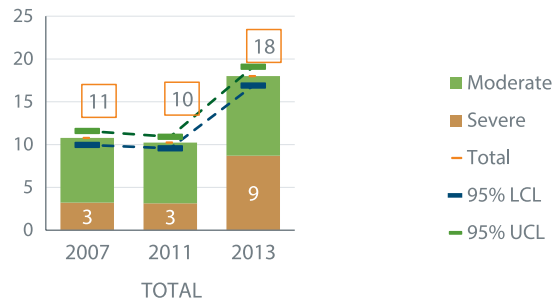
Trends in stunting (low height for age) prevalence (MICS 2007, MICS 2011 and DHS 2013)



Trends in underweight (low weight for age) prevalence (MICS 2007, MICS 2011 and DHS 2013)

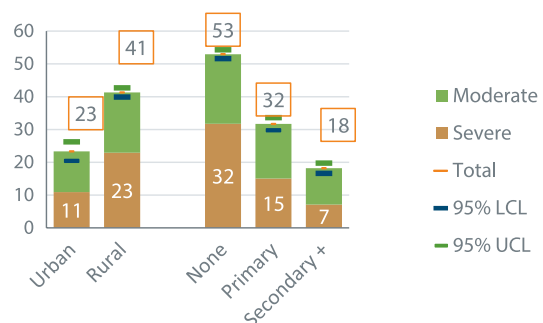


Trends in wasting (low weight for height) prevalence (MICS 2007, MICS 2011 and DHS 2013)



Disparities in malnutrition related to various background characteristics are significant in Nigeria, but are often more pronounced for stunting. Children from rural areas are almost twice as likely to be stunted than children from urban areas. A child whose mother has no education is four times more likely to be stunted than a child whose mother has secondary or higher education. Children from the poorest 20 per cent of households are also four times more likely to be stunted than children from the wealthiest 20 per cent of households.

Stunting prevalence by area and mother's education (MICS 2011)

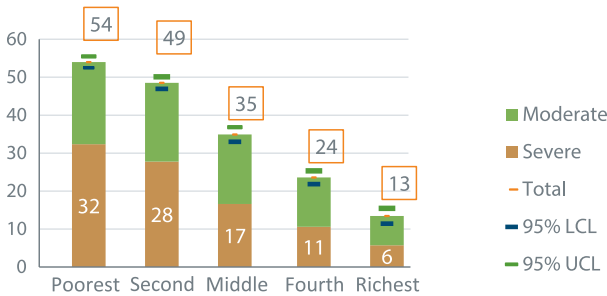




NUTRITION

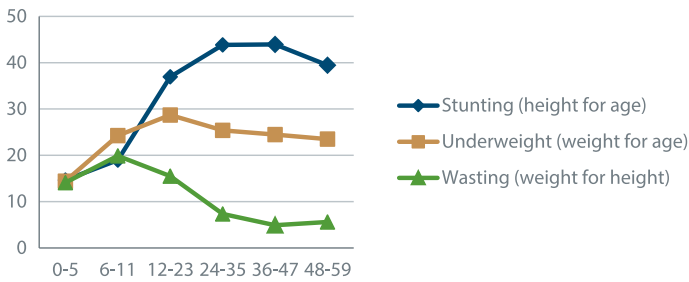


Stunting prevalence by wealth index quintiles (MICS 2011)

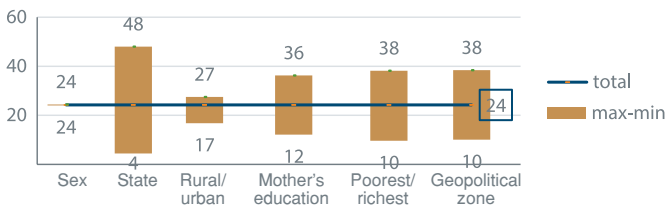


Disparities are similar for underweight prevalence but not as significant for wasting prevalence. Malnutrition prevalence also varies with children's age: stunting prevalence is highest among children aged 24-47 months, underweight prevalence is highest among children aged 12-23 months, and wasting is highest among children aged 6-11 months.

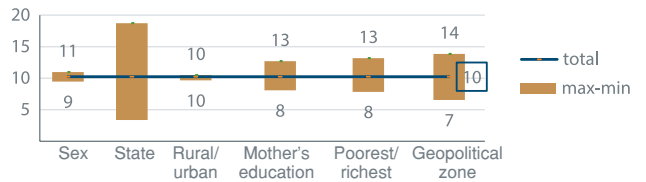
Malnutrition by age groups in months (MICS 2011)



Underweight prevalence (moderate or severe) by background characteristics (MICS 2011)



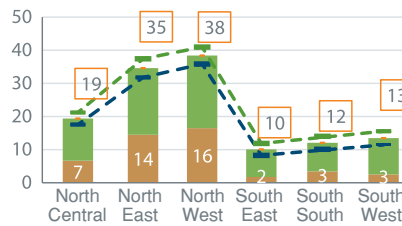
Wasting prevalence (moderate or severe) by background characteristics (MICS 2011)



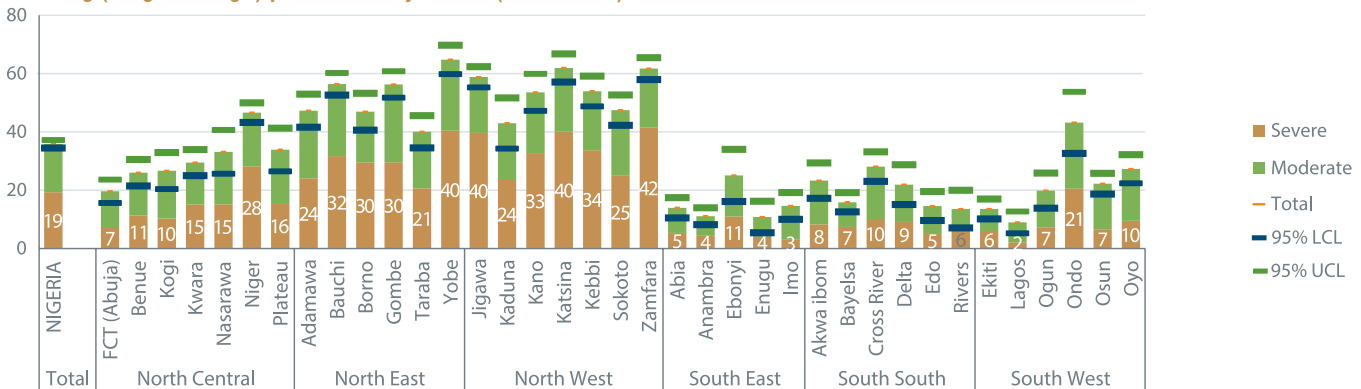
Geographic disparities related to malnutrition are significant. Children from the North-West and North-East geopolitical zones are more at risk of malnutrition than children from other geopolitical zones. Underweight prevalence in those two zones is nearly four times higher than in the three southern zones. Results are similar for stunting and wasting prevalence.

In eight States from the North-West and North-East zones – Yobe, Katsina, Zamfara, Jigawa, Bauchi, Gombe, Kebbi and Kano – more than half of children under 5 years are stunted and one in every three is severely stunted. In 2013, there was a peak of wasting prevalence in two States – Kaduna and Kano – where 40 per cent of children were wasted and 25 per cent were severely wasted.

Underweight by geopolitical zones (MICS 2011)



Stunting (height for age) prevalence by States (MICS 2011)



Notes (1) Sources 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) Stunting prevalence: percentage of children under 5 years who (a) fall below minus two standard deviations (moderate and severe) and (b) fall below minus three standard deviations (severe) from the median height for age of the WHO standard; (4) Underweight prevalence: similar indicator analysing weight for age; (5) Wasting prevalence: similar indicator analysing weight for height; (6) 95 per cent LCL and 95 per cent UCL: 95 per cent lower / upper confidence limits, representing the uncertainty range around the estimate; (6) 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.



NUTRITION



Exclusive breastfeeding of children under 6 months old

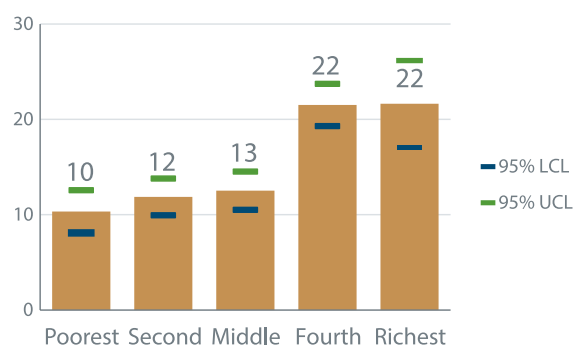
In Nigeria, only one in every six babies under 6 months (17 per cent) was exclusively breastfed in 2013, up from 12 per cent in 2007

Infants under 6 months exclusively breastfed

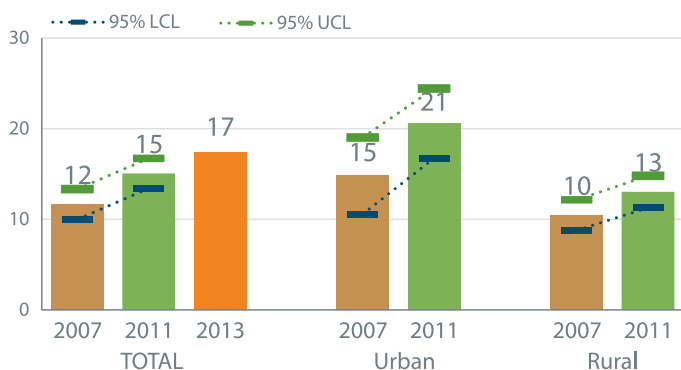


Source: UNICEF State of the World's Children Report 2015

Exclusive breastfeeding by wealth quintiles (MICS 2011)

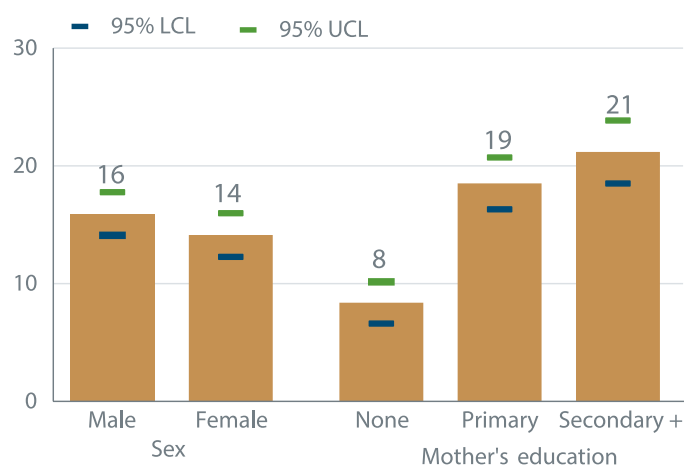


Trends in exclusive breastfeeding (MICS 2007, MICS 2011 and DHS 2013)



Disparities related to wealth, mother's education or geography are significant in regards to exclusive breastfeeding. Infants from the wealthiest 20 per cent of households are twice as likely to be exclusively breastfed than infants from the poorest 20 per cent of households. Infants are also more often exclusively breastfed in urban areas and when the mother has secondary or higher education level.

Exclusive breastfeeding by background categories (MICS 2011)



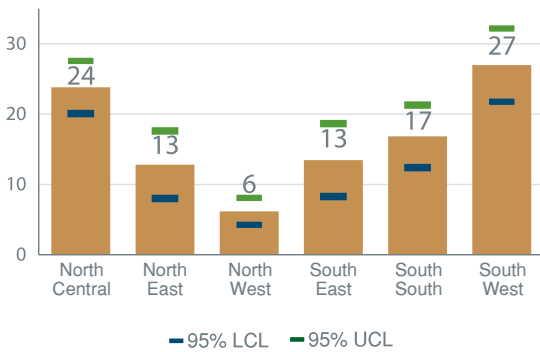


NUTRITION



Exclusive breastfeeding is particularly uncommon in the North-West geopolitical zone, where the practice is four times less common than in the North-Central and South-West zones.

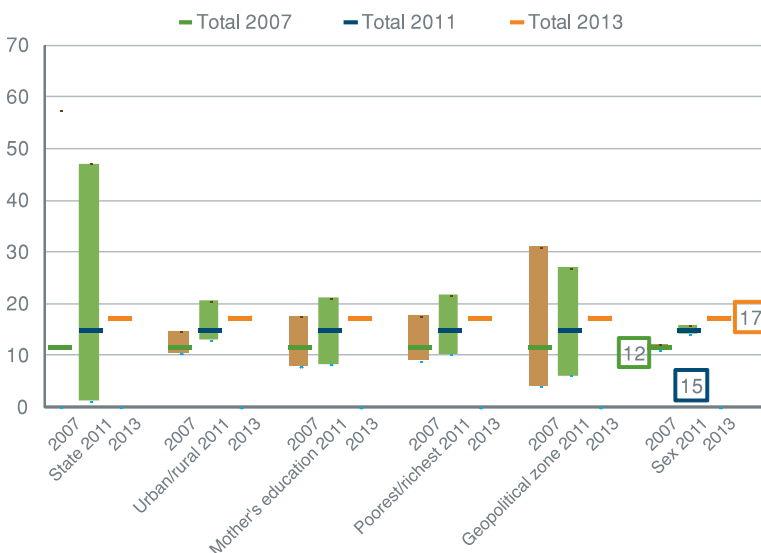
Exclusive breastfeeding by geopolitical zone (MICS 2011)



Inequity in exclusive breastfeeding did not decrease between 2007 and 2013.



Evolution of inequity in exclusive breastfeeding by category (MICS 2007, MICS 2011 and DHS 2013)



Notes (1) Sources 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) Exclusive breastfeeding: percentage of children under 6 months old that are exclusively breastfed; (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.



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Vitamin A supplementation

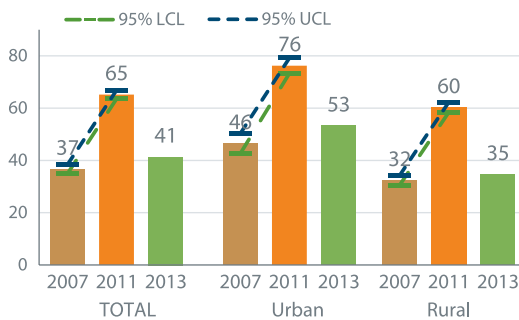
Although vitamin A supplementation for children under 5 years increased significantly between 2007 and 2011, from 37 per cent to 65 per cent, in 2013, only 41 per cent of children under 5 years had received vitamin A supplementation during the previous six months.

Percentage of children receiving vitamin A supplementation



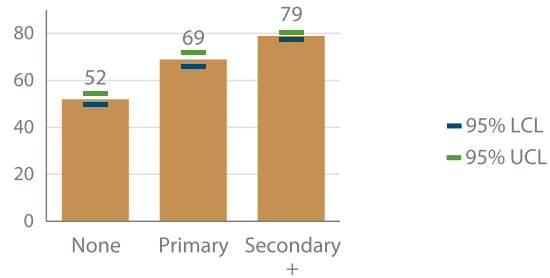
Source: UNICEF State of the World's Children Report 2015

Trends in vitamin A supplementation (MICS 2007, MICS 2011 and DHS 2013)

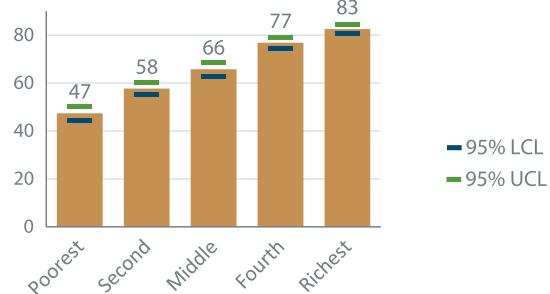


Inequity in vitamin A supplementation increased between 2011 and 2013, following a decline between 2007 and 2011. A child whose mother is better educated and whose household is wealthier is more likely to have had vitamin A supplementation.

Vitamin A supplementation by mother's education (MICS 2011)

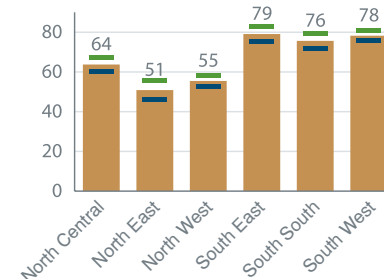


Vitamin A supplementation by wealth quintiles (MICS 2011)



Vitamin A supplementation is lower in the North-East and North-West geopolitical zones. In two States – Borno and Sokoto – vitamin A supplementation is two times lower than the national average.

Vitamin A supplementation by geopolitical zone (MICS 2011)

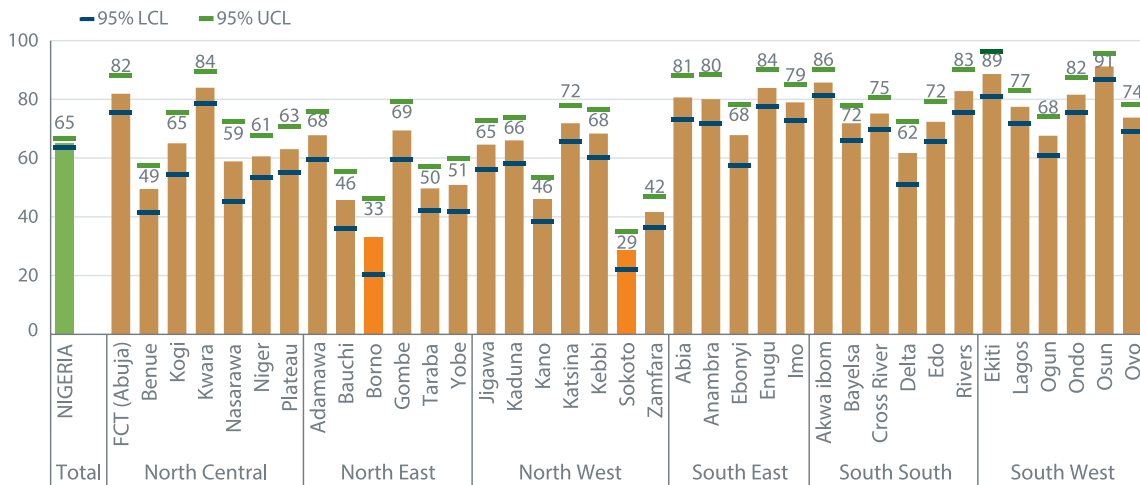




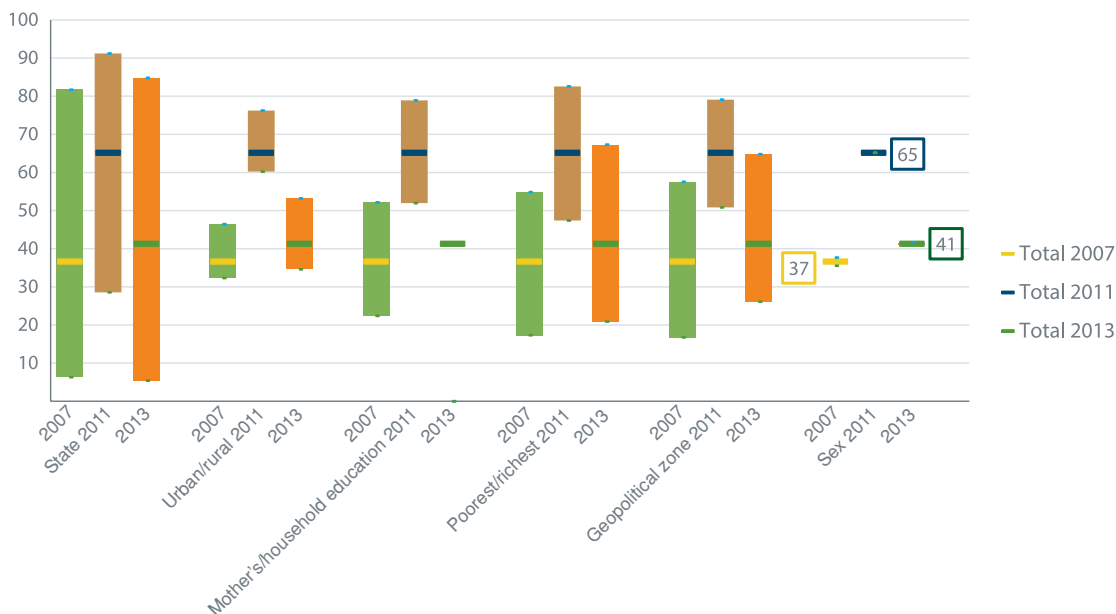
NUTRITION



Vitamin A supplementation by States (MICS 2011)



Evolution of inequity in vitamin A supplementation by category (MICS 2007, MICS 2011 and DHS 2013)



Notes (1) Sources 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) Vitamin A supplementation: percentage of children aged 6-59 months who have received vitamin A dose in the last 6 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.

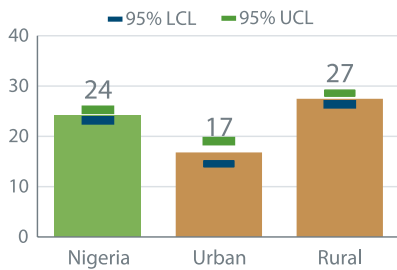


NUTRITION

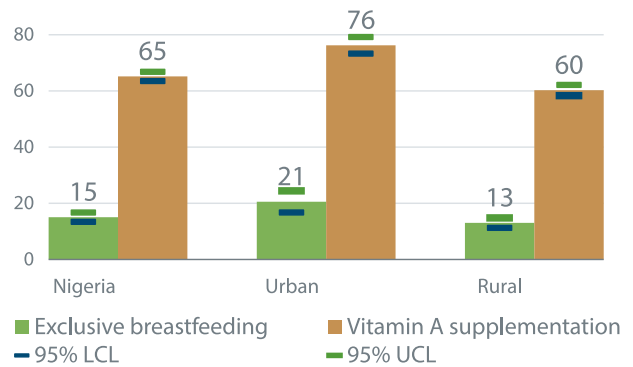


Equity in nutrition in Nigeria

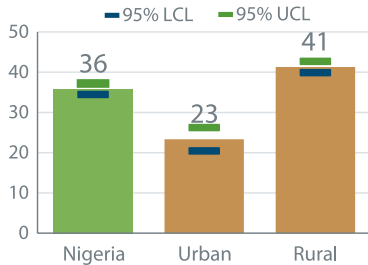
Underweight (weight for age) by area of residence (MICS 2011)



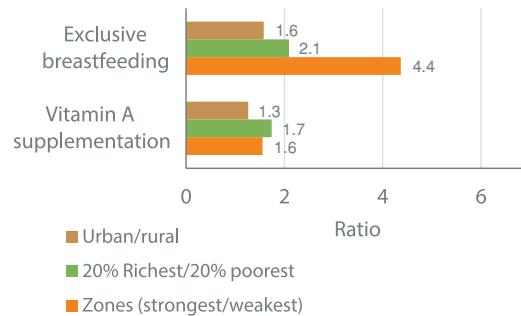
Other nutrition indicators by area of residence (MICS 2011)



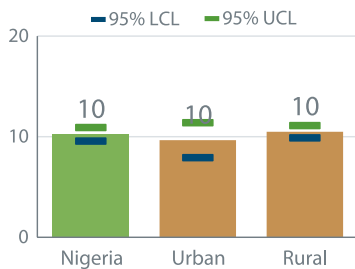
Stunting (height for age) by area of residence (MICS 2011)



Ratio between advantaged groups and disadvantaged groups (MICS 2011)



Wasting (weight for height) by area of residence (MICS 2011)

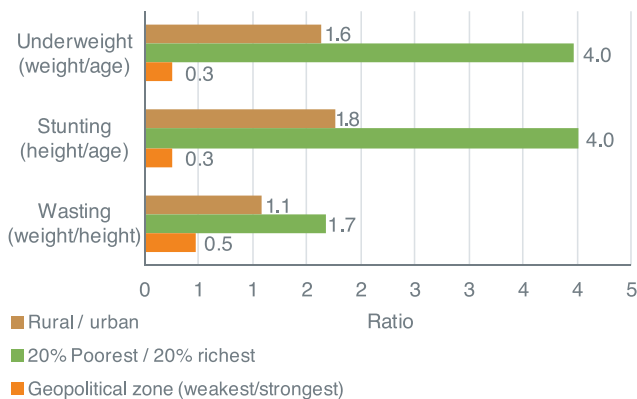




NUTRITION

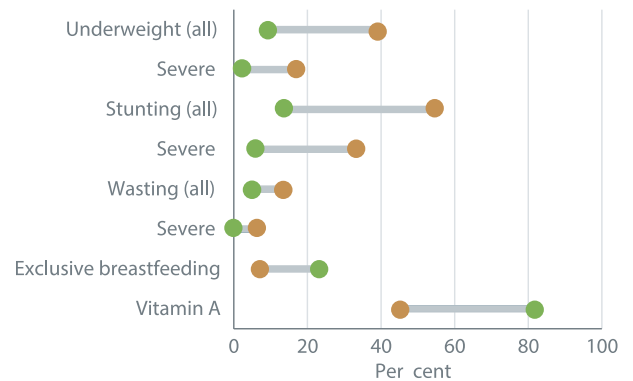


Ratio between disadvantaged groups and advantaged groups (MICS 2011)



Socioeconomic absolute inequities (MICS 2011)

Household wealth quintiles ● Poorest 20% ● Richest 20%



MICS 2011

2011		Malnutrition						Exclusive breastfeeding	Vitamin A supplementation
		Underweight (weight for age)		Stunting (height for age)		Wasting (weight for height)			
		Moderate and severe	Severe	Moderate and severe	Severe	Moderate and severe	Severe		
Trends	(2007)	25	8	34	19	11	3	12	37
	(2011)	24	9	36	19	10	3	15	65
	(2013)	29	12	37	21	18	9	17	41
Sex	Male	24	9	37	20	11	4	16	65
	Female	24	9	35	19	9	3	14	65
	Ratio M/F	1.0	1.1	1.1	1.1	1.2	1.3	1.1	1.0
Area	Urban	17	5	23	11	10	3	21	76
	Rural	27	11	41	23	10	3	13	60
	Ratio U/R	0.6	0.5	0.6	0.5	0.9	0.8	1.6	1.3
Wealth	20% Poorest	38	17	54	32	13	5	10	47
	Second	31	12	49	28	10	4	12	58
	Middle	22	8	35	17	9	3	13	66
	Fourth	17	5	24	11	10	2	22	77
	20% Richest	10	2	13	6	8	2	22	83
Ratio R/P	0.3	0.1	0.2	0.2	0.6	0.5	2.1	1.7	
Geopolitical zones	North Central	19	7	33	16	8	2	24	64
	North East	35	14	53	30	11	3	13	51
	North West	38	16	54	33	14	5	6	55
	South East	10	2	14	5	7	2	13	79
	South South	12	3	19	8	7	2	17	76
	South West	13	3	20	7	9	2	27	78
	Ratio max/min	3.8	9.4	3.8	6.6	2.1	3.1	4.4	1.6

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) Stunting prevalence: percentage of children under 5 years who (a) fall below minus two standard deviations (moderate and severe) (b) fall below minus three standard deviations (severe) from the median height for age of the WHO standard; (4) Underweight prevalence: similar indicator analysing weight for age; (5) Wasting prevalence: similar indicator analysing weight for height; (6) Exclusive breastfeeding: percentage of children less than 6 months old that are exclusively breastfed; (7) Vitamin A supplementation: percentage of children aged 6-59 months who have received vitamin A dose in the last 6 months preceding the survey; (8) Ratios of the highest indicator value over the smallest value are shown for urban/rural, 20% richest/20% poorest and highest zone/lowest zone. The higher the ratio between the two groups, the greater the relative inequality; (9) 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; (10) Indicator values are shown for the poorest 20% (brown circles) and the richest 20% (green circles). The longer the line between the two groups, the greater the absolute inequality. (11) 95 per cent LCL and 95 per cent UCL: 95 per cent lower / upper confidence limits, representing the uncertainty range around the estimate.