

PREFACE

Further analysis of some State specific data/ indicators from renowned publications, local and international, was conceived in Y2011 to provide a one- stop document for warehousing Lagos data/ indicators from various credible sources with a view to enhancing data accessibility and availability on Lagos State populace. The current edition is the second in the series and provides comprehensive and robust statistical data/indicators from wide range of credible sources locally and internationally for teeming population of users interested in Lagos State for informed decision-making, plans and programmes. Some internationally acclaimed publications such as Demographic and Health Survey (DHS) 2013, Multiple Indicators Cluster Surveys (MICS) 2011 and Lagos State Household Survey 2013 by The Lagos Bureau of Statistics (LBS) were the major sources of the data/indictors in this second edition.

The document was exclusively produced by the Lagos Bureau of Statistics (LBS) under the LASG/UNFPA 7th Country Programme, Population and Development Thematic Sector. The United Nations Fund for Population (UNFPA) is an International Development Agency that promotes the Rights of women, men and children to enjoy a healthy life and equal opportunity. The Agency supports countries (sub- national inclusive) in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS and every girl and woman is treated with dignity and respect. The Users in the Academia, Researchers, Programme Officers and Policy Makers on Lagos State will find the current edition very useful.

The Lagos Bureau of Statistics, Ministry of Economic Planning and Budget (MEPB) expressed her sincere gratitude to the UNFPA for her continuous assistance and support to the Bureau. The contributions of all members of staff of the Bureau toward the successful completion of this study are highly appreciated.

Comments, suggestions and constructive criticisms that will ensure improvement in subsequent edition(s) are welcome from all and sundry.

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INTRODUCTION

Lagos State, Nigeria was created on May 27, 1967 by virtue of State (Creation and Transitional Provisions) Decree No. 14 of 1967, which restructured Nigeria's Federation into 12 States. Prior to this, Lagos Municipality had been administered by the Federal Government through the Federal Ministry of Lagos Affairs as the Regional Authority, while the Lagos City Council (LCC) governed the City of Lagos. Equally, the metropolitan areas (Colony Province) of Ikeja, Agege, Mushin, Ikorodu, Epe and Badagry were administered by the Western Region. Lagos State lies to the South-Western part of the Federation. It shares boundaries with Ogun State both in the North and East and is bounded on the west by the Republic of Benin. In the South, it stretches for 180 kilometres along the coast of the Atlantic Ocean. The smallest State in the Federation as it occupies an area of 3,577 sq km. 22% or 787sq. km of which consists of lagoons and creeks.

Although, Lagos State is the smallest State in Nigeria, with an area of 356,861 hectares of which 75,755 hectares are wetlands, yet it has the highest population, which is over 12.5% (22,583,305) of the national estimate (178,516,904 - World meters.info). As at 2006, the population of Lagos State was 17.5 million, (based on the parallel count conducted by the State during the National Census) with a growth rate of 3.2%, the State today has an estimated population of 22.589 Million (Digest of Statistics:2013). This was corroborated by the recent immunization exercise carried out across the State, where 4. 3million children were immunized. Children within the Immunization bracket are estimated at 20% of the entire population of the State.

The United Nations (UN) estimates that at its present growth rate, Lagos State will be third largest Mega City in the world by Y2015 after Tokyo in Japan and Bombay in India. Of this population, Metropolitan Lagos, an area covering 37% of the land area of Lagos State is home to over 85% of the State population. The rate of population growth is about 600,000 per annum with a population density of about 6,313 persons per sq. km. In the built-up areas of Metropolitan Lagos, the average density is over 20,000 persons per square km.

It is therefore important that comprehensive socio-economic indicators that would assist in tracking progress made in human development State-wide be gathered from credible sources to provide avenue for wide range of use by teeming population. Thus, Further Analysis on Lagos State Specific Data/Indicators provides information on State's Demography, Household Pattern, Age And Gender Composition as Well as Marital Status.

It also revealed prevailing Child Health Situation, Immunization, Breastfeeding, Birth Registration, Nutritional Status, Mortality, Maternal Health Care amongst others. These indicators aptly capture the development trends in the State inhabitants in terms of health and associated indices.



FURTHER ANALYSIS OF LAGOS STATE SPECIFIC DEMOGRAPHIC AND SOCIO- ECONOMIC DATA/INDICATORS: 2011- 2013

From

, Multiple Indicators Cluster Survey (MICS) 2011, National Demography and Health Survey (NDHS) 2013, Lagos State Household Survey 2013 Publications

Produced by

Lagos Bureau of Statistics (LBS)

Ministry of Economic Planning and Budget (MEPB)

The Secretariat, Alausa, Ikeja

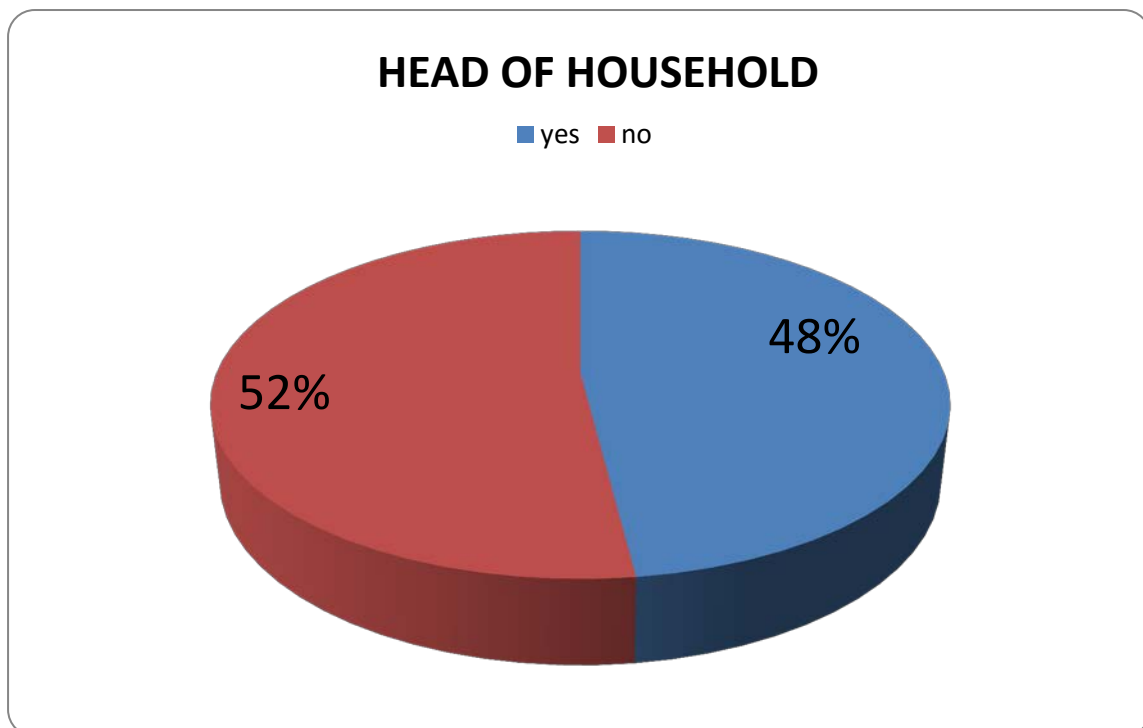
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DEMOGRAPHY

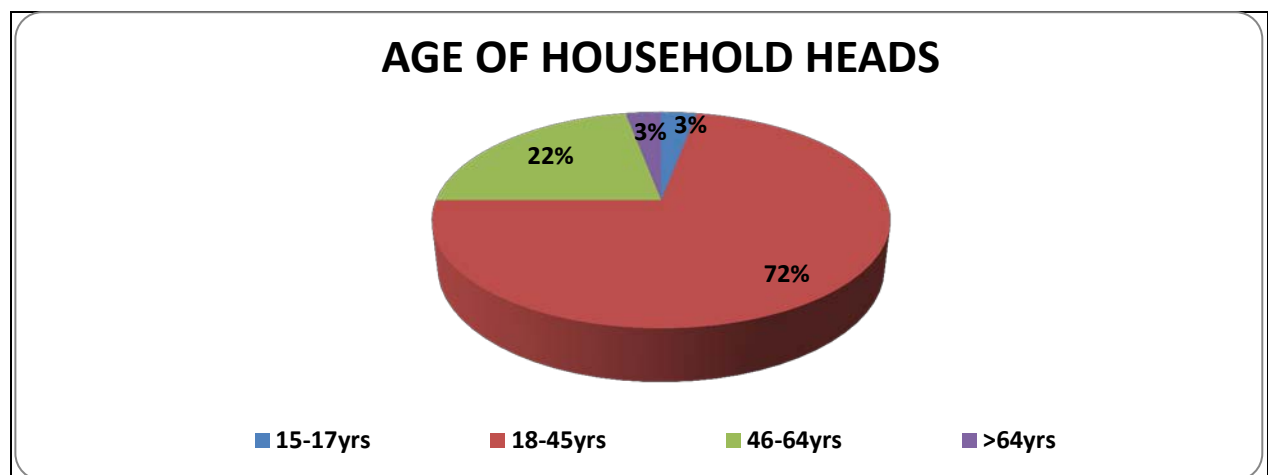
HEAD OF HOUSEHOLD

A head of household is an individual in a family setting who provides actual support and maintenance to one or more individuals who are related to him or her through blood, marriage or adoption. The result of the survey indicated that 48% of the respondents in the State affirmed to be the heads of their household while 52% were not household heads.



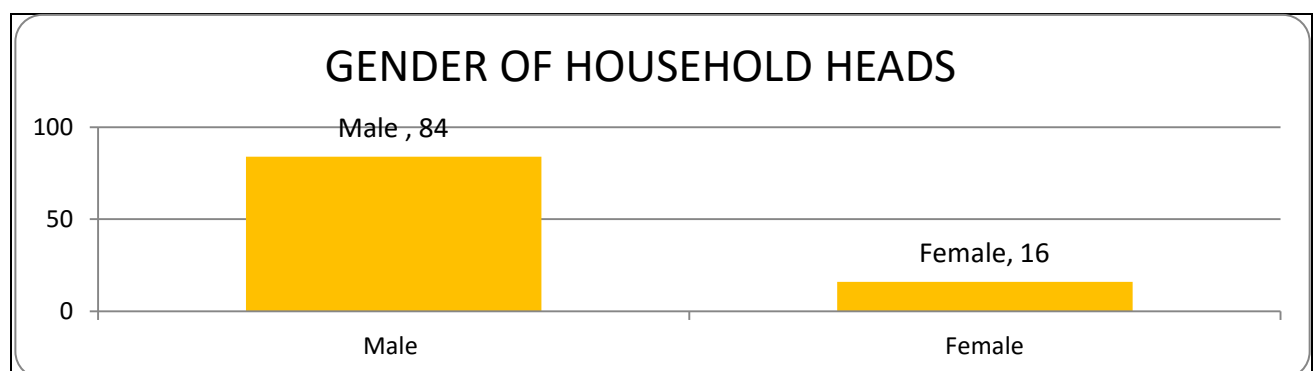
AGE OF HOUSEHOLD HEADS

Age composition remains one of the reliable indicators to determine the quality and quantity of human resources available in a geographical area of interest over a period of time. It is commonly used in the computation of population pyramids, calculation of dependency ratio as well as estimation of demographic trends of a population. Four (4) broad age classification were adopted for the household survey exercise that is ages; 15-17years, 18–45 years, 46-64 years and above 64 years respectively. On the age of household heads, the survey revealed that an average of 3% of the household heads fell within age 15-17years, 72% ranged between age 18-45years while 22% were within age 46-64years and 3% constituted household heads that their ages were above 64 years. This result however implied that Lagos State is endowed with youthful household heads (72%) that could undertake wide range of economic activities for the benefit of the entire population if properly annexed.



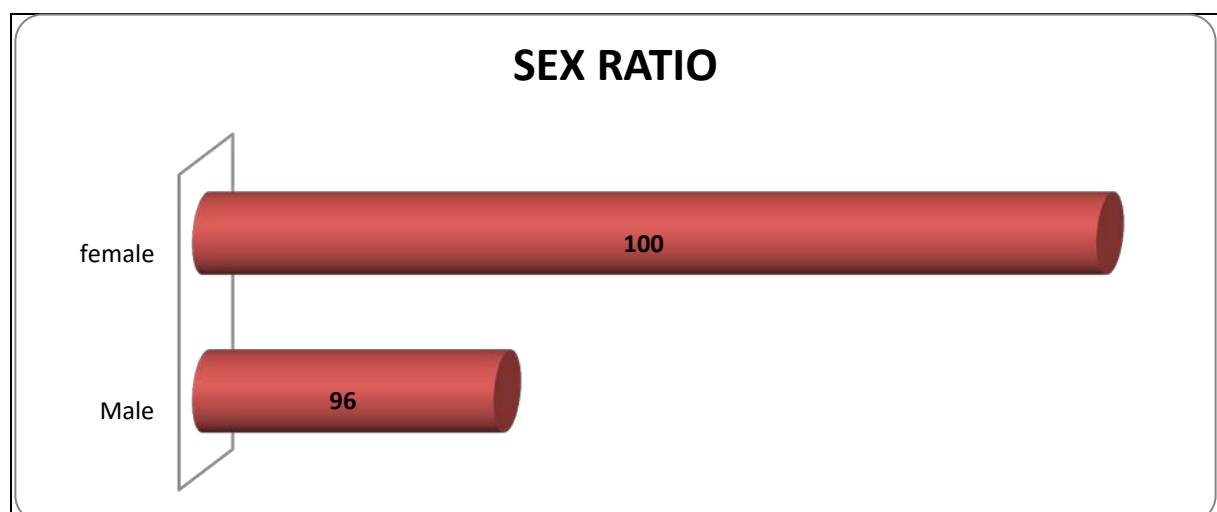
GENDER OF HOUSEHOLD HEADS

Gender concepts have become recurring issues in statistical analysis. The United Nations has equally championed gender statistics with a view to bringing into lime light gender specific indicators that will promote and enhance gender based planning, programming and budgeting. The headship of a household, at present, is being determined by functional responsibilities as regards provision of accommodation, feeding and other sources of livelihood to other members of the family. It is interesting to note that, the age long a traditional setting of male-headship still operates in Lagos State. The survey result showed that 84 % constituted male household heads while 16% were female.



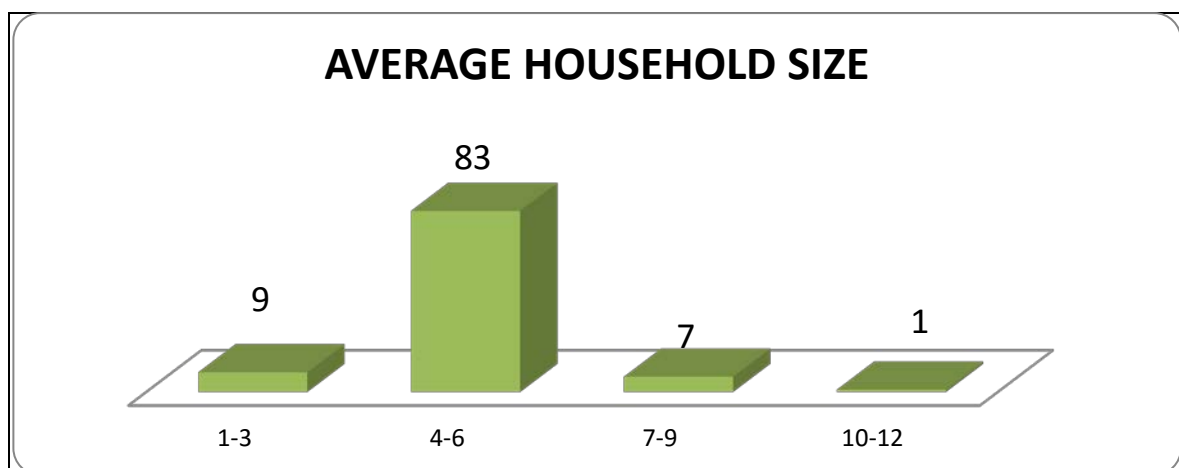
SEX RATIO

Sex ratio is an important demographic indicator being used to identify gender outlook of a population of interest with a view to influencing gender based planning, programming and budgeting of socio economic infrastructure in accordance with structure and proportion of male and female in the population. The survey result revealed that Lagos State household head Sex Ratio stood at 96:100 which implies that for every 100 female in the household we have 96 male.



AVERAGE HOUSEHOLD SIZE

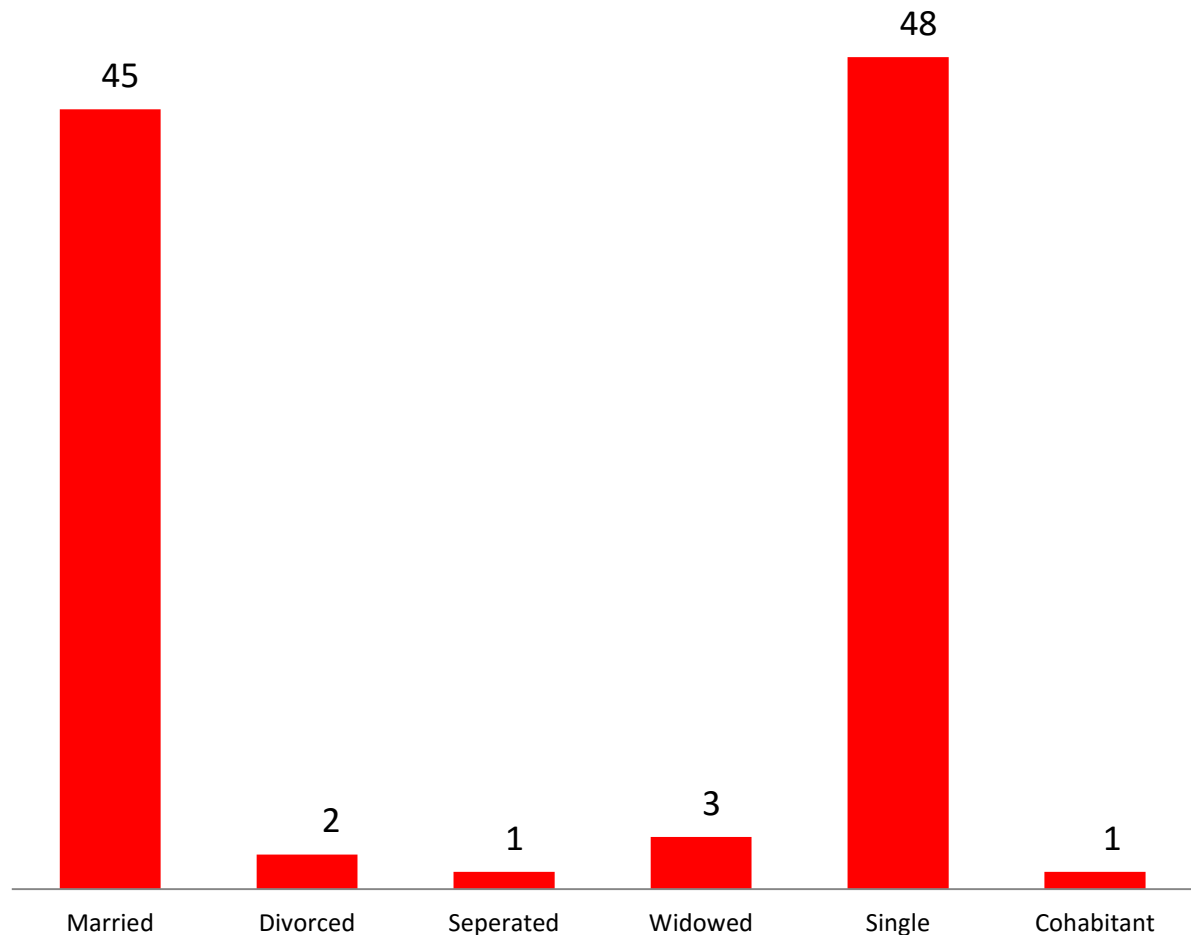
Household size is a powerful indicator in any demographic study as it relates to the size of each of the household units to number of the households in the survey. In line with SNA 93 definition of Household ,“A household is a small group of persons who share the same living accommodation, who pool some or all of their income and wealth and who consume certain types of goods and services collectively, mainly housing and food.” (SNA 4.132 [4.20]).The survey analysis revealed that 9% of the sampled households constituted households with 1 - 3 members, households with 4 - 6members comprised 83% while 7% represented household with 7-9 members and 1% constituted households with 10 – 12members.



MARITAL STATUS OF HOUSEHOLD HEADS

Marital status reflects to some extent the social interaction amongst diverse people of different ages, creeds and customs. It also serves as a demographic indicator measuring the co-habitation arrangement of the inhabitants of the community in relation to culture and tradition. In line with the above, the survey result showed that 45% of the households heads across the state were married,2% werereportedly

MARITAL STATUS OF HOUSEHOLD MEMBERS



divorced, those that were separated accounted for 1%, 3% were widowed while 48% and 1% were claimed to be single and cohabitants respectively.

HEALTH

Good health, as defined by the World Health Organisation (WHO) is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. A healthy population is a wealthy population so says an age long adage. This expression typifies the importance and significance of good quality of life of the State inhabitants to the development and growth of the State’s economy.

It is therefore necessary to constantly generate health indicators that would inform meaningful plans, programmes and projects that would enhance the standard of living of Lagos Inhabitants. Health indicators are standardized measures by which

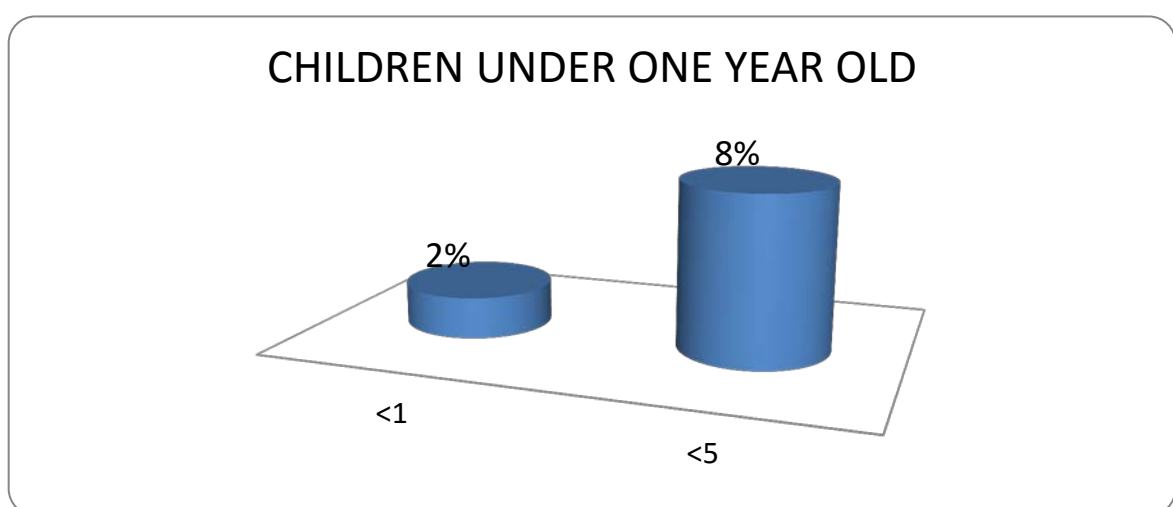
we compare and measure health status and health system performances. They reflect or indicate the state of health of persons in a defined population. These indicators can be used to define public health challenges at a particular point in time, to indicate change over time in the level of a population or individual, to define differences in health of population and to assess the extent to which the objectives of a programme are being achieved. Under this Health Module, a cursory look was taken at the vulnerable age groups in the society (the infants i.e. under 1 year old) and the children (under 5 years) with a view to determining their proportion, the nature of their illnesses as well as mortality levels at these age groups.

In addition, information on Gender Based Violence (GBV), Harmful Traditional Practices (HTP), HIV/AIDS, Family Planning and Contraceptives Uptake, Immunization, Exclusive Breast Feeding as well as Maternal and Child Health indicators were also captured. In other to appreciate quantum of State government investment in Health Sector, uptake of health care services from government health facilities were also examined vis-a-vis the non-government owned health facilities. Challenges associated with patronage of government facilities were equally highlighted while government free health care programmes were also rated by the sampled households.

CHILD HEALTH

CHILDREN UNDER ONE (1) and UNDER 5 YEAR OLD

Children under 1 year and under 5 years constitute a vulnerable proportion of the population worldwide. It is expected that a great deal of care would be comprehensively provided for them in order to ensure healthy transformation into higher ages with a view to reducing to the bear rest minimum the morbidity and mortality rates within the age group. The Survey result showed that 2% and 8% of the sampled household members were made up of infants (under 1 year old) and under 5 years old children respectively across the State.



IMMUNIZATION

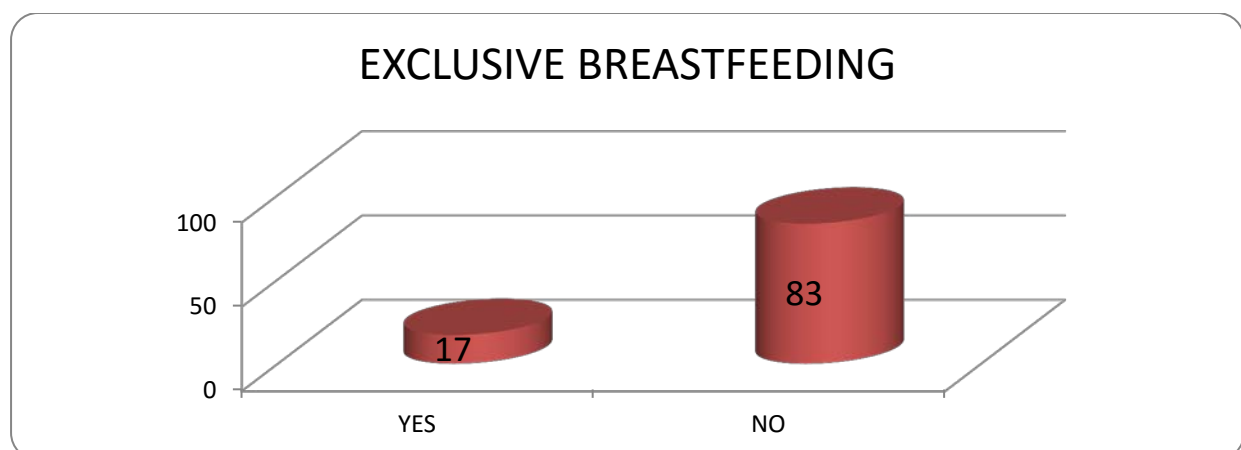
In order to enhance optimum growth and development of the infant child (under 1 year old) and reduce drastically cases of morbidity and mortality usually associated with children of such tender age, the State government had put in place various health initiatives and interventions through re-current immunization programmes, promotion of exclusive breastfeeding for the first 6 months, BCG and POLIO vaccines to prevent measles. The uptake of these laudable programmes was also investigated at the household levels.

IMMUNIZATION CARD

Possession of immunization card is often regarded as an evidence of uptake of immunization services for the children in the households. The survey analysis showed that 61% of the children in sampled households had immunization cards while 39% had no evidence of immunization.

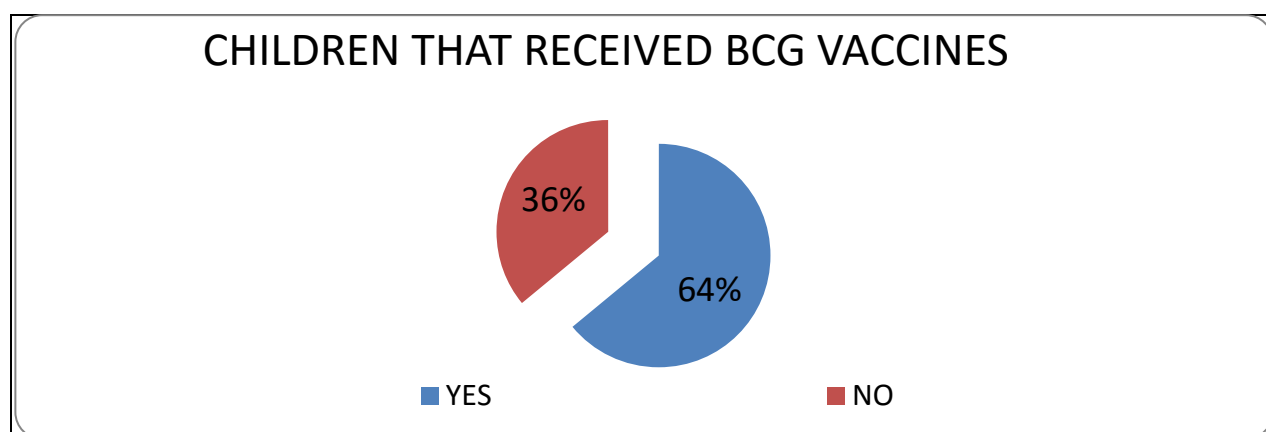
EXLUSIVE BREAST FEEDING

Breastfeeding is an integral part of the reproductive process with important implications for the health of mothers. It is also an unequalled way of providing ideal food for the healthy growth and development of infants. Review of evidence has shown that, on a population basis, exclusive breastfeeding simply refers to feeding method where infant only receives breast milk without any additional food or drink, not even water, for 6 months. It is the optimal way of feeding infants. Thereafter infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond. The result showed that only 17% of the household mothers actually practiced exclusive Breast feeding for the first 6 months as against 83% who reported contrarily.



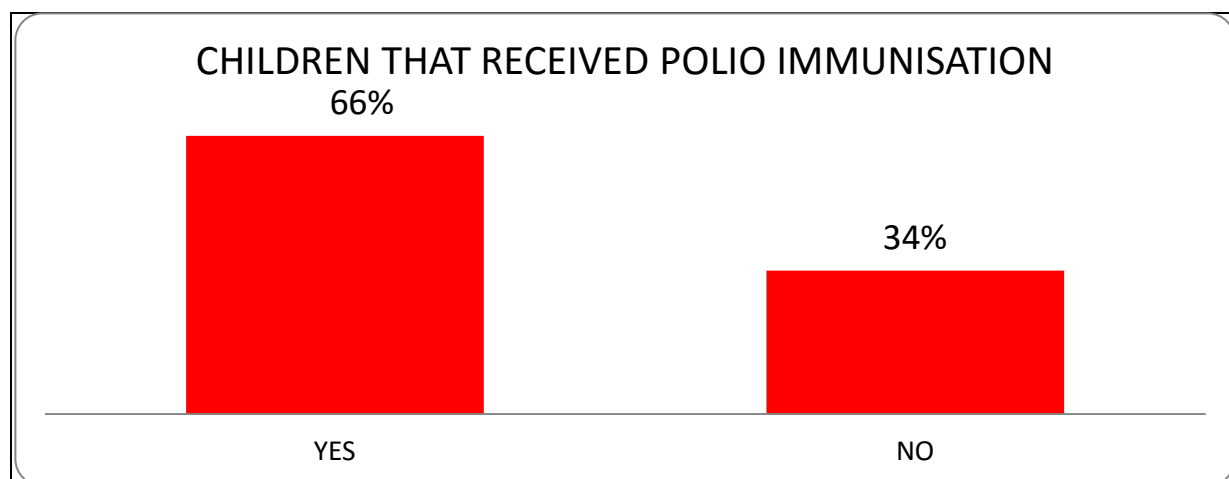
BCG IMMUNIZATION

The State government through the Ministry of Health is continually championing the immunization programmes. This include **BCG** - At birth or as soon as possible after birth, OPV - At birth and at 6, 10 and 14 weeks of age, DPT - At 6, 10 and 14 weeks of age, Hepatitis B – At birth, 6 and 14 weeks, Measles -At 9months of age, Yellow Fever - At 9 months of age, Vitamin A -At 9 months and 15 months of age. Vaccination against diseases such as POLIO, BCG, and Measles were studied in the survey. The survey result showed that BCG vaccines were reportedly received by 64% of the children in the entire sampled households.



POLIO IMMUNIZATION

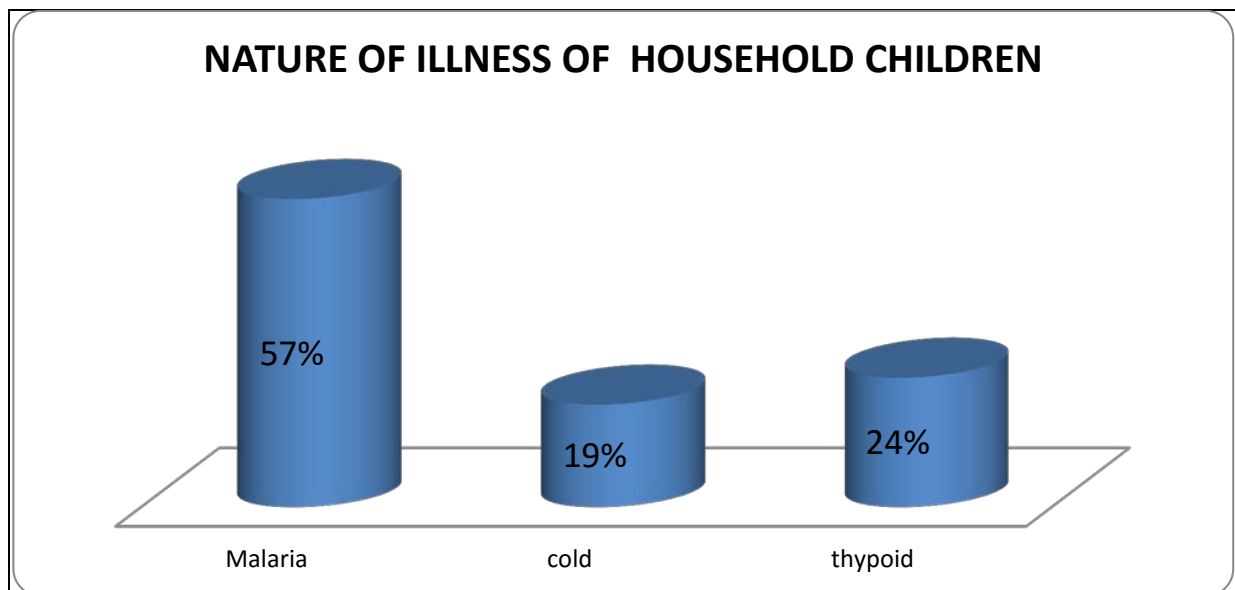
In the same vein, the survey result also showed that 66% of the household members that were under 5 years old were immunized against POLIO while the remaining 34% were not immunized.



NATURE OF ILLNESS: CHILDREN

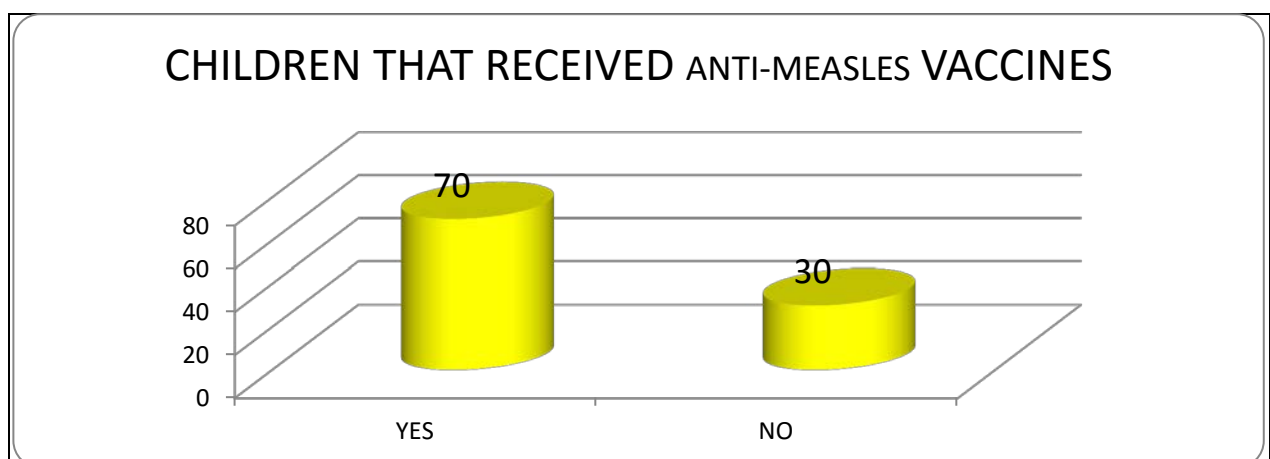
In order to ensure appropriate health plans and programmes that would promote children survival and quality of life, Sixteen (16) health challenges being experienced by the children were investigated statewide. The three (3) topmost children

illnesses in the State were found to be Malaria fever-57%, Cold/Catarrh/Cough-19%, and Typhoid fever- 14%.



MEASLES

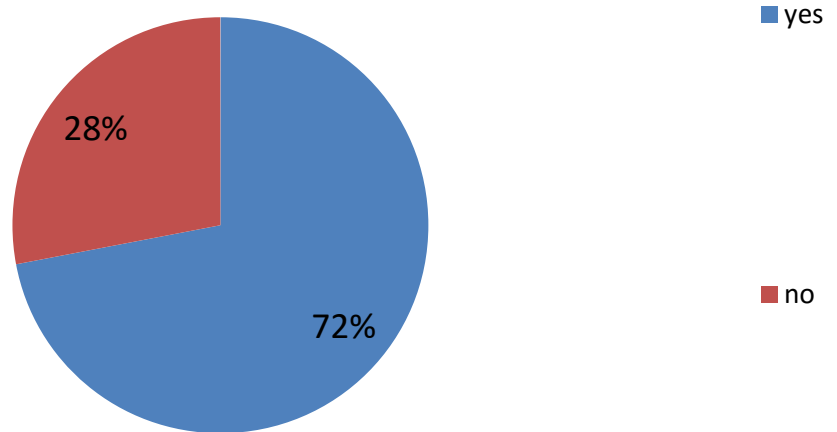
Measles is another child killer disease that is very rampant in this part of the world. It is a contagious acute viral disease with symptoms that include a bright red rash of small spots that spread to cover the whole body. Thus child vaccination against measles was also examined. The survey result showed that 70% of the children received anti-measles vaccine while 29% did not.



RECEIPT OF VITAMIN A

Uptake of Vitamin A is essential for the growth and development of the children. It is therefore recommended that Vitamin A capsules be administered to the children at the appropriate ages. The survey result showed that 72% of the children actually received Vitamin A across the State.

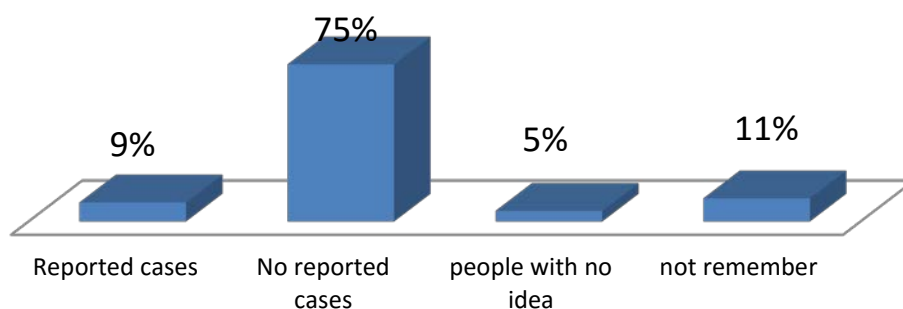
CHILDREN THAT RECEIVED VITAMIN A



REPORTED CASES OF DIARRHOEA

Diarrhoea is defined as the passage of three or more loose or liquid stools per day (or more frequent passage than is normal for the individual). Frequent passing of formed stools is not diarrhoea, nor is the passing of loose, "pasty" stools by breastfed babies. DIARRHOEA prevalence in the last 1 year among the U5 household members was also examined. It was discovered that the State reported cases of diarrhea at household levels stood at 9%, while 75% reported no cases of diarrhea, 5% could not remember such cases while 11% claimed that they had no idea.

REPORTED CASES OF DIARRHOEA



CHILDREN BORN IN THE LAST ONE YEAR

The proportion of children born in the last one year is very essential in the determination of population growth in any geographical area of interest along with the proportion that died as well as net migration i.e. (immigration-emigration). It is therefore expedient that such indicator

be captured under the household survey. The result showed that 2% of the household members constituted the children under the age of one (1) year. Similarly, children between the ages of 1 -5years accounted for 8% of the entire sampled households, thus, the proportion of under 5 years old in the state stood at 10% which implies that one (1) out of every ten (10) Lagosians is less than 5years old. Similarly, one (1) out of every fifty (50) household members in the State is less than one (1) year old.

INFANT MORTALITY

Infant mortality is one of the global indicators being used in the determination of the standard of living of geographical areas as well as their life expectancy at birth. It is an important health indicator that shows the quality of health care services being provided to the population along age and gender divide. The survey also captured mortality at infant level and the result showed that infant mortality in Lagos State stood at 3.7%signifying that 37 out of 1000 children born in the last one year died before attaining the age of one (1) year.

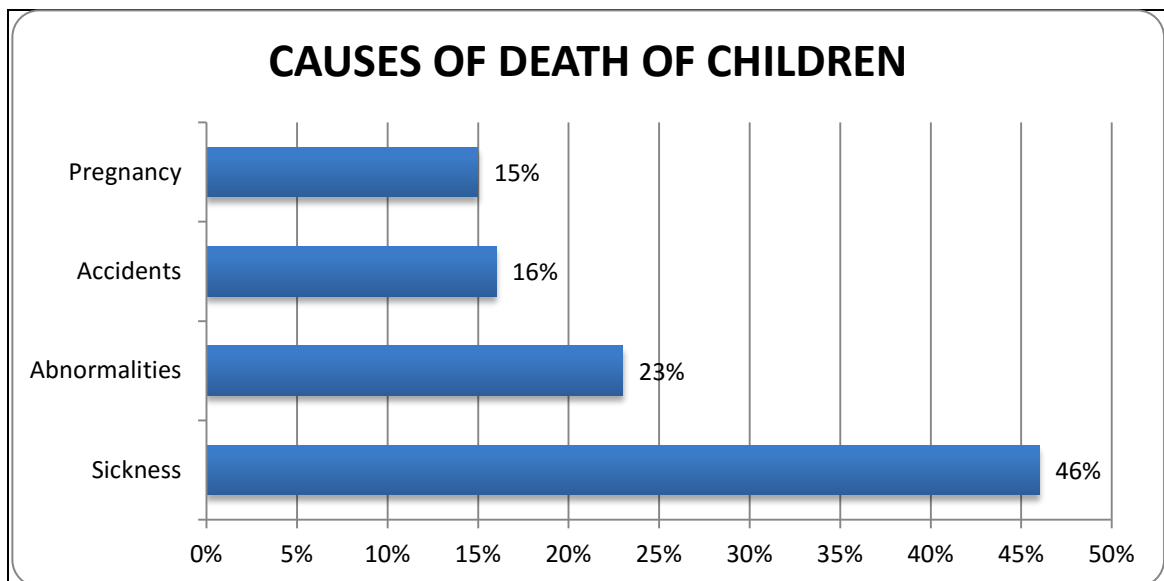
NEO-NATAL/POST NEO -NATAL DEATH

In order to comprehensively tackle infant death along the period of occurrence, neo-natal and post neo-natal dichotomy was introduced. This simply means death of under 1 month old children (0-28days) and that of (1month-12months old). The survey revealed that 42% of recorded infant death occurs within a month of childbirth (neonatal period) while the remaining 58% occurred between the first month of life and 1 year (post- neonatal period).

CAUSES OF DEATH OF CHILDREN

In spite of concerted efforts being made by government and private organisations to promote and provide qualitative health care to the infants and the under 5years old children due to their vulnerability and high risk exposure to early childhood killer diseases, mortality at infant level still calls for more attention in the State. The survey therefore examined causes of children's death at household level with a view to scaling up such causes for the desired attention, intervention and elimination where possible.

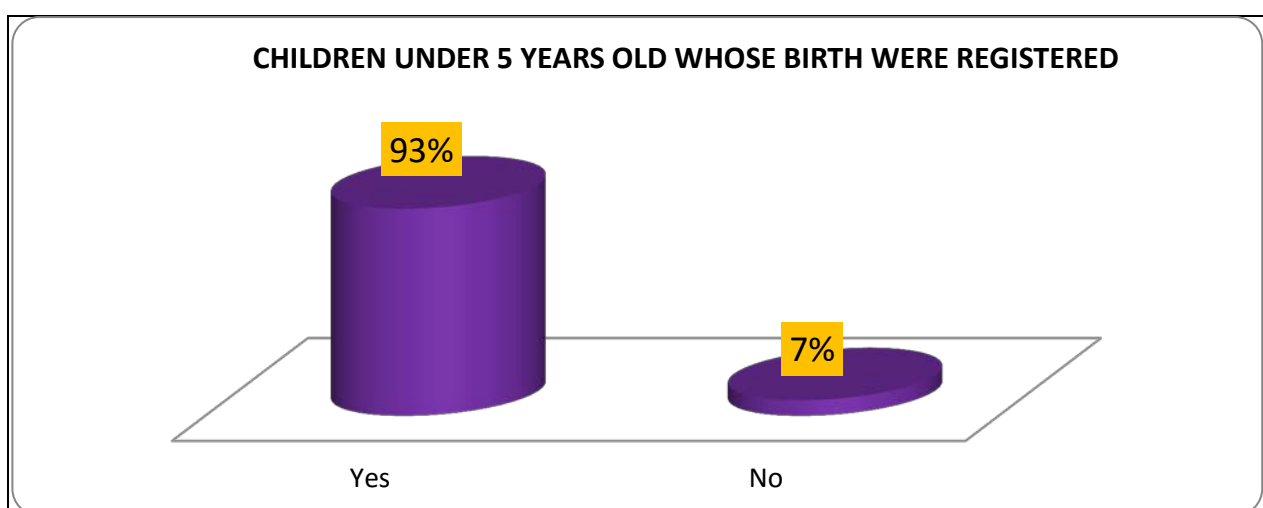
The analysis revealed that 46% of infant death was attributed to sickness, 23% were caused by congenital abnormalities (born with malformation/ malfunctioning of some organs), 16% were caused by accident (households /facilities) while 15% were equally attributed to pregnancy



BIRTH REGISTRATION

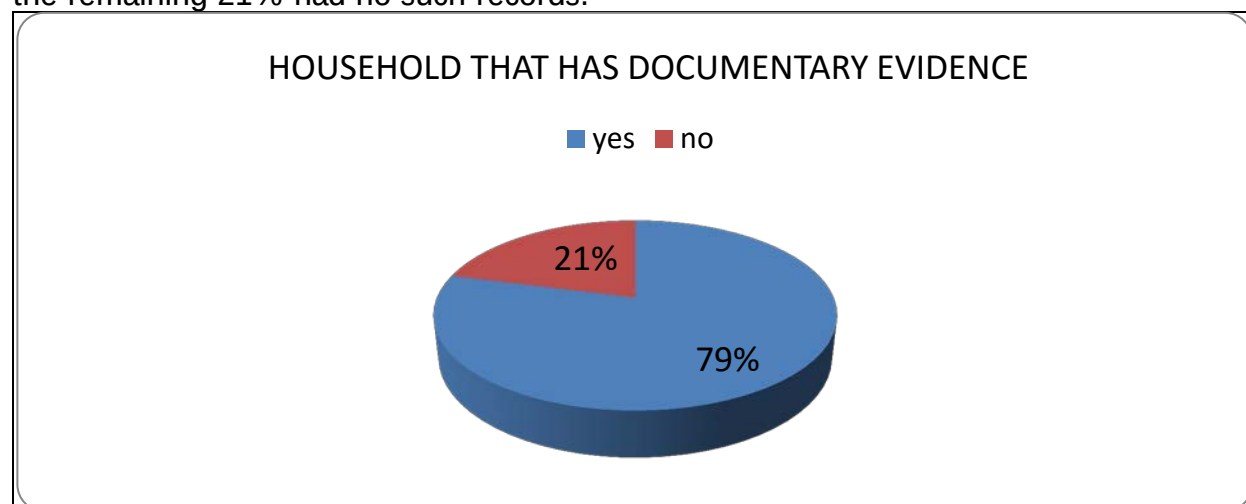
CHILDREN BIRTH REGISTRATION

Data on registration of birth remains one of the potent vital statistics in demographic studies. According to UNICEF “it refers to the permanent and official recording of a child's existence by some administrative levels of the State that is normally coordinated by a particular branch of the government”. It also represents the starting point for the recognition and protection of every child's fundamental right to identity and existence in accordance with article 7 of the convention on the rights of the child that every child has the right to be registered at birth without any discrimination. The survey revealed that 93% of the under 5 children in the households had their birth duly registered State-wide while the remaining 7% had no records of birth registration.



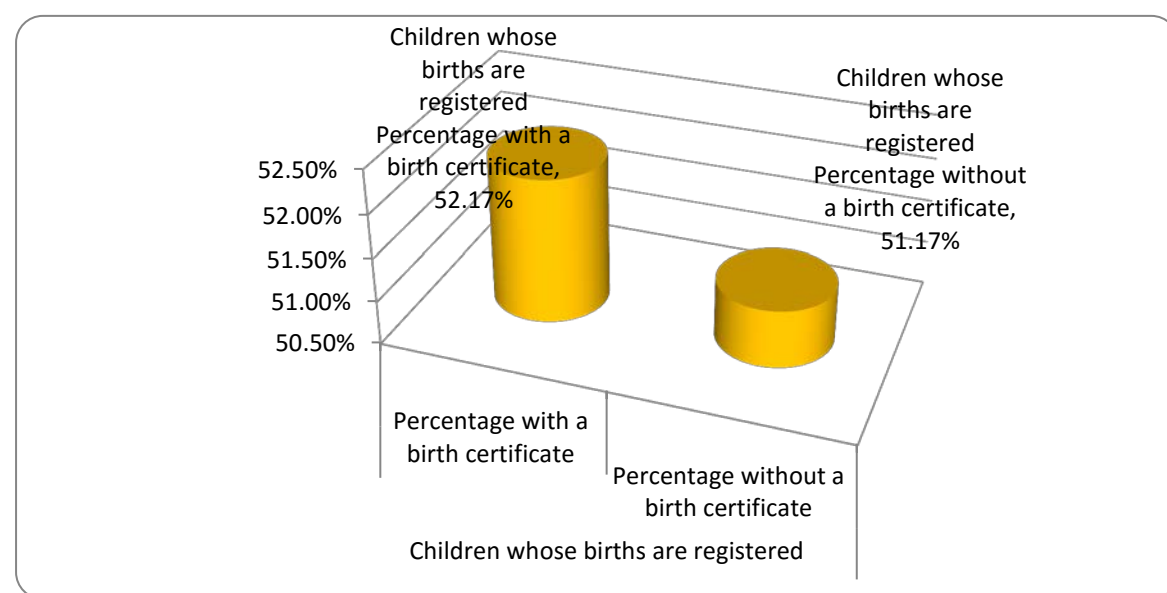
HOUSEHOLD CHILDREN WITH DOCUMENTARY EVIDENCE (BIRTH CERTIFICATE) FROM NATIONAL POPULATION COMMISSION

In addition, documentary evidence of birth registration usually given by the National Population Commission (NPopC) was also investigated. The survey revealed that 79% of the households' possessed documentary evidence of birth registration while the remaining 21% had no such records.



Birth registration of children under age 5

Percentage of de jure children under age 5 whose births are registered with the civil authorities according to background characteristics.

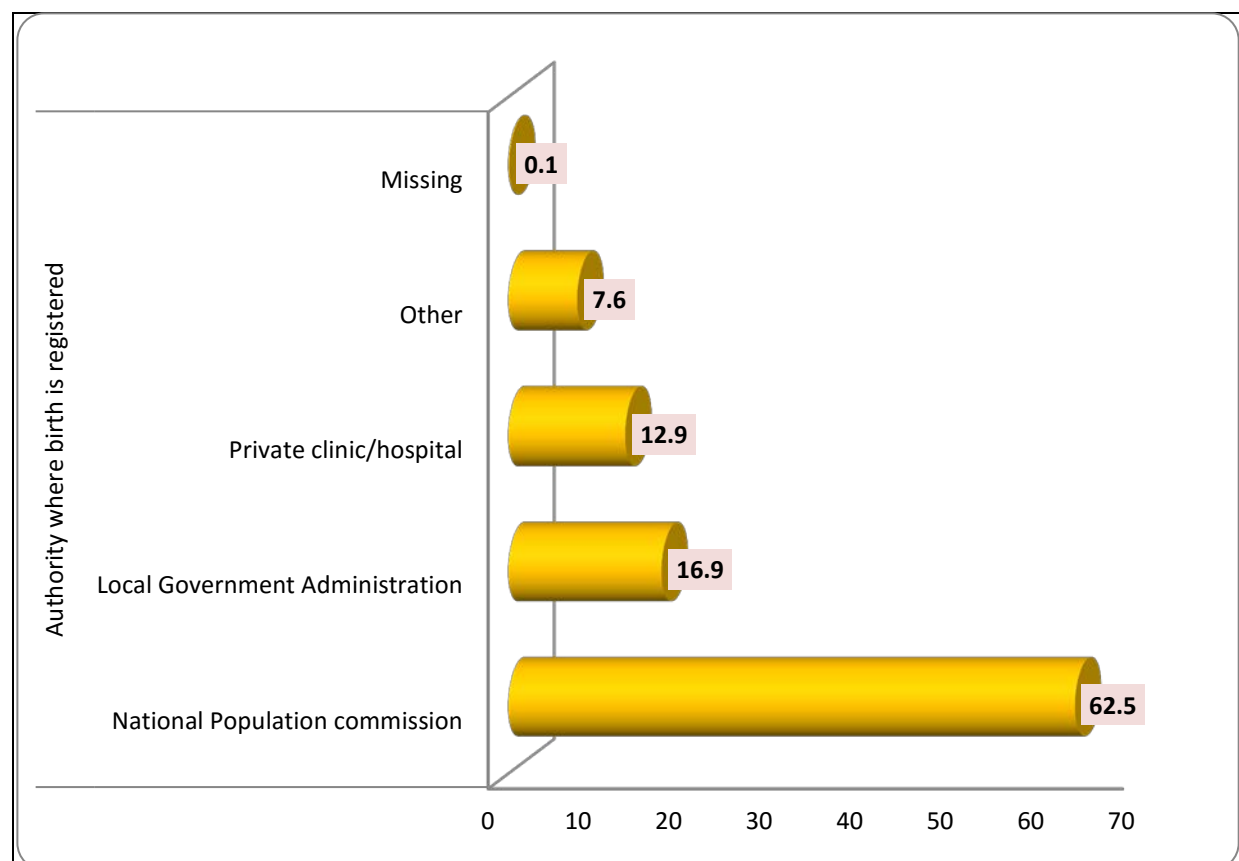


Birth registration is the formal inscription of the facts of a birth into an official log kept at the registrar's office. A birth certificate is issued at the time of registration or later as proof of the registration of the birth. Birth registration is basic to ensuring a child's legal status and, thus, basic rights and services. According to MICS 2011,

Children Whose Births were registered without a Birth Certificate in Lagos State stood at 51.17% while those with Birth Certificates were 52.17%.

Birth Registration of Children Under Age 5 By Authority

For Official documentation, it is essential that births are registered with authority statutorily responsible for undertaking such assignment under the law. Thus, the survey tried to understand place of birth registration of children from the households. The result showed that National Population Commission (NPop.C) still remains topmost as the Agency most recognized for birth registration as attested to by 62.5% of the sampled households. 16.9% of them reportedly registered with Local Government Administration.



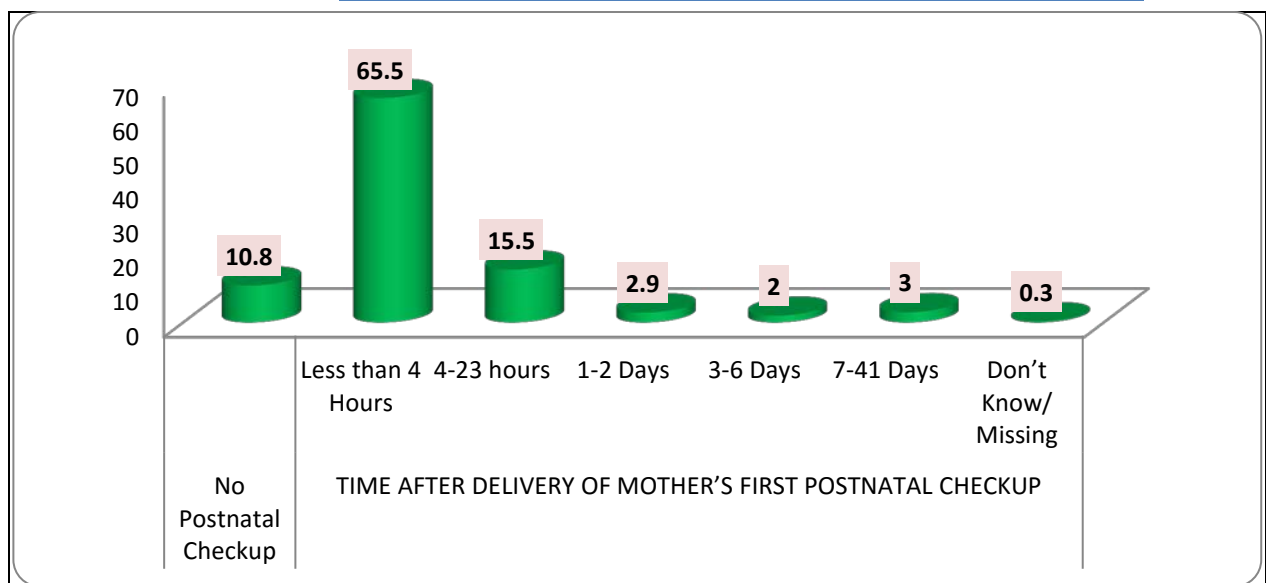
Those that registered with Private Clinic/ Hospital accounted for 12.9% while those that reportedly register with others constituted 7.6% and 0.1% had no record of such.

POSTNATAL CARE

The postnatal period is a critical phase in the lives of mothers and newborn babies. Most maternal and infant deaths occur during this time. Yet, this is the most neglected period for the provision of quality care. The timing, number and place of postnatal contacts and

content of postnatal care for all mothers and babies during the six weeks after birth must be well planned and appropriate guidelines followed. The Survey revealed that 80% of PNC care were administered less than 24 hours after delivery, 10% of the mothers do not come for postnatal care while the remaining 10% attends PNC from 2 days after delivery to 41 days.

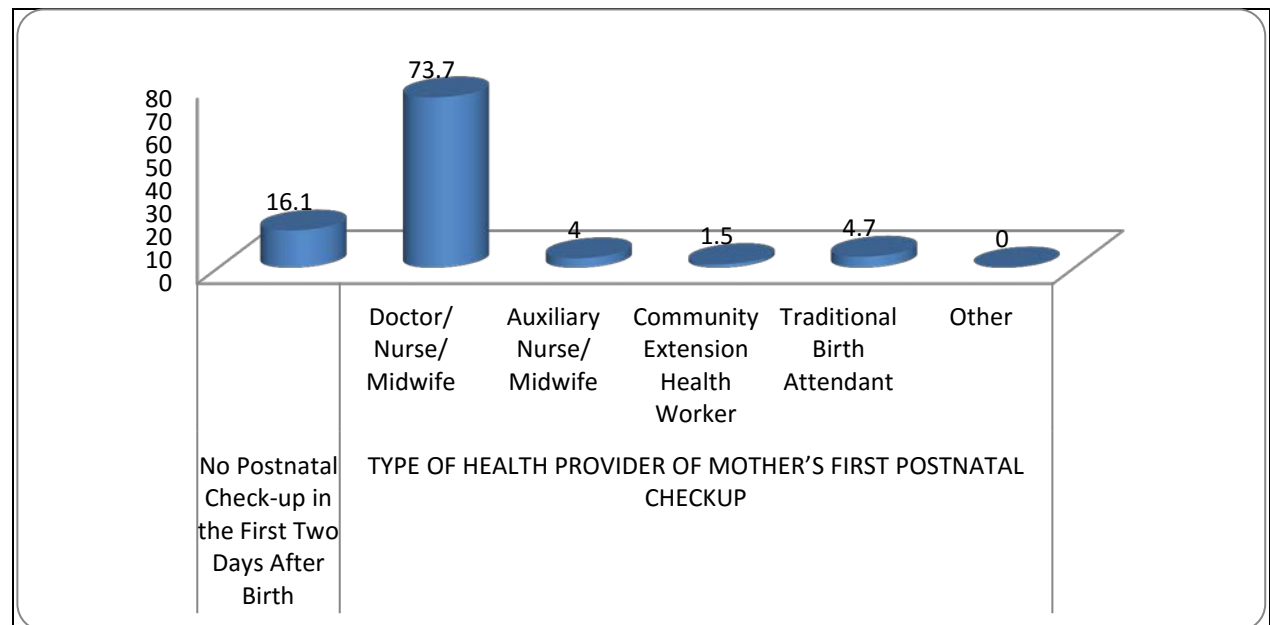
POSTNATAL CARE: TIMING OF FIRST POSTNATAL CHECKUP FOR MOTHER



The ability to detect early warning signs in the mother and newborn and take appropriate actions (e.g., referral to a higher level of care) depends on the knowledge and skills of the provider. The type of provider for the mother's first postnatal check-up is a crucial determinant of the quality of the check-up.

On the type of providers of first postnatal checkup for the mother aged 15-49 who gave birth in the two years preceding the survey, the result showed that 73.7% of them were attended to by skilled health worker i.e. Doctor/ Nurse/ Midwife, 4% reportedly visit auxiliary nurse/ midwife for post natal care, 1.5% patronized Community Health Extension Worker (CHEW), 4.7% visited Traditional Birth Attendant (TBA) while 16.1% had no postnatal check up 2 days after delivery.

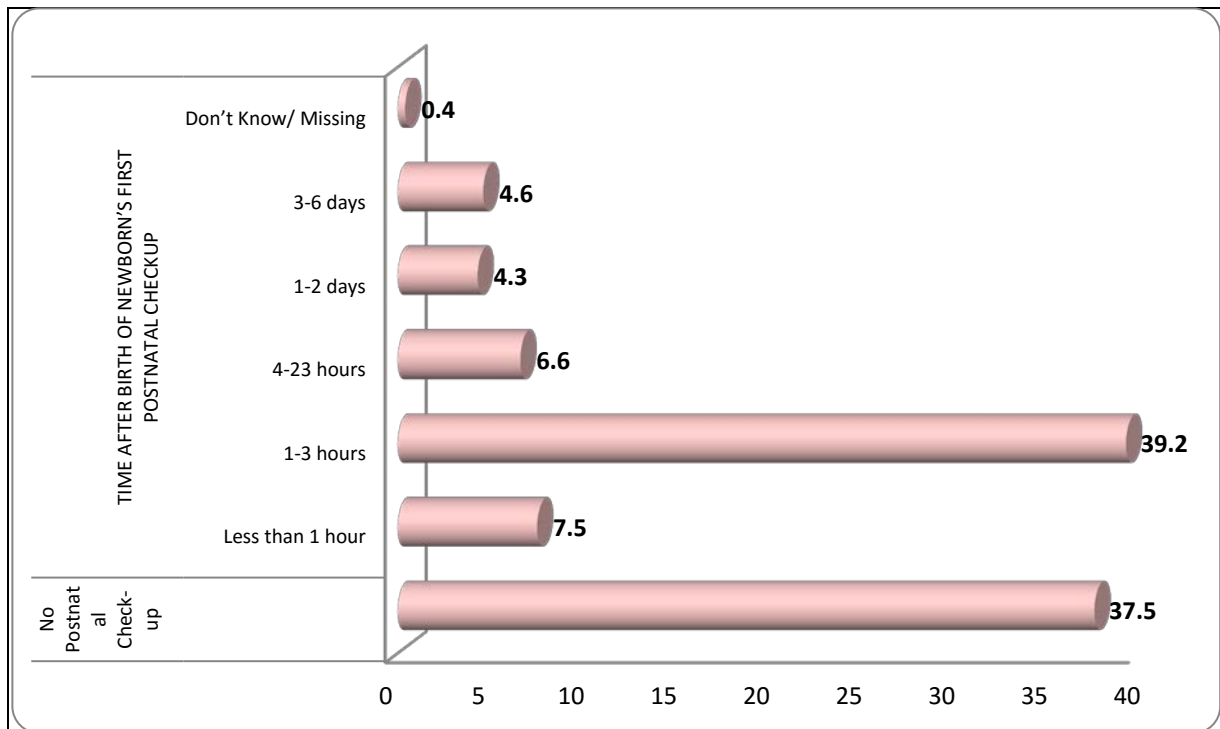
POSTNATAL CARE: TYPES OF HEALTH PROVIDERS OF MOTHER'S FIRST POSTNATAL CHECK UP



NEWBORN CARE

TIMING OF FIRST POSTNATAL CHECKUP FOR NEWBORN

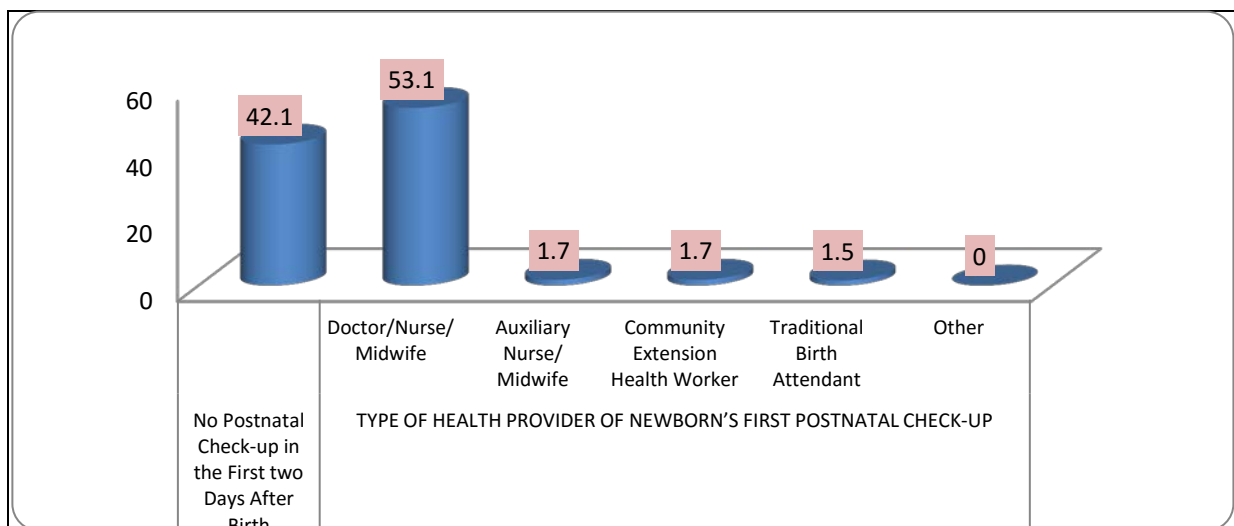
Part of medical attention that should be given after childbirth/ safe delivery is post natal check up for both mothers and the child. Newborn care is essential to reduce neonatal health challenges and death. To identify, manage, and prevent complications, it is recommended that the mother and the newborn have at least three checkups within seven days after delivery, which is considered a critical period for neonates and mothers. The survey sought to know the Lagos State position on this. It was found out that 53.3% of the mothers undertake newborn's first postnatal check up under 24 hours with most of them (39.2%) less than 3 hours and 7.5% one (1) hour after childbirth. On the other hand, 9.3% of the mothers also reportedly presented their newborn for first postnatal check ups 1 6 days after delivery i.e. (4.3% and 4.6% in about 2 days and 3-6 days after birth respectively.



Surprisingly, 37.5% of the mothers do not present their newborn for post natal check ups.

TYPE OF PROVIDER OF FIRST POSTNATAL CHECKUP FOR THE NEWBORN

Skill attendants at Postnatal care is equally important as the provision given to mothers during pregnancy (Antenatal care). The type of provider of the first postnatal checkup for the newborn is crucial given that failure to detect complications could be potentially fatal in this important period. Again, the ability to detect such complications depends on the knowledge and skills of the provider undertaking the checkup.



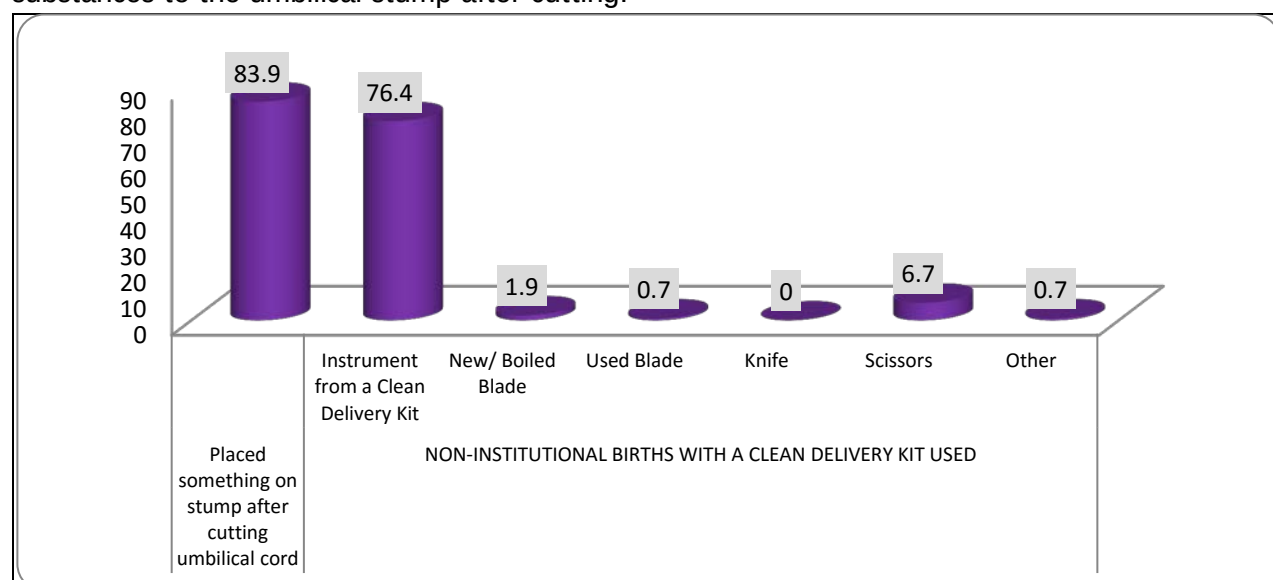
The result showed that 53.1% of them were attended to by Doctor/ Nurse/ Midwife during the newborn first postnatal care, Auxiliary Nurse/ Midwife and Community Extension Health Worker provide PNC services to 1.7% of them each while those that patronized

Traditional Birth Attendants (TBAs) accounted for 1.5%. On the other, 42.1% reportedly had no record of Postnatal Check-up in the first two days after birth.

USE OF CLEAN HOME DELIVERY KITS AND OTHER INSTRUMENTS TO CUT THE UMBILICAL CORD

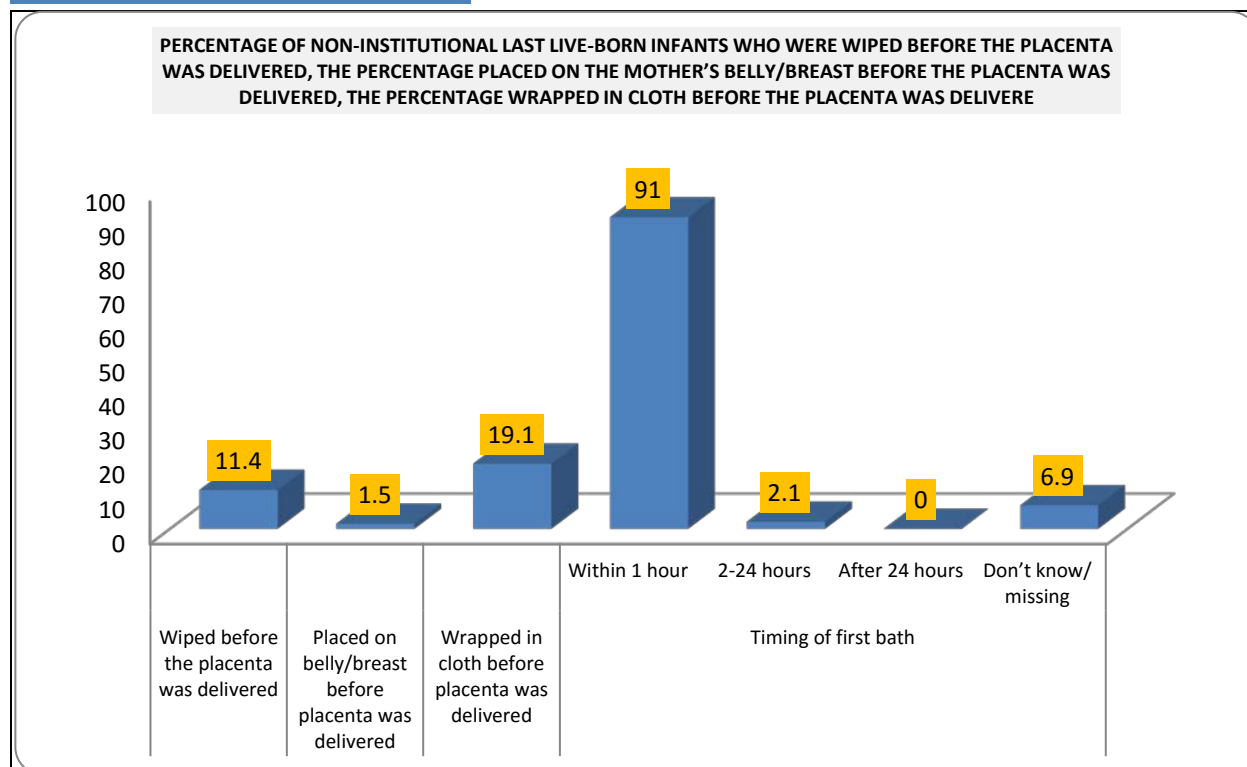
PERCENT DISTRIBUTION OF NON-INSTITUTIONAL LAST LIVE BIRTHS IN THE TWO YEARS PRECEDING THE SURVEY, BY TYPE OF INSTRUMENT USED TO CUT THE UMBILICAL CORD AND PERCENTAGE WHO HAD SOMETHING PLACED ON STUMP AFTER THE UMBILICAL CORD WAS CUT, ACCORDING TO BACKGROUND CHARACTERISTICS.

Infection prevention is a very important strategy in ensuring desirable outcomes during the delivery and postnatal periods. Neonatal tetanus is a common life-threatening complication after delivery, especially in rural areas where health facilities may be inaccessible. This condition can be caused by using contaminated instruments or applying contaminated substances to the umbilical stump after cutting.



The distribution of non-institutional last live births in the two years preceding the survey, by type of instrument used to cut the umbilical cord was recorded in the survey as: Instrument from a Clean Delivery Kit (76.4%), New/ Boiled Blade (1.9%), Used Blade (0.7%), Scissors (6.7%), Others (0.7%) Don't Know/ Missing (13.6%) and usage of Knife recorded nothing. Those that Placed something on Stump after Cutting Umbilical Cord shows 83.9%.

NEWBORN CARE PRACTICES

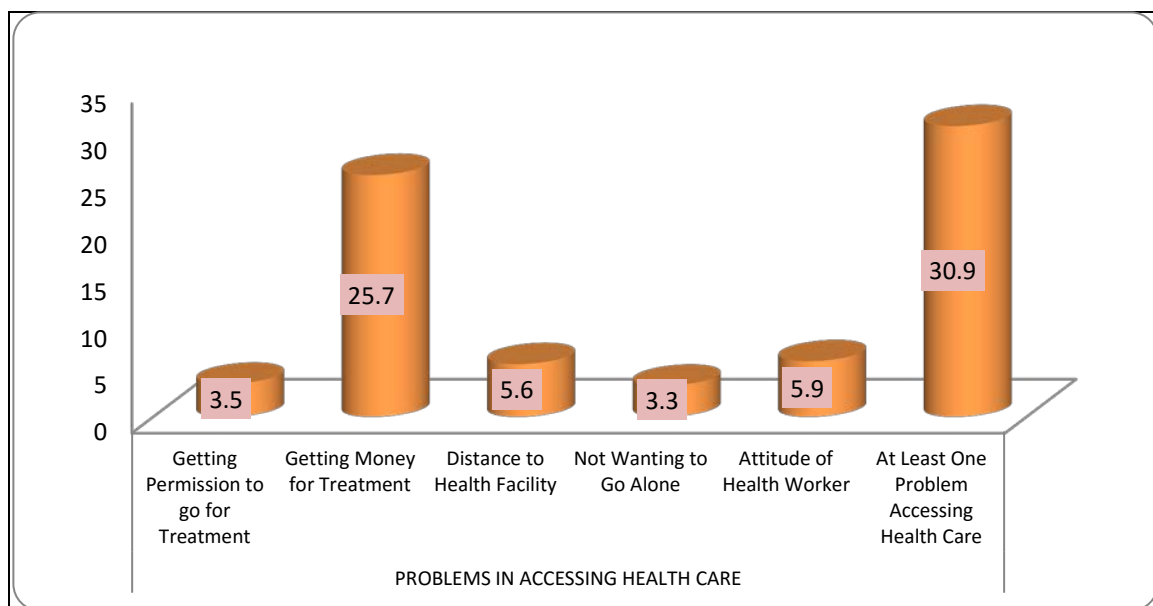


The vulnerability of newborns requires specific evidence-based interventions to improve their chances of survival as well as normal growth and development. The percent distribution of care for new born by timing of first bath include: Within 1 Hour (91%), 2-24 Hours (2.1%), Don't Know/ Missing (6.9%) while no record for After 24 Hours of delivery.

Other care practices such as Wiped Before the Placenta was Delivered was 11.4%, Placed on Belly/ Breast Before Placenta was Delivered was 1.5% and Wrapped in Cloth Before Placenta was Delivered was 19.1%.

PROBLEMS IN ACCESSING HEALTH CARE

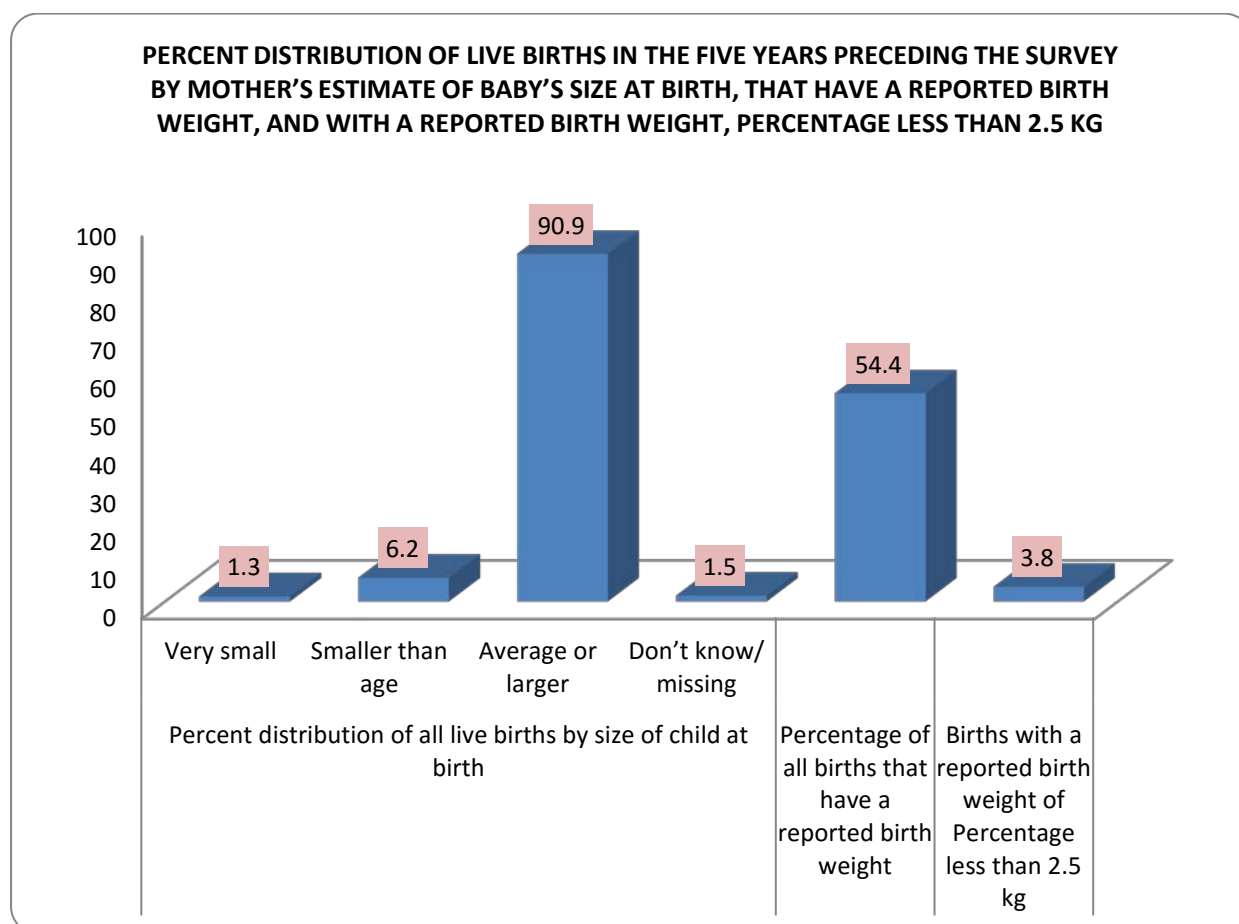
Health care services could be better provided if there are unhindered accesses to such services at the point of needs. Thus, percentages of women age 15-49 years by type of problem militating against their uptake of health care services were studied. The result showed that Poverty plays a major role in health care access. This is manifested in their inability to "Get Money for Treatment" as attested to by 25.7% of the respondents



On the other hand, Distance to Health Facility, Attitude of Health Worker, Not Wanting to Go Alone were reported as problems in accessing health care by 5.6%, 5.9%, and 3.3% of respondents respectively. In addition, Getting Permission to go for Treatment was also indicated by 3.5% of them while those with at Least One Problem Accessing Health Care stood at 30.9%.

CHILD'S SIZE AND WEIGHT AT BIRTH

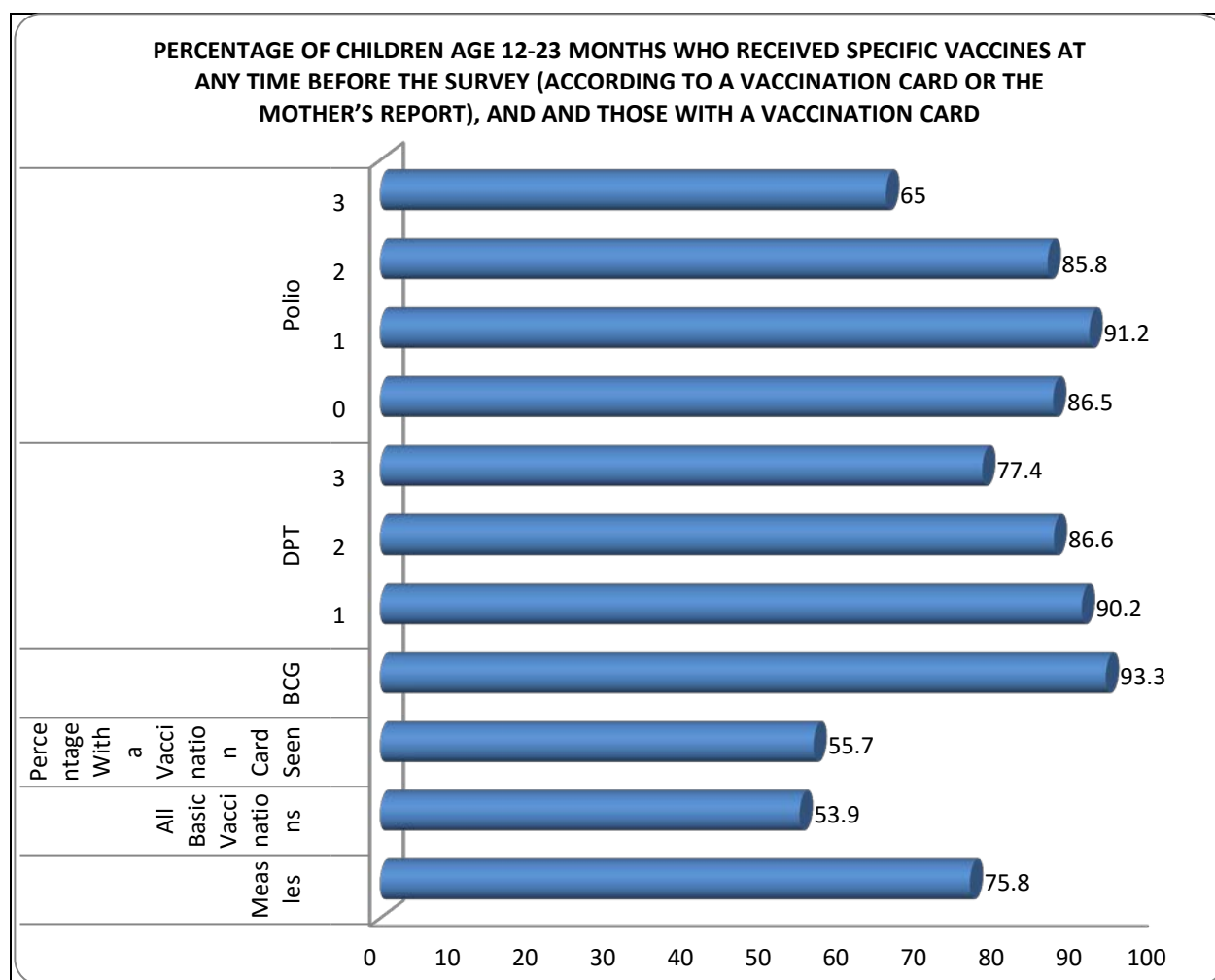
A child's birth weight or size at birth is an important indicator of the child's vulnerability to the risk of childhood illnesses and the child's chances of survival. Children who weigh less than 2.5 kilograms at birth, or children reported to be "very small" or "smaller than average," have a higher than average risk of early childhood death.



The survey analysis revealed that most baby's size at birth was Average or Larger at birth as attested to by 90.9% of respondents. Child at birth with size smaller than their Age was 6.2%, those that adjudged very Small constituted 1.3% and those with no such record accounted for 1.5%. On the other hand, all Births with reported birth weight accounted for 54.4% out of which those with weight less than 2.5 kg stood at 3.8%.

VACCINATIONS

Vaccination is the administration of antigenic material (a vaccine) to stimulate an individual's immune system to develop adaptive immunity to a pathogen. Vaccines can prevent or ameliorate morbidity from infection. Vaccination is the most effective method of preventing infectious diseases, widespread immunity due to vaccination is largely responsible for the worldwide eradication of smallpox and the restriction of diseases such as polio, measles, and tetanus from much of the world.



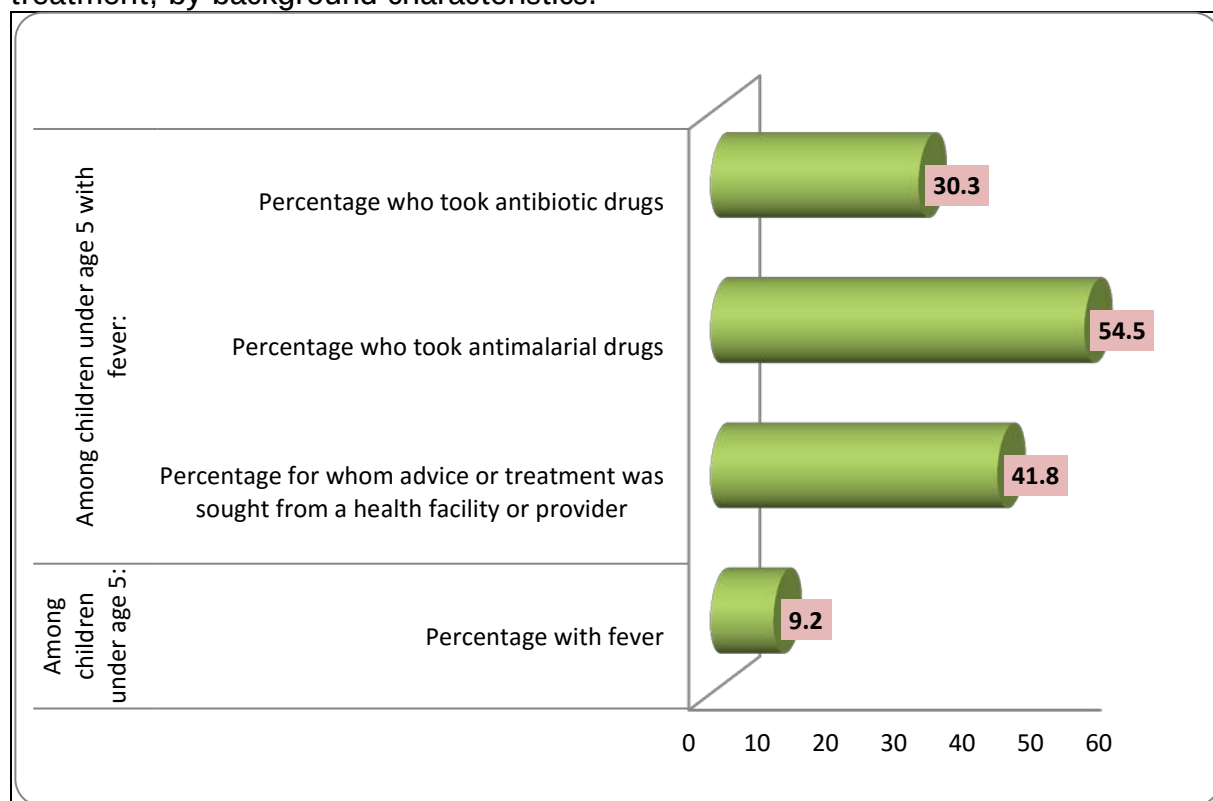
The survey revealed the proportion of children age 12-23 months who received specific vaccines at any time before the survey. 75.8% received Measles vaccinations, 93.3% received BCG, DPT 1, 2 and 3 were received in the proportion 90.2%, 86.6% and 77.4% respectively. Polio 0, 1, 2 and 3 were also received in the proportion 86.5%, 91.2%, 85.8% and 65% respectively. 53.9% took All Basic Vaccinations while 55.7% had their Vaccination Card Seen by enumerators.

FEVER

Fever is a major manifestation of malaria and other acute infections in children. Malaria and fever contribute to high levels of malnutrition and mortality in young children. While fever can occur year round, malaria is more prevalent after the end of the rainy season. For this reason, temporal factors must be taken into account when interpreting fever as an indicator of malaria prevalence.

PREVALENCE AND TREATMENT OF FEVER

Among children under age 5, the percentage who had a fever in the two weeks preceding the survey, and among children with fever, the percentage for whom advice or treatment was sought from a health facility or provider, the percentage who took antimalarial drugs, and the percentage who received antibiotics as treatment, by background characteristics.

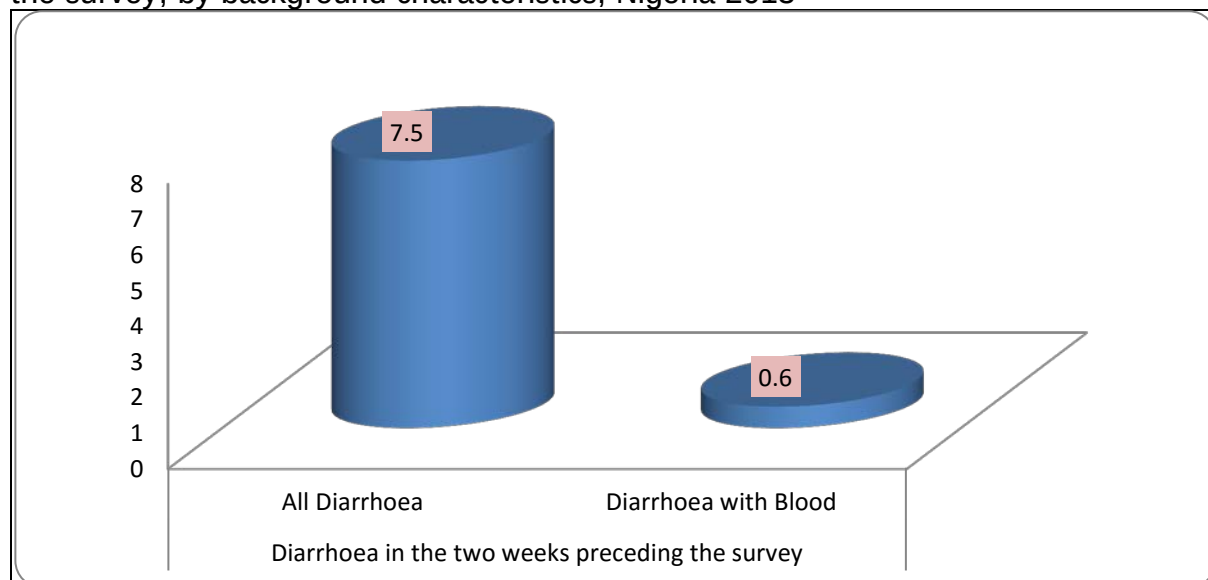


Among children under age 5, the percentage who had a fever in the two weeks preceding the survey, it was discovered that 9.2% had Fever. For the treatment, 41.8% Sought Advice or Treatment from a Health Facility or Provider. 54.5% took Antimalarial Drugs while 30.3% took Antibiotic Drugs.

DIARRHOEAL DISEASE

PREVALENCE OF DIARRHEA

Percentage of children under age 5 who had diarrhoea in the two weeks preceding the survey, by background characteristics, Nigeria 2013



Diarrhoea remains a leading cause of childhood morbidity and mortality in developing countries.

Dehydration caused by diarrhoea is a major cause of illness and death among young children, even though the condition can be easily treated with oral rehydration therapy (ORT). Exposure to diarrhoea-causing pathogens is frequently related to the consumption of contaminated water and to unhygienic practices in food preparation and disposal of excreta.

It was discovered that 7.5% of children under age 5 had diarrhoea in the two weeks preceding the survey while 0.6% of children under age 5 who had diarrhoea with Blood in the two weeks preceding the survey.

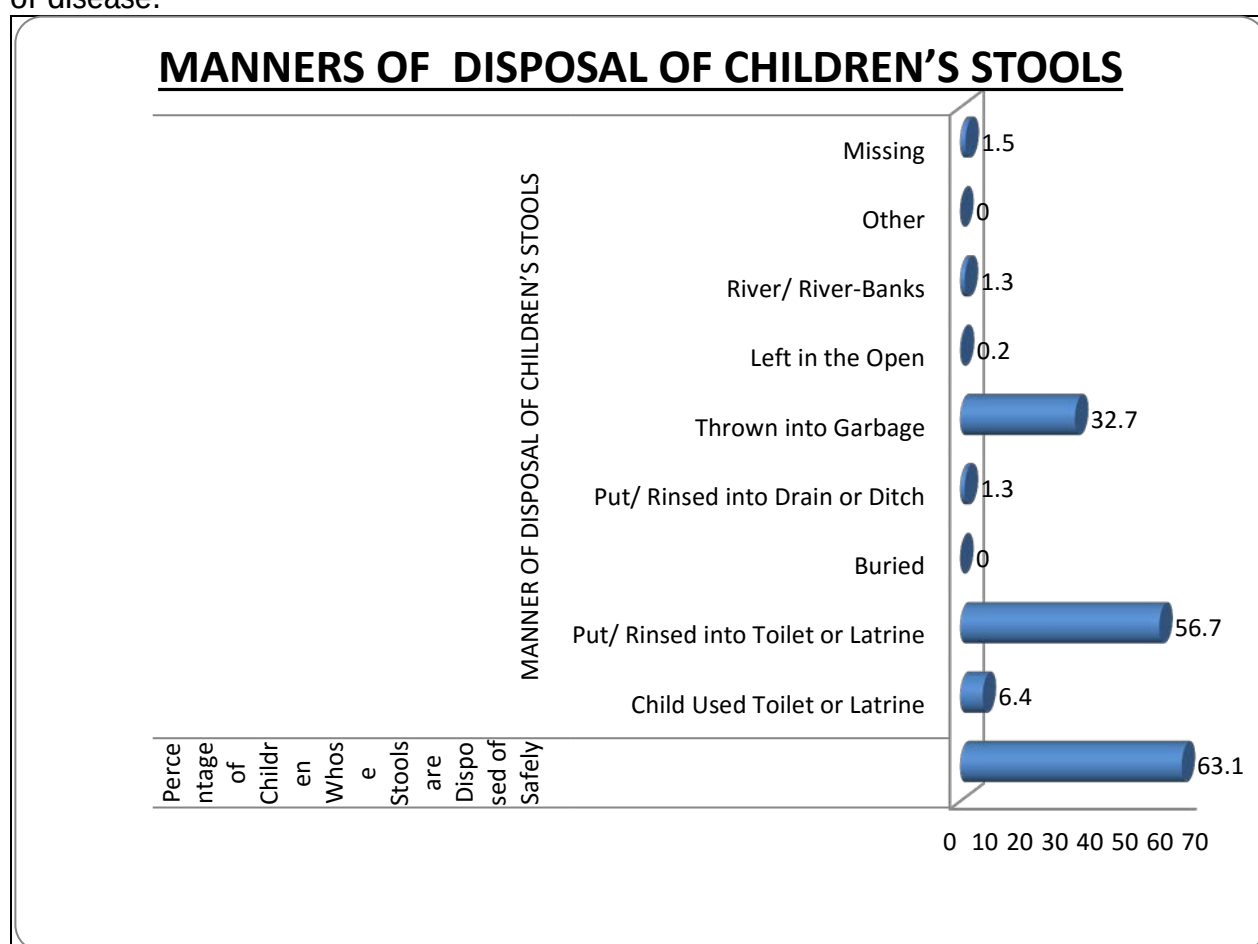
KNOWLEDGE OF ORS PACKETS OR PRE-PACKAGED LIQUIDS

Knowledge of women age 15-49 with a live birth in the five years preceding the survey who know about ORS packets or ORS pre-packaged liquids for treatment of diarrhoea, by background characteristics. The survey indicated that 92.3% women age 15-49 with a live birth in the five years preceding the survey who know about ORS packets or ORS pre-packaged liquids for treatment of diarrhoea.

STOOL DISPOSAL

DISPOSAL OF CHILDREN'S STOOLS

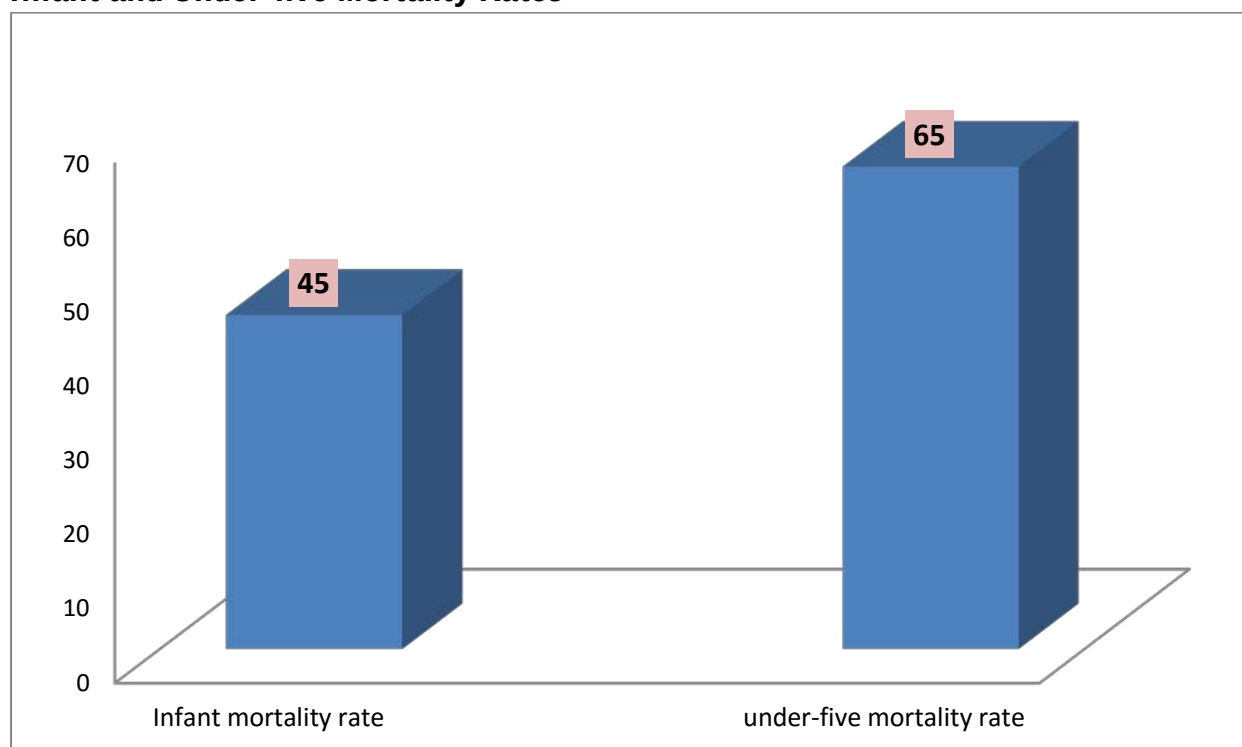
Diarrhoea is recognised as one of the childhood killer diseases ravaging sub-sahara Africa. The disease can be caused by direct contact or by animal contact with human faeces. The proper disposal of children's faeces is important in preventing the spread of disease.



The manner of disposal of stools were sought after and revealed in the following category: Child Used Toilet or Latrine (6.4%), Put/ Rinsed into Toilet or Latrine (56.7%), Put/ Rinsed into Drain or Ditch (1.3%), Thrown into Garbage (32.7%), Left in the Open (0.2%), River/ River-Banks (1.3%), Burried and Others recorded nothing while Missing was 1.5%.

MORTALITY

Infant and Under-five Mortality Rates



The need to ensure sound health during the infancy cannot be over emphasized. Under 1 year old Children are prone to early childhood killer diseases. Thus the MICS survey revealed that Infant Mortality Rate, the proportion of under 1 year old children that died per 1,000 live births. Nationally, it is estimated at 97 per thousand live births while Under-Five Mortality Rate was estimated at 158 per thousand live births.

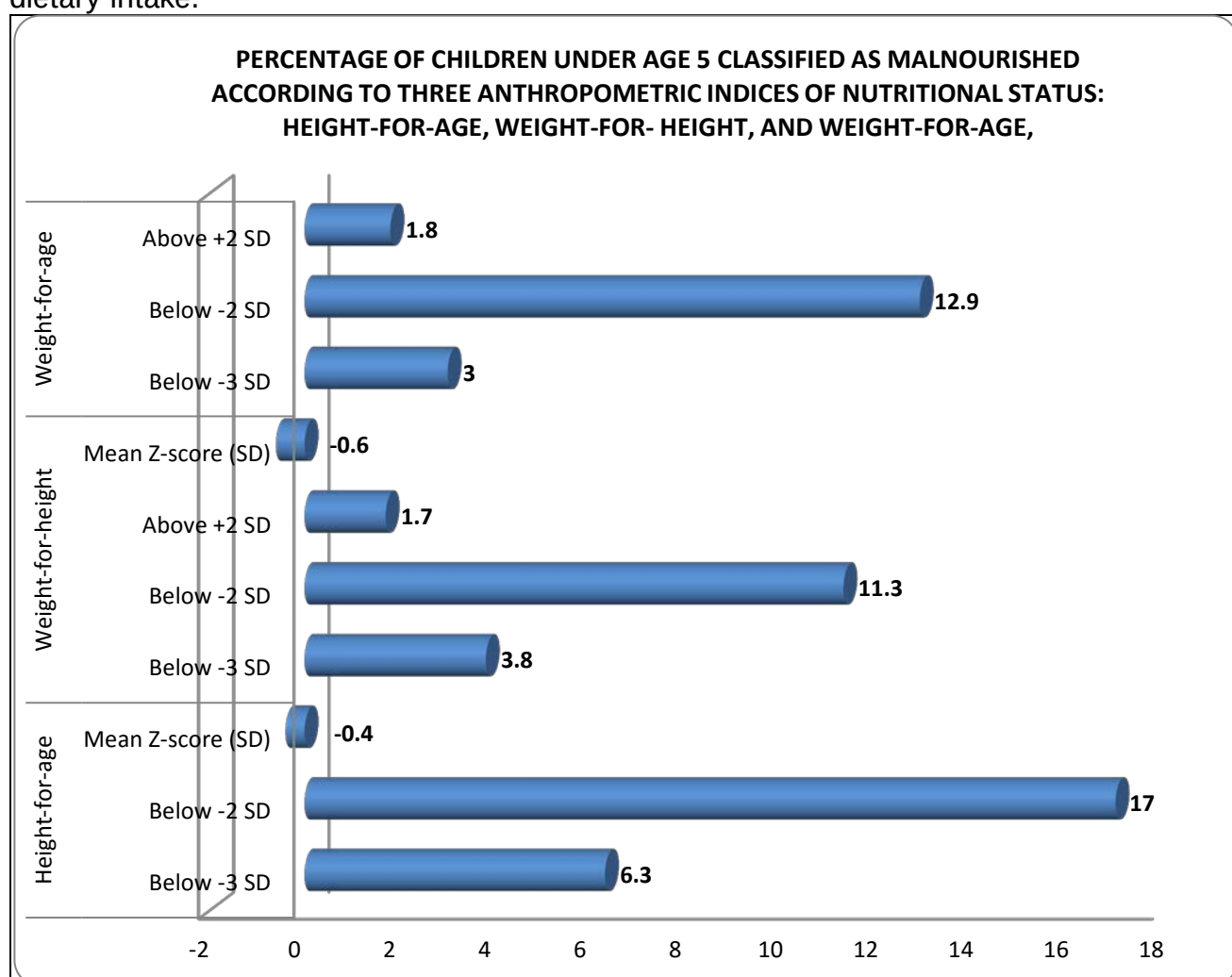
However, Lagos specific indicators revealed that Infant Mortality Rate stood at 45 per 1000 live births likewise that of Under-Five Mortality Rate which recorded 65 per 1000 live births.

NUTRITION OF CHILDREN AND WOMEN

NUTRITIONAL STATUS OF CHILDREN

The **height-for-age index** is an indicator of linear growth retardation and cumulative growth deficits in children. Children whose height-for-age Z-score is below minus two standard deviations (-2 SD) from the median of the WHO reference population are considered short for their age (stunted), or chronically malnourished.

Children who are below minus three standard deviations (-3 SD) from the reference median are considered severely stunted. Stunting reflects failure to receive adequate nutrition over a long period of time and is affected by recurrent and chronic illness. Height-for-age, therefore, represents the long-term effects of malnutrition in a population and is not sensitive to recent, short-term changes in dietary intake.



The **weight-for-height** index measures body mass in relation to height or length and describes current nutritional status. Children with Z-scores below minus two standard deviations (-2 SD) from the reference population median are considered thin (wasted) or acutely malnourished. Wasting represents the failure to receive adequate nutrition in the period immediately preceding the survey and may be the

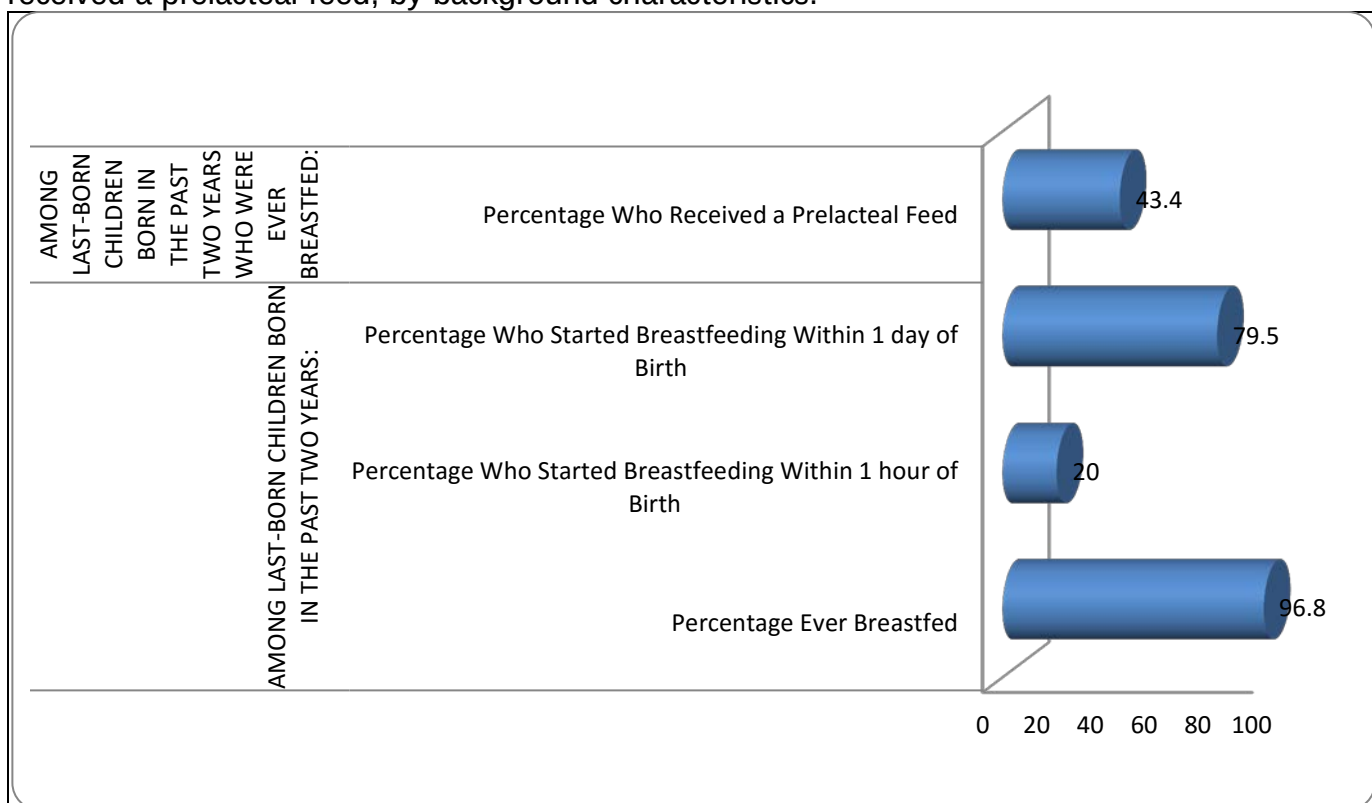
result of inadequate food intake or a recent episode of illness causing loss of weight and the onset of malnutrition. Children with a weight-for-height index below minus three standard deviations (-3 SD) from the reference median are considered severely wasted.

Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both acute malnutrition (wasting) and chronic malnutrition (stunting), but it does not distinguish between the two. Children whose weight-for-age is below minus two standard deviations (-2 SD) from the reference population median are classified as underweight. Children whose weight-for-age is below minus three standard deviations (-3 SD) from the reference median are considered severely underweight.

For the height for Age: Below 2 SD and 3 SD records 17 and 6.3 respectively; Mean Z Score were -0.4. For the Weight for Height: Below 2 SD, 3 SD and Above 2 SD were 3.8, 11.3 and 1.7 respectively; Mean Z Score were -0.6. For Weight for Age: Below 2 SD, 3 SD and Above 2 SD were 3, 12.9 and 1.8 respectively.

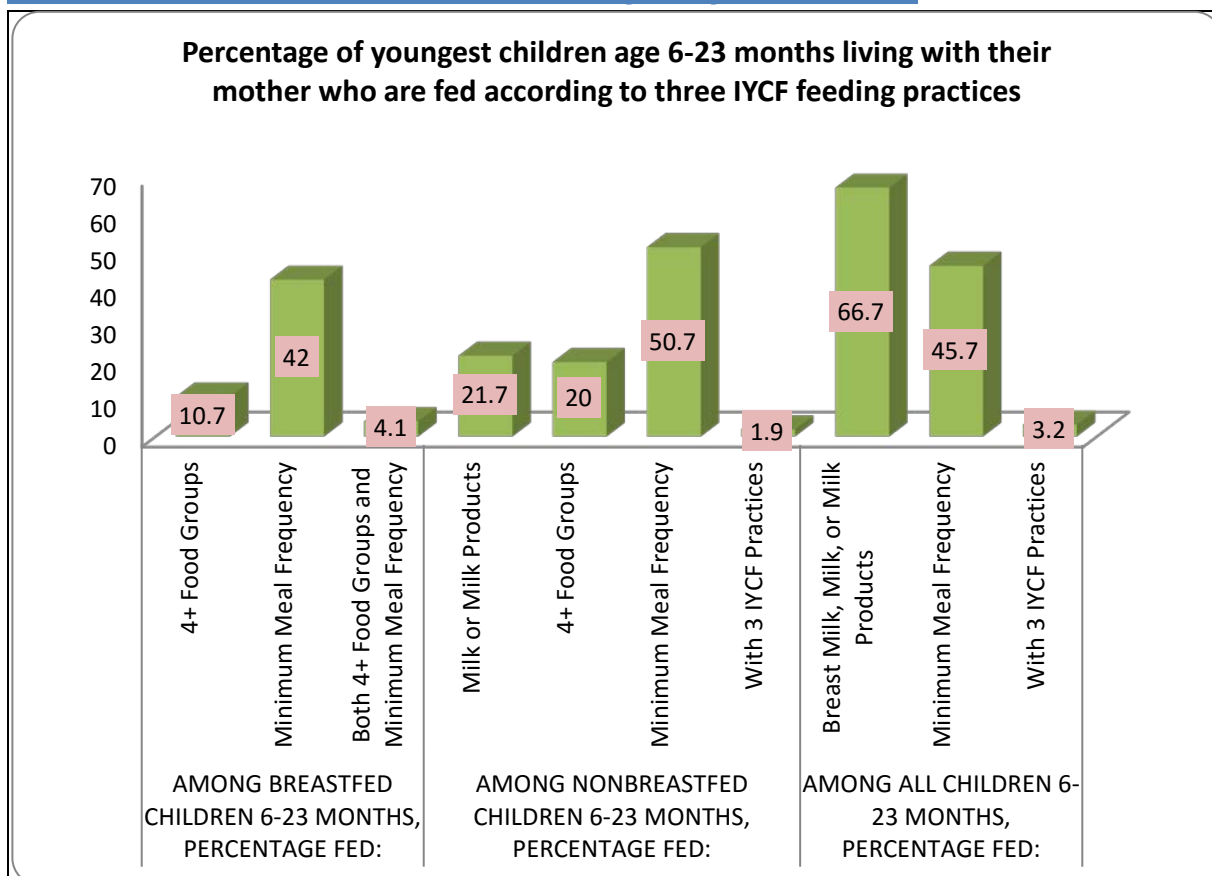
INITIATION OF BREASTFEEDING

Among last-born children who were born in the two years preceding the survey, the percentage who were ever breastfed and the percentages who started breastfeeding within one hour and within one day of birth, and among last-born children born in the two years preceding the survey who were ever breastfed, the percentage who received a prelacteal feed, by background characteristics.



The survey revealed that among last-born children born in the past two years who were ever breastfed those that Received a Prelacteal Feed recorded 43.4%. Among last-born children born in the past two years the percentage for the initial breastfeeding were recorded among those: Who Started Breastfeeding within 1 Day of Birth was 79.5% and Who Started Breastfeeding within 1 Hour of Birth was 20%. Those children that Ever Breastfed recorded 96.8%.

INFANT AND YOUNG CHILD FEEDING (IYCF) PRACTICES



Appropriate Infant and Young Child Feeding (IYCF) practices include timely initiation of feeding solid or semisolid foods at age 6 months and increasing the amount and variety of foods and frequency of feeding as the child gets older while maintaining frequent breastfeeding.

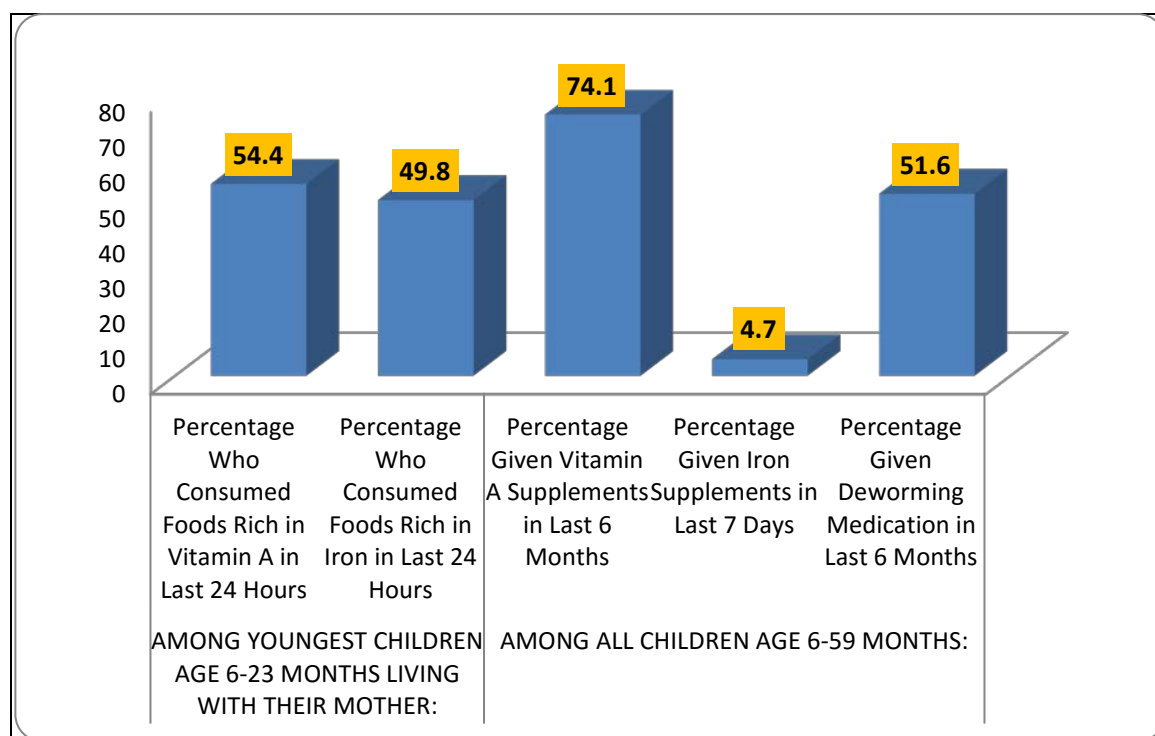
Among breastfed children 6-23 months, percentage fed which includes those that are fed more than 4 times (4+ Food Group) recorded 10.7%, Minimum Meal Frequency is 42%. Those in the two groups i.e. 4+ Food Group and Minimum Meal Frequency recorded 4.1%.

Among Nonbreastfed Children 6-23 Months, Percentage Fed which includes: Those using Milk or Milk Products had 21.7%, 4+ Food Group had 20%, Minimum Meal Frequency 50.7% and with 3 IYCF Practices reads 1.9%.

Among all children 6-23 months, percentage fed which includes: Breast Milk, Milk or Milk Products (66.7%), Minimum Meal Frequency (45.7%) while with 3 IYCF Practices (3.2%).

MICRONUTRIENT INTAKE AMONG CHILDREN

Among youngest children age 6-23 months who are living with their mother, the percentages who consumed vitamin A-rich and iron-rich foods in the day or night preceding the survey, and among all children age 6-59 months, the percentages who were given vitamin A supplements in the six months preceding the survey, who were given iron supplements in the past seven days, and who were given deworming medication in the six months preceding the survey by background characteristics.

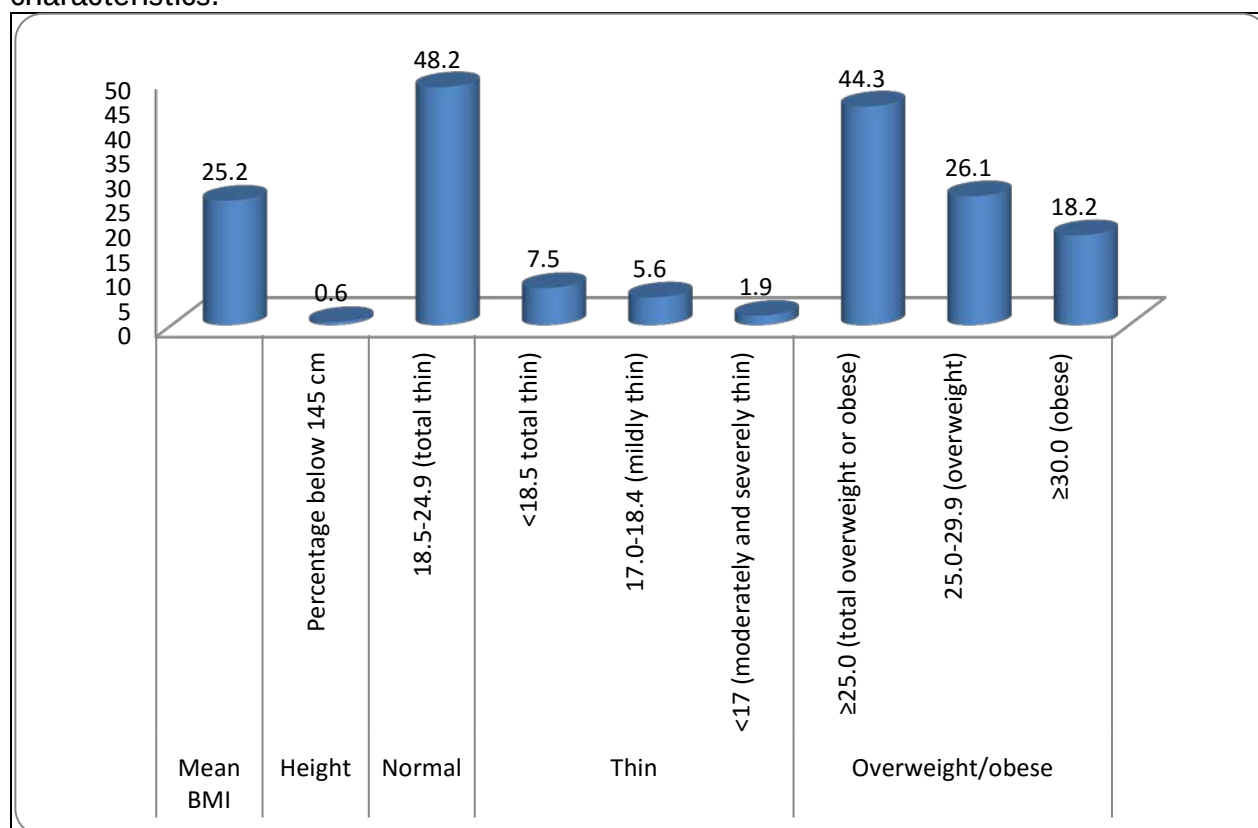


Children can receive micronutrients from foods, food fortification, and direct supplementation.

Micronutrient deficiency is a major contributor to childhood morbidity and mortality. The survey revealed that among youngest children age 6-23 months living with their mother which include: those Who Consumed Foods Rich in Vitamin A in last 24 Hours (54.4%) and those who consumed Foods Rich in Iron in Last 24 Hours (49.8%). It also revealed that Among all children age 6-59 months which include: Percentage Given Vitamin A Supplements in Last 6 Months (74.1%), Percentage Given Iron Supplements in Last 7 Days (4.7%) and Percentage Given Deworming Medication in Last 6 Months (51.6%).

NUTRITIONAL STATUS OF WOMEN

Among women age 15-49, the percentage with height under 145 cm, mean body mass index (BMI), and the percentage with specific BMI levels, by background characteristics.



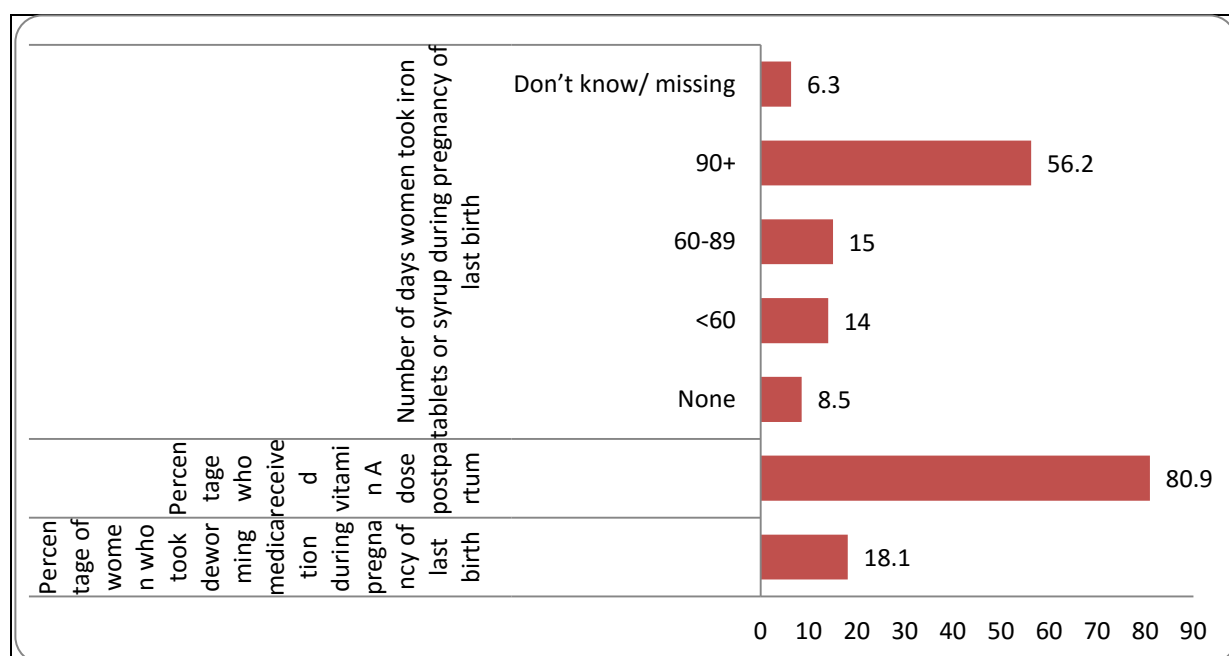
Body mass index (BMI) is a mathematical ratio of height to weight that can be linked with body composition (or body fat percentage) and with indices of health risk. People with a BMI of 25 to 29.9 are considered overweight, and people with a BMI of 30 or above are considered obese. A high BMI assumes a higher percentage of body fat, which places a person at greater risk for developing chronic diseases such as diabetes mellitus, hypertension, heart disease, and even cancer.

The nutritional status of women was assessed with two anthropometric indices: height and BodyMass Index.

The BMI of the respondents showed 25.2%. The height with Percentage below 145 cm was 0.6%. In BMI category, those considered Normal (18.5-24.9 Kg/m² -total thin) was 48.2%, Thin (less than 18.5 Kg/m² total thin) was 7.5%, Thin (<17 Kg/m² (moderately and severely thin) was 1.9% and Thin (<17 Kg/m² (moderately and severely thin) was 5.6%. Those considered Overweight/ Obese (greater or equal to 25.0 -total overweight or obese) was 44.3%, Overweight/ Obese (25.0-29.9 Kg/m² -overweight) was 26.1% and Overweight/ Obese (greater than 30.0 Kg/m² -obese) was 18.2%.

Micronutrient intake among mothers

Among women age 15-49 with a child born in the past five years, the percentage who received a vitamin A dose in the first two months after the birth of the last child, the percent distribution by number of days they took iron tablets or syrup during the pregnancy of the last child, and the percentage who took deworming medication during the pregnancy of the last child, by background characteristics.



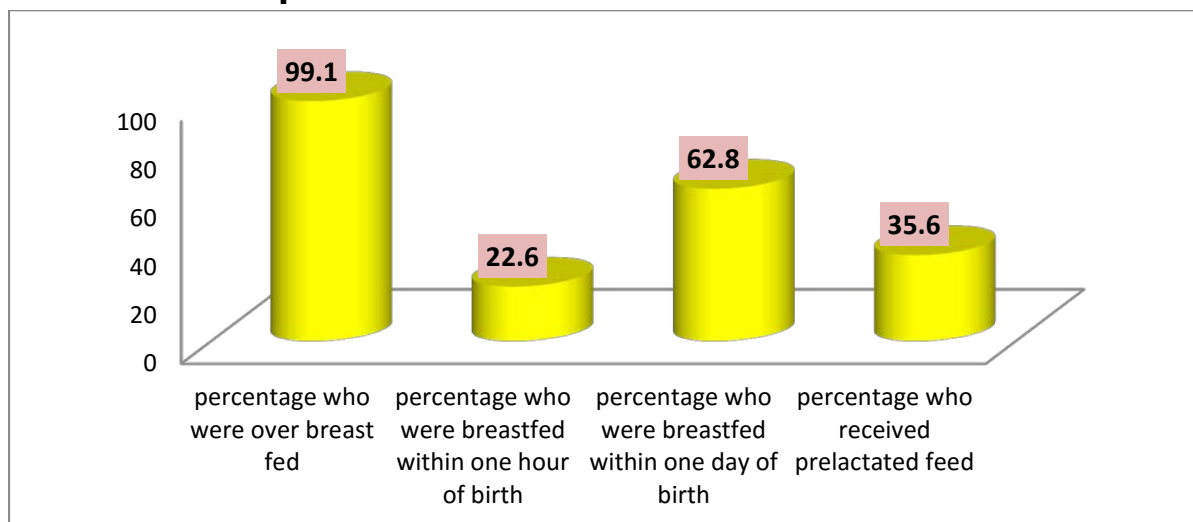
Iodine deficiency is related to a number of adverse pregnancy outcomes including abortion, foetal brain damage and congenital malformation, stillbirth, and prenatal death.

Adequate micronutrient intake by women has important benefits for both women and their children. Breastfeeding children benefit from micronutrient supplementation that mothers receive, especially vitamin A. Iron supplementation of women during pregnancy protects the mother and infant against anaemia, which is considered a major cause of perinatal and maternal mortality. Anaemia also results in an increased risk of premature delivery and low birth weight.

From the survey, Percentage of women who took deworming medication during pregnancy of last birth records 18.1%, Percentage who received vitamin A dose postpartum was 80.9%. The Number of days women took iron tablets or syrup during pregnancy of last birth which include: over 90 days was 56.2%, less than 60 days was 14%, between 60 and 89 days was 15% while Don't Know/Missing recorded 6.3%

NUTRITIONAL STATUS

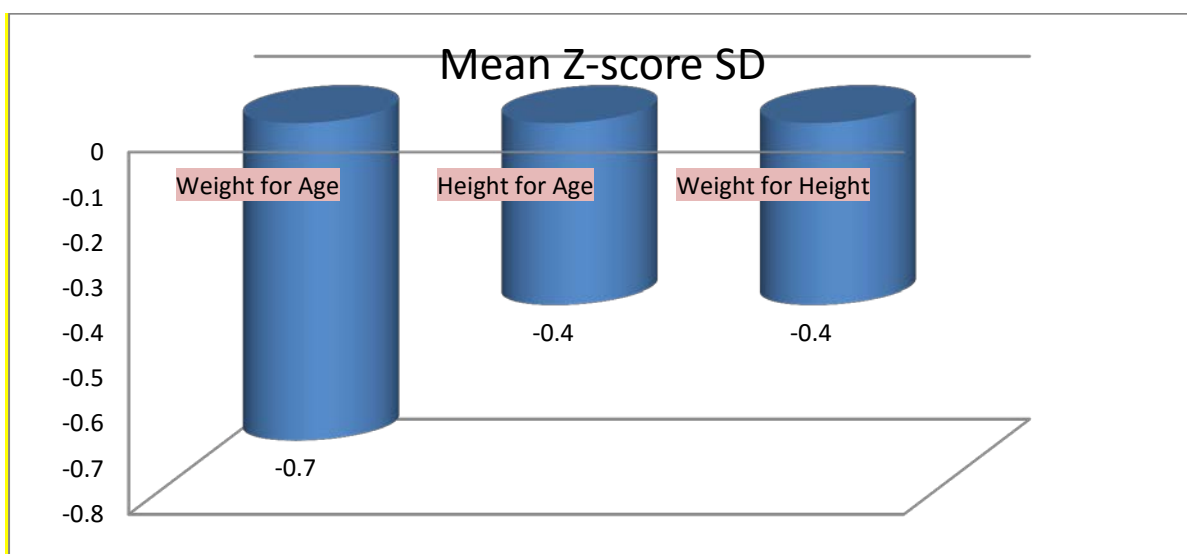
Percentage of last-born children in the 2years preceding the survey who were ever breastfed within one hour of birth and percentage who received a prelacteal feed



Prelacteal feed is any food except mother's milk provided to new born before initiating breastfeeding. The survey recorded that for the children born within 2 years preceding the study, the Percentage who were ever breastfed stood at 99.1%, those that were breastfed within one hour of birth accounted for 22% and those that were breastfed within one day of birth constituted 62.8%. On the other hand, percentage of children who received prelacteal feed stood at 35.6%.

Percentage of Children under age 5 by nutritional status according to the three anthropometric indices: Weight for Age, Height for Age and Weight for Height

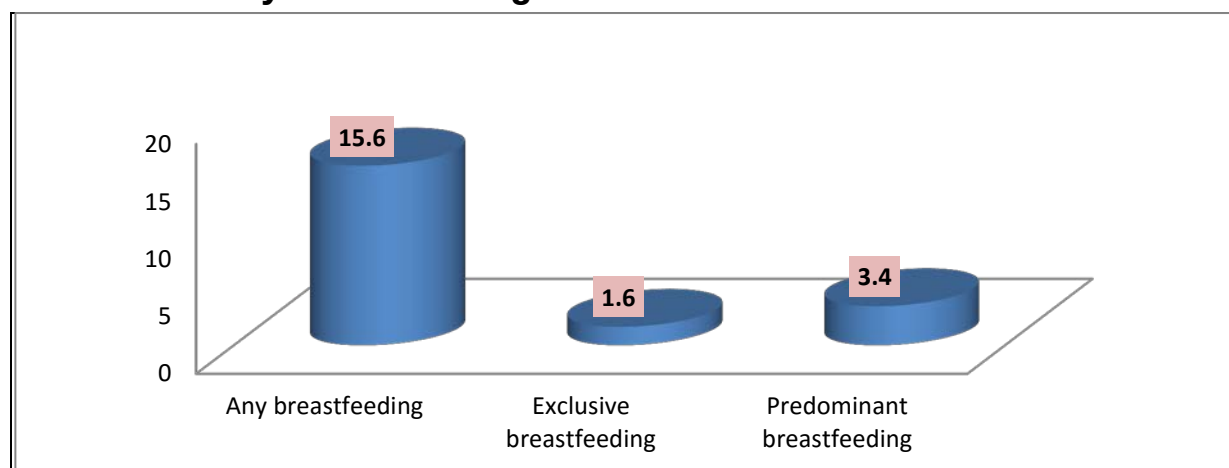
The Z score is the measurement of scores relationship, especially the deviation, to the mean of the population



In this survey, the Underweight below 5 years show the Mean Z-score of -0.7, implying they are below the average value. The Stunted and Wasted below 5 years show Mean Z-score of -0.4 each. The negative results in this distribution show that the values are less than the mean scores.

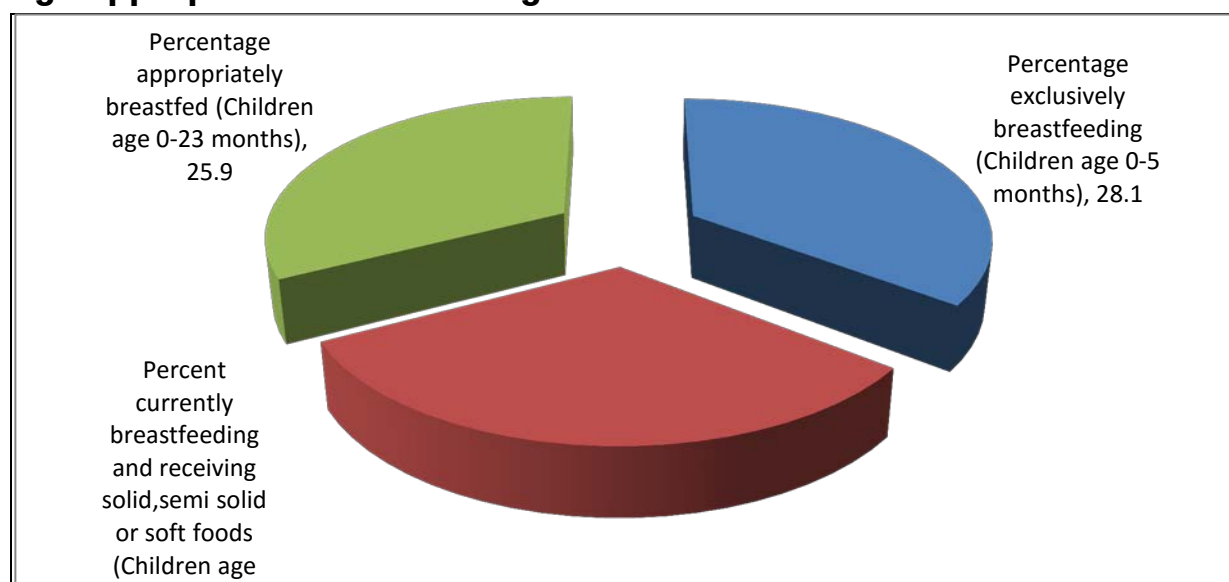
It goes further to reveal that 11.5% of the underweight has 2Standard Deviation (SD) below the mean and 0.7% show 3SD below the mean. Also for Stunted and Wasted of the population, 8.9% have 2SD while 2.1% have 3SD each.

Duration of any breastfeeding



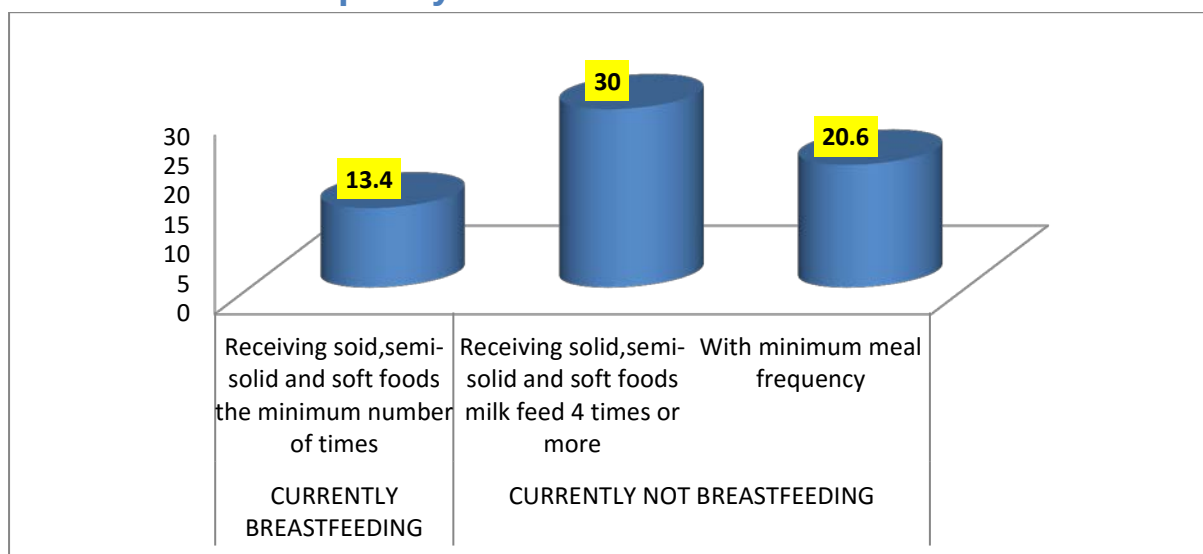
On the median duration of breastfeeding and the types being practised by the mothers were examined. The survey results showed that, on the average, **Any Breastfeeding** account for the median of 15.6 months, **Exclusive Breastfeeding** stood at 1.6 months and **Predominant Breastfeeding** accounted for 3.4 months.

Age appropriate breastfeeding



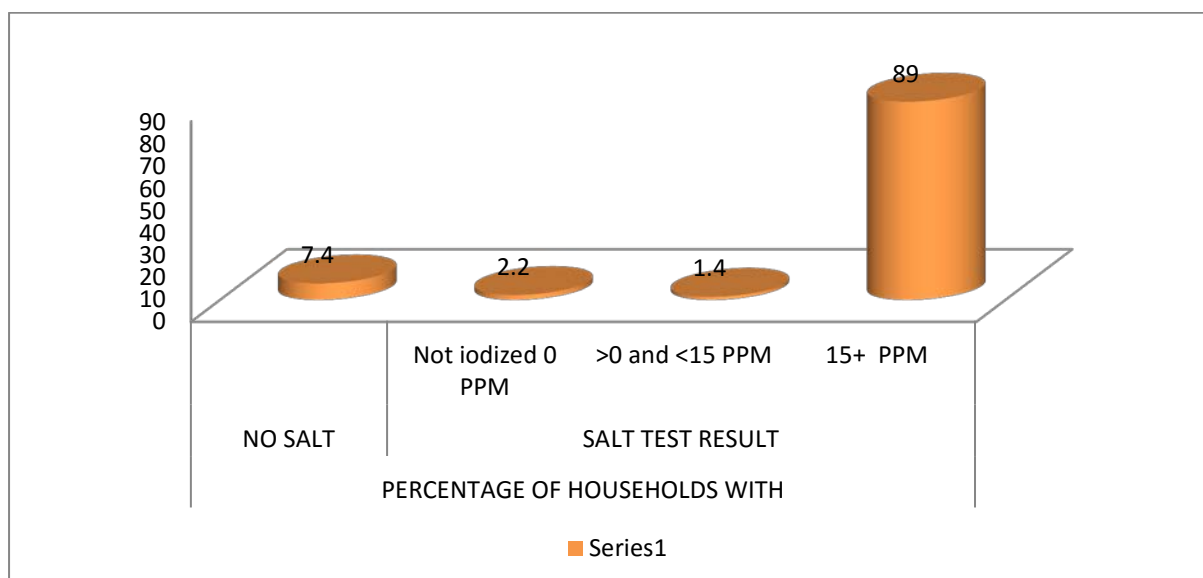
In this distribution, children age 0-5 months had 28.1% of exclusive breastfeeding while those between the age of 6 and 23 months had 25.4% of being currently breastfed and received solid, semi solid or soft foods. Those that are appropriately breastfed within the ages of 0 and 23 months is recorded as 25.9%

Minimum Meal Frequency



The meal frequency of currently breastfeeding children revealed that 13.4% of them is **receiving Solid, Semi-Solid and Soft foods the minimum number of times**. For the currently not breastfeeding and **receiving Solid, Semi-Solid and Soft foods milk feed four (4) times** or more is 30% while in this category, but with **minimum meal frequency** is 20.6%.

Salt Iodization

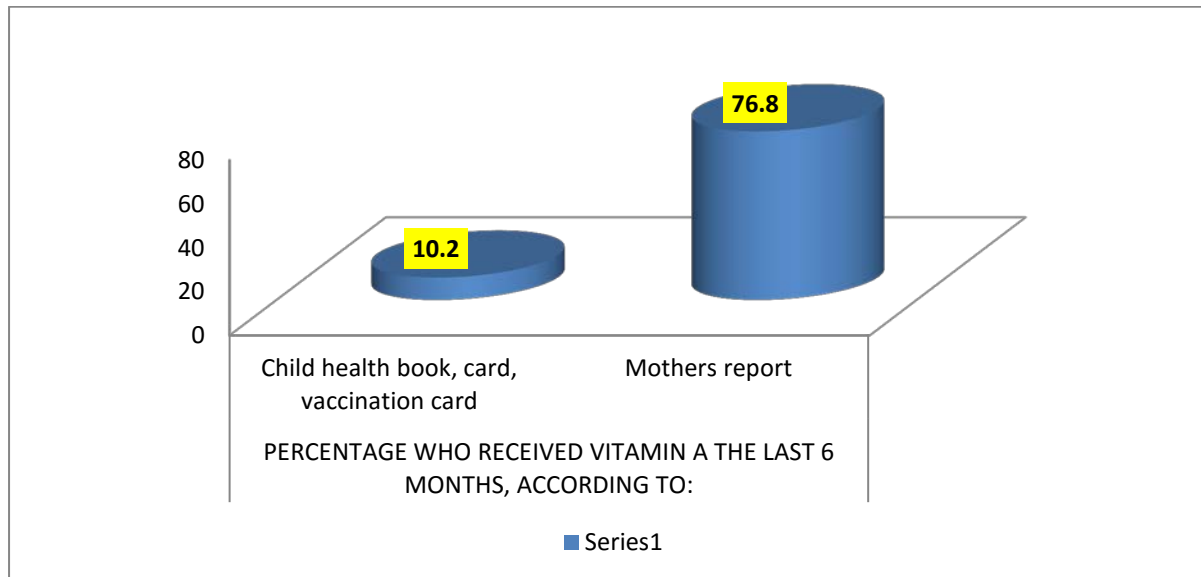


Iodine Deficiency Disorders (IDD) is the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. IDD takes its greatest toll in impaired mental growth and development,

contributing in turn to poor school performance, reduced intellectual ability, and impaired work performance.

The household Without Salt is only 7.4% of the sampled population. 2.2% had salt that is Not Ionized zero Part Per Million (PPM), 1.4% had Salt Not Ionized between more than 0 and less than 15 PPM and 89% had salt Not Ionized greater than 15 PPM.

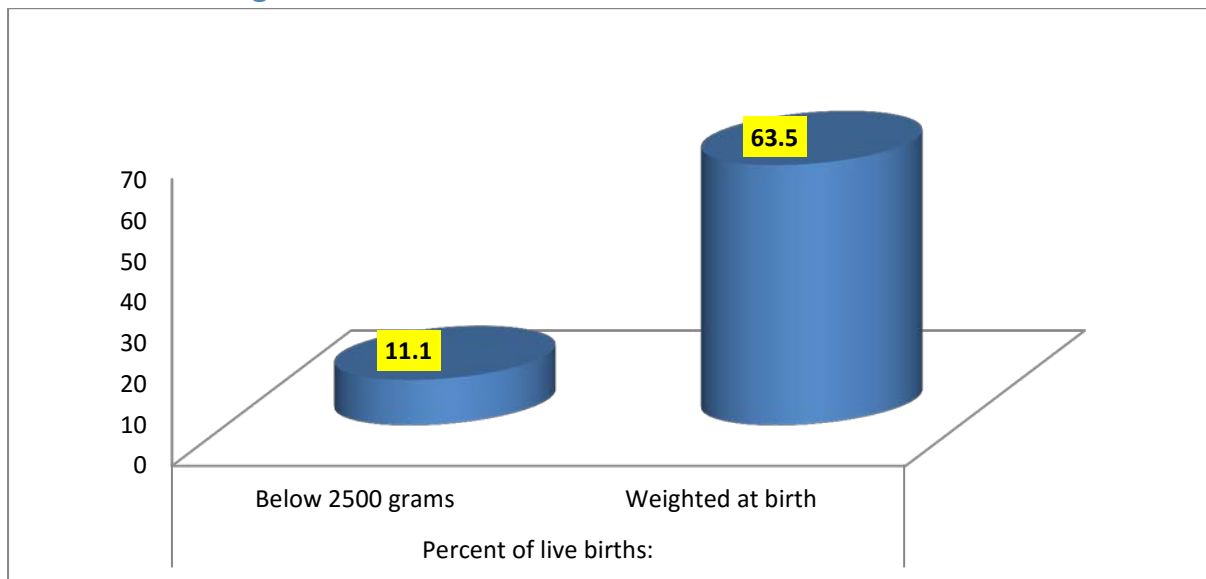
Vitamin A



Vitamin A is essential for eye health and proper functioning of the immune system. It is found in foods such as milk, liver, eggs, red and orange fruits, red palm oil and green leafy vegetables, although the amount of vitamin A readily available to the body from these sources varies widely.

The percentage who received Vitamin A in the last 6 Months age 6-59 months according to Child Health Book/ Card/ Vaccination card is 10.2% while those that received it according to Mothers Report reads 76.8%. Using MICS indicator, it recorded that percentage who received Vitamin A in the last 6 Months age 6-59 months is 77.5%

Low Birth Weight

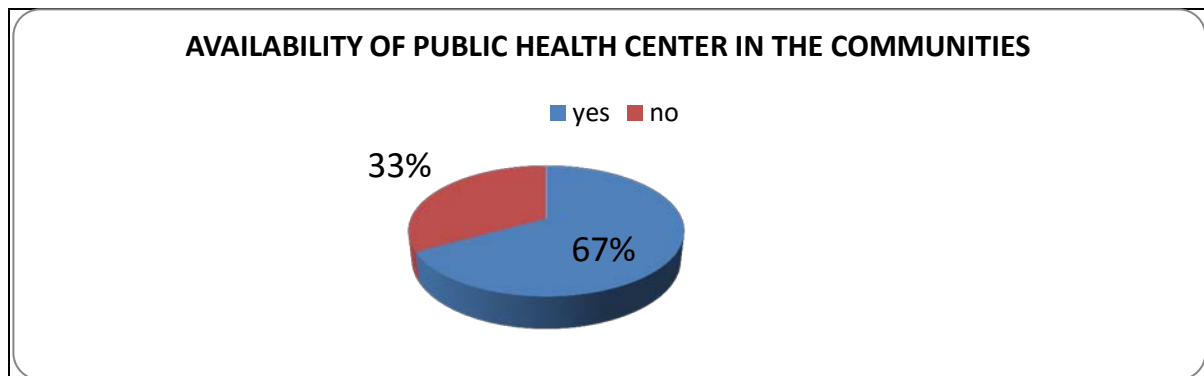


Weight at birth is a good indicator not only of a mother's health and nutritional status but also the newborn's chances for survival, growth, long-term health and psychosocial development. Low birth weight (less than 2,500 grams) carries a range of grave health risks for children. Babies who were undernourished in the womb face a greatly increased risk of dying during their early months and years. Those who survive have impaired immune function and increased risk of disease; they are likely to remain undernourished, with reduced muscle strength, throughout their lives, and suffer a higher incidence of diabetes and heart disease in later life. Children born underweight also tend to have a lower IQ and cognitive disabilities, affecting their performance in school and their job opportunities as adults.

From the distribution, percentage of birth less than 2500grams is 11 while those that have normal weight at birth recorded 63.5.

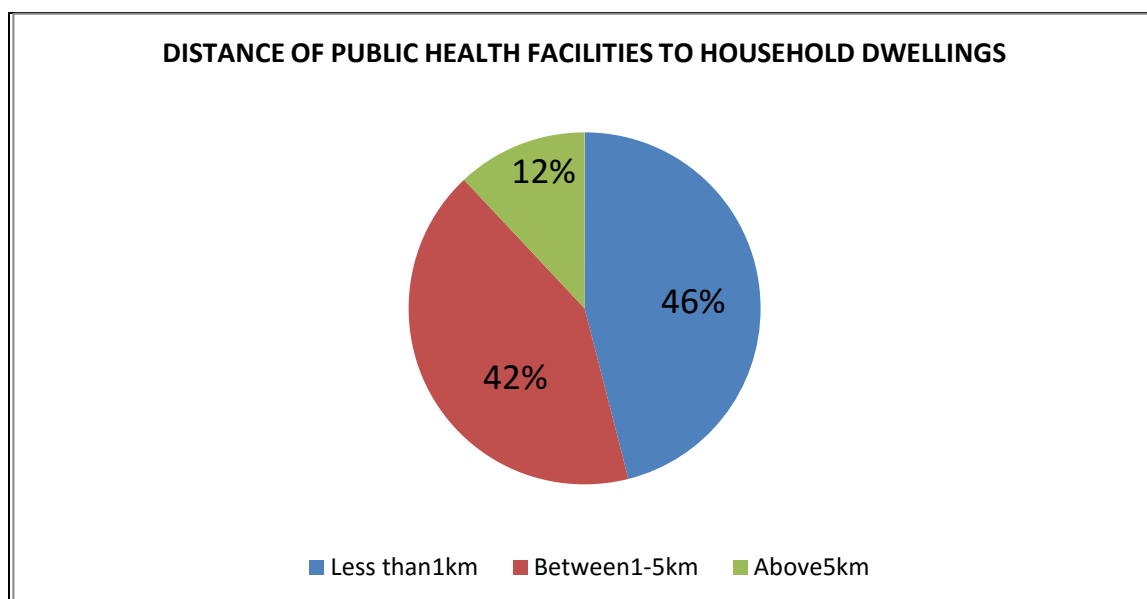
AVAILABILITY OF PUBLIC HEALTH CENTRE IN THE COMMUNITIES

One of the cardinal responsibilities of government is provision of qualitative health care service delivery through establishment of health facilities and providing enabling environment for the private sector in health care services to thrive and contribute to the overall health care delivery in the state. The survey revealed that 67% of the household reportedly affirmed the presence of government health facilities in their communities while 33% reported otherwise.



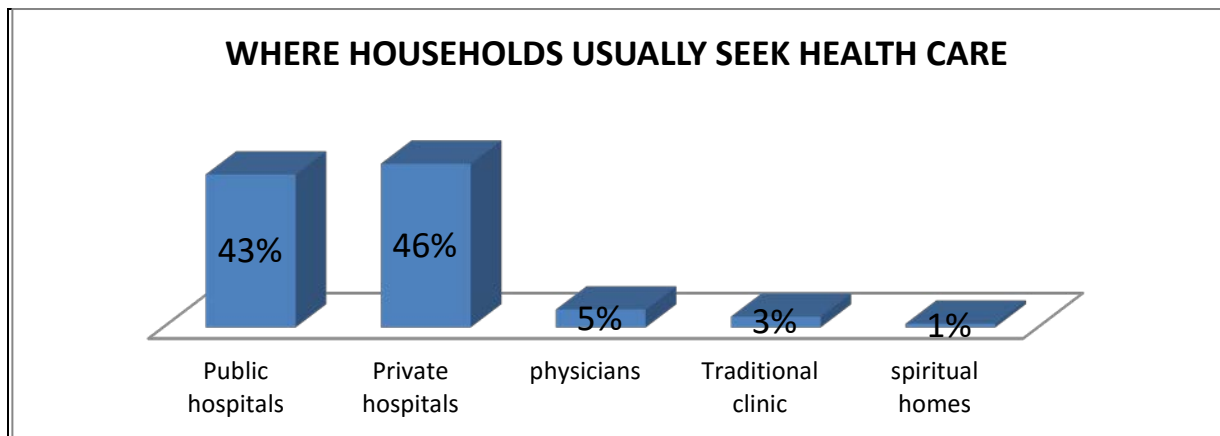
DISTANCE OF PUBLIC HEALTH FACILITIES TO HOUSEHOLDS DWELLINGS

Proximity to government health facilities plays an important role in the uptake of health care services by the residents of the communities where such facilities are situated. This is often associated with maternal mortality as it constitutes one of the three delays that often lead to death of pregnant women before, during after childbirth. The survey revealed that 46% of the respondents confirmed that government facilities were not too far (less than 1km) from their residences, 42% adjudged the distance as far (between 1-5km) from the households' dwellings while the remaining 12% regarded the distance as very far (above 5km).



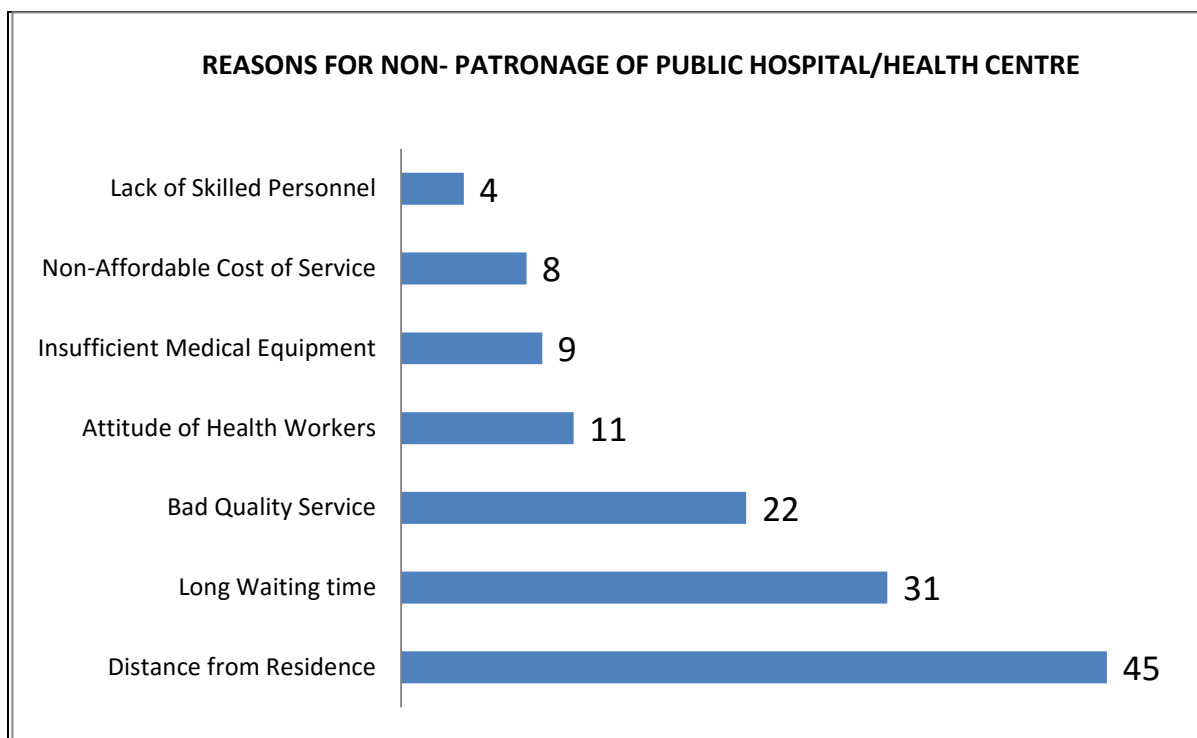
WHERE HOUSEHOLDS USUALLY SEEK HEALTH CARE

Health seeking behaviour differs from households to households. People therefore determine where they seek health care this can be at Private health care facilities, engagement private physician or with traditional and faith based healers. It is therefore important that places where households usually seek health care services be objectively determined. The survey result showed that 43% of the sampled households patronized public hospitals/clinics, 46% of them patronized private hospitals/clinics, 5% patronized private physicians, 3% utilized traditional herbal clinic while only 1% seek health care services from faith based /spiritual homes.



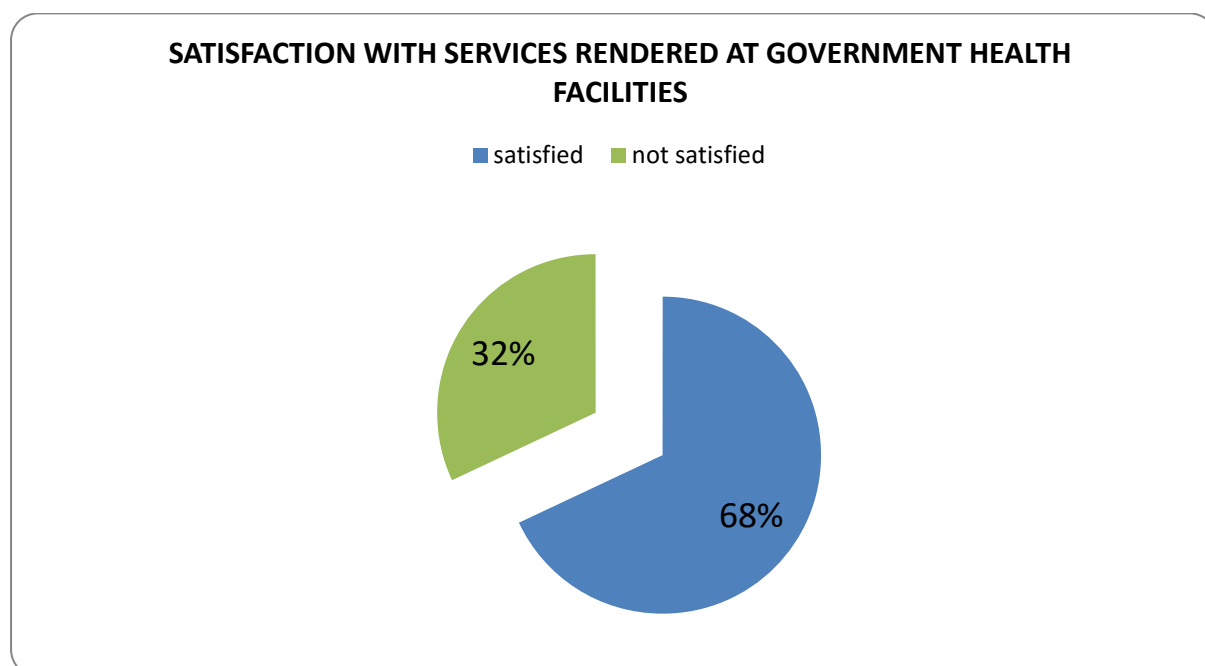
REASONS FOR NON- PATRONAGE OF PUBLIC HOSPITAL/HEALTH CENTRE

The essence of continual investment in government health facilities is to scale up access to such facilities by all and sundry. Non patronage of the facilities is often attributed to many factors. It is therefore necessary that reasons for non-patronage of the existing health facilities be examined with a view to increasing utilization of available government health facilities. The survey showed that distance from residence, as attested to by 45% of the respondents, was topmost reasons for non - patronage of the health facilities. 31% also attributed it to long waiting time, 22% adduced it to bad quality of service, 11% gave attitude of health workers as a contributing factor to non patronage of health centers while insufficient medical equipment (9%), non-affordable cost of services (8%) as well as lack of skilled personnel(4%) followed in that order.



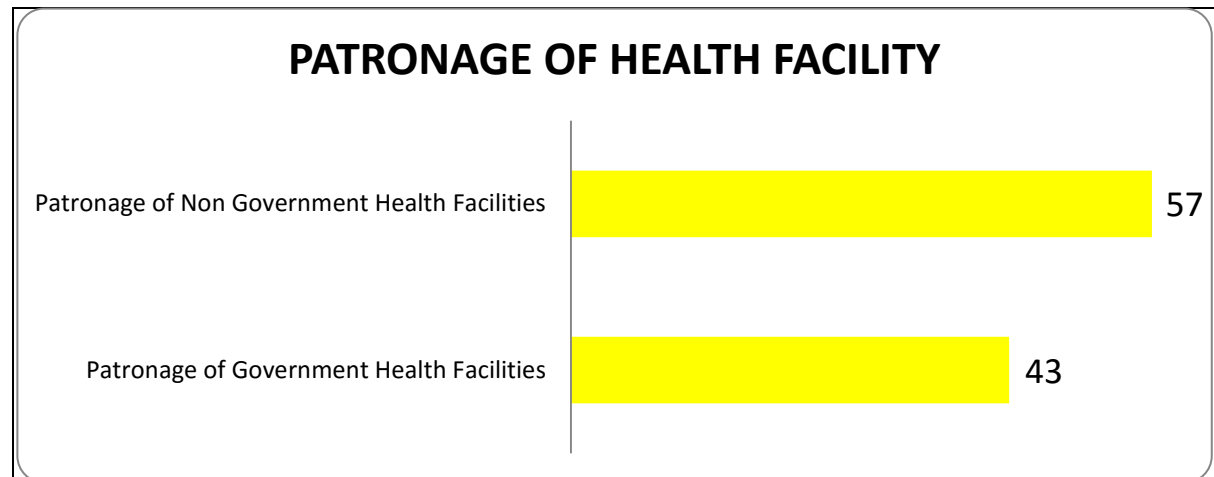
SATISFACTION WITH SERVICES RENDERED AT GOVERNMENT HEALTH FACILITIES

Overtime, the State government through the Ministry of Health and allied establishments had continually put in place primary and secondary health facilities across the state for improved service delivery to the teeming populace. Access, utilization and satisfaction with the services rendered in these facilities by the households were examined. The survey revealed that 68% of the sampled household expressed satisfaction with government health care services while 32% of them had contrary stance.



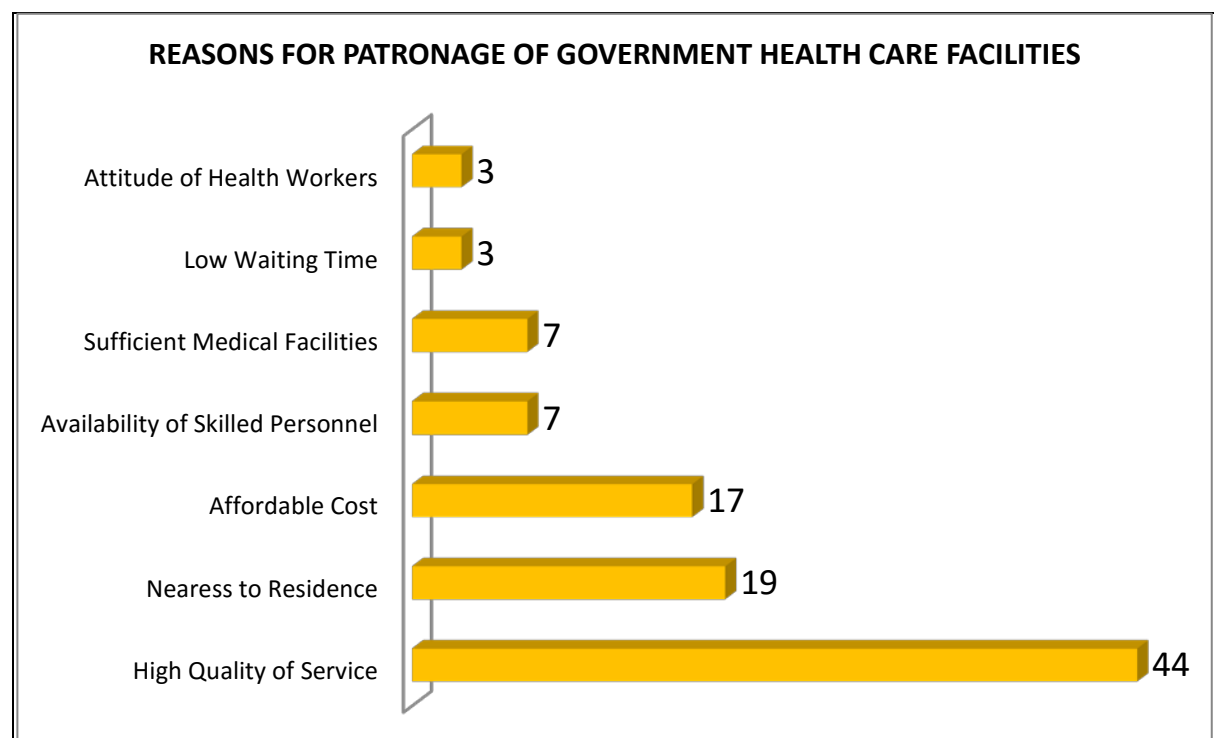
PATRONAGE OF HEALTH FACILITY

The survey result indicated that 43% of the sampled households patronized Government health Facilities while the remaining 57% patronized non government health facilities.



REASONS FOR PATRONAGE OF GOVERNMENT HEALTH CARE FACILITIES

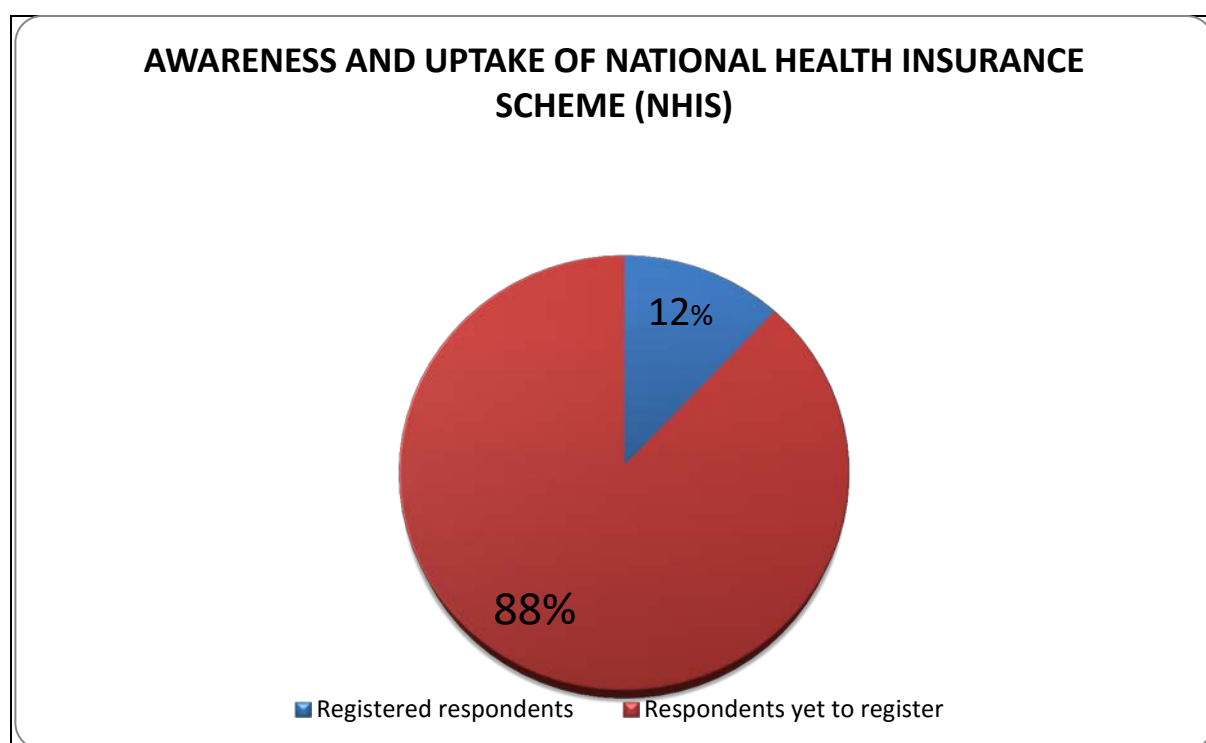
However, Patronage of public health care facilities, according to the sampled households' member, was largely attributed to "high quality service" being rendered at the facilities as indicated by 44% of the respondents. Nearness to residence (19%), affordable cost (17%), availability of skilled personnel and sufficient medical facilities (7% each) were stated as reasons for the choice of health facilities while low waiting time and attitude of health workers were also indicated by 3% and 2% of the respondents respectively.



AWARENESS AND UPTAKE OF NATIONAL HEALTH INSURANCE SCHEME (NHIS)

National Health Insurance Scheme (NHIS) is an initiative to expand the frontier of opportunity in the funding of health care services by all and sundry through communal efforts as cost sharing and discouraging on the desk payment as being practiced at the moment. The scheme was launched on October 15, 1995 at the Federal level and was suppose to be domesticated to State, Local Government and Community Levels. In addition, employers of labour are being sensitized on the benefit and opportunity available to the household members under the scheme. Uptake of this scheme will ensure unhindered access to qualitative health care services by the beneficiaries. The survey showed that 36% of the households indicated their awareness

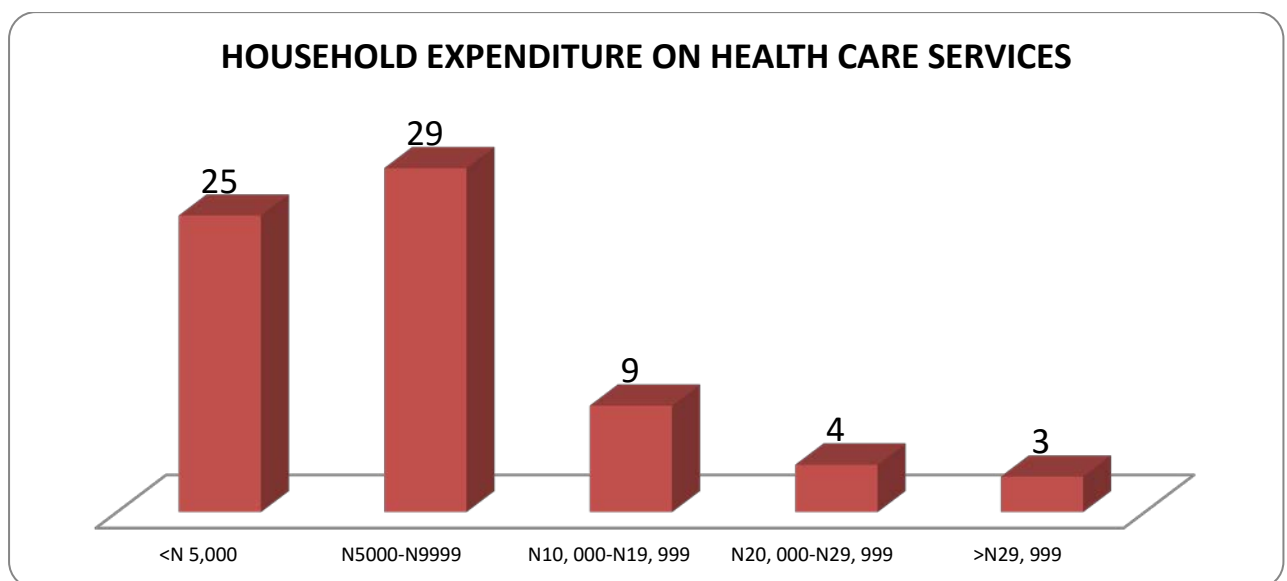
of the National Health Insurance Scheme (NHIS). However, patronage of the scheme is best manifested in the proportion of household members already registered for the Scheme. The survey revealed that only 12% of the sampled respondents had registered for the Scheme while 88% are yet to register.



HOUSEHOLD EXPENDITURE ON HEALTH CARE SERVICES

Out of pocket payment for health care services has been mentioned to be one of the reasons for low patronage of quality health care providers/ facilities across the State. Generally, health care expenditure is often dependent on affordability and regularity of uptake of health services. The need to encourage affordable cost of health care services is becoming issues of great concern to health care providers, patrons and government. However, concerted efforts are being made to understudy the health

financing structure at household level in terms of affordability and regularity of uptake. The cost implication of health care services incurred by household members in the last 1 year was also examined. The result showed that 25% of the respondents reportedly expended less than N 5,000. Also, 29% reportedly spent between N5000-N9999 on health care service and 9% spent between N10, 000-N19, 999. In addition, 4% and 3% indicated that they incurred health care expenditure of N20, 000-N29, 999 and above N29, 999 respectively. However, 22% of the respondents could not remember the amount they incurred on health care services during the reporting period while 8% had no record of health care expenditure in the last 1 year.

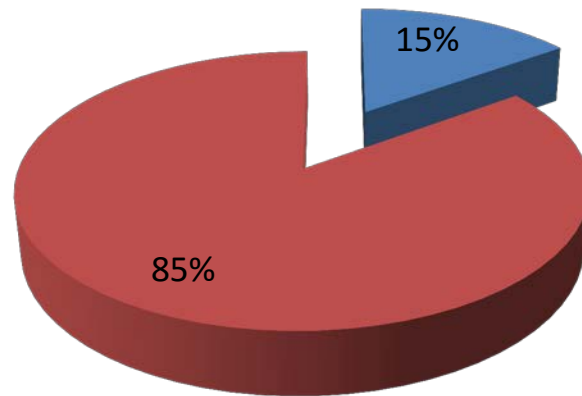


WILLINGNESS TO PREPAY FOR A DEFINED PACKAGE OF HEALTHCARE

In spite of the current level of uptake of the Health Insurance Scheme, the survey also investigated the willingness of the respondents to prepay for a defined package of healthcare (the parents and 4 children less than 18 years old). It was evidenced that 15% of the respondents statewide signified their willingness to subscribe to the prepaid define packages while 85% are against such arrangement.

WILLINGNESS TO PREPAY FOR A DEFINED PACKAGE OF HEALTHCARE

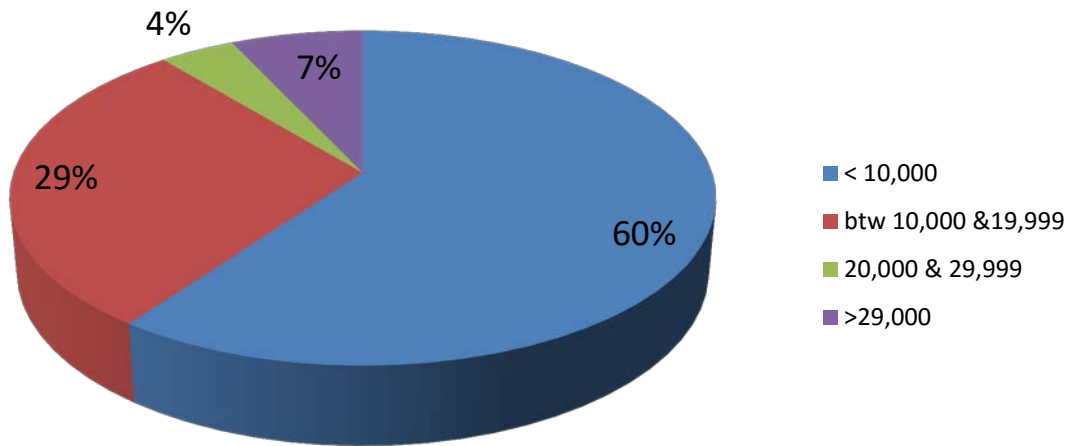
■ YES ■ No



AMOUNT HOUSEHOLDS WILLING TO PAY FOR NHIS SERVICES

The uptake on National Health Insurance Scheme (NHIS) significantly depends on the expected premium to be paid at regular intervals, usually on monthly basis. The survey revealed that 60% of the sampled households were willing to pay less than N10,000, 29% were interested in paying between N10,000 to N19,999 while 4% indicated their willingness to pay between N20,000 to N29,999 and the remaining households constituted those willing to pay above N29,999.

AMOUNT HOUSEHOLDS WILLING TO PAY FOR NHIS SERVICES

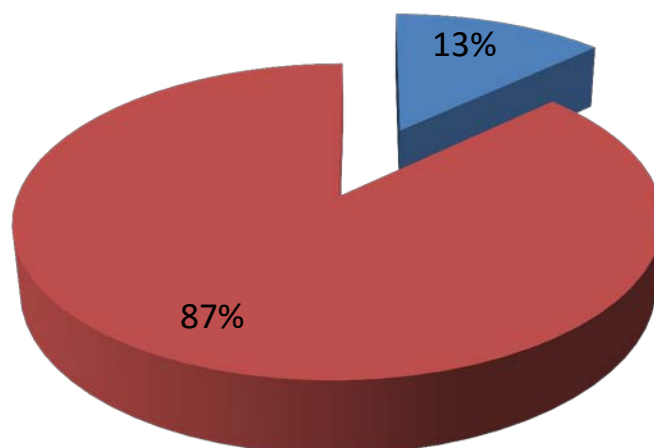


HEALTH CARE COST COVERED BY ANY KIND OF INSURANCE

Uptake of insurance policy is deemed important due to accruable future benefits. Health care financing at household and community level is gradually gaining ground in the insurance industries across the country. Some insurance companies have significantly introduced health care plan for the family/household members in order to increase their premium as well as expand their scope of operation. The survey also examined whether the household members had their health care cost covered by any kind of insurance. The result showed that 13% of the sampled households purportedly took health insurance either through NHIS or under conventional insurance scheme while 87% had no insurance cover.

HEALTH CARE COST COVERED BY ANY KIND OF INSURANCE

■ YES ■ NO

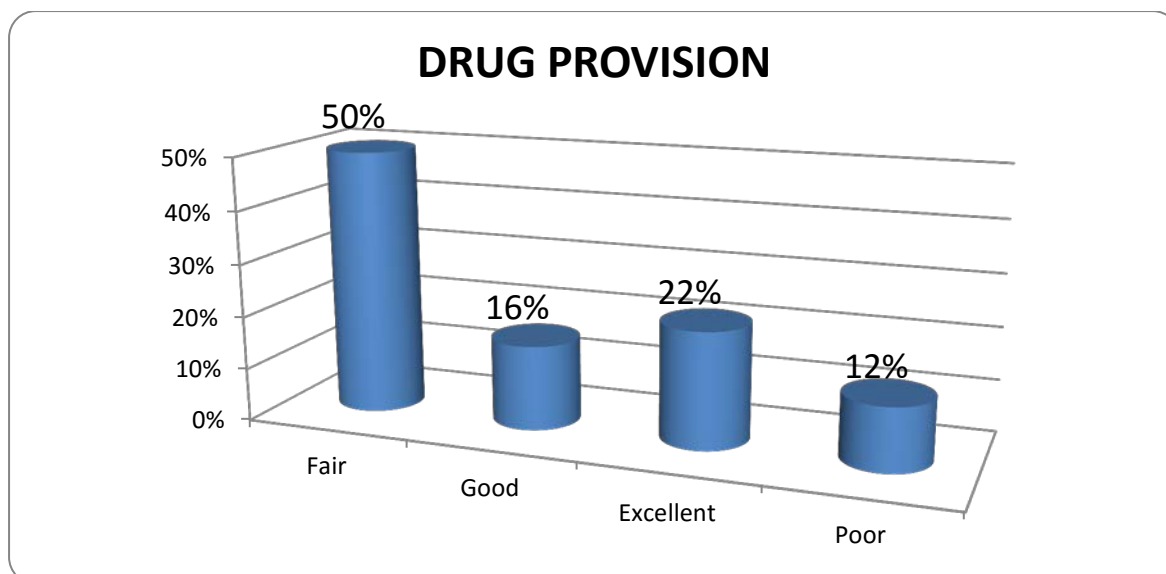


RATINGS OF GOVERNMENT HOSPITALS/ HEALTH CENTRES

The continual patronage of government health care facilities is often dependent on the perceptions, ratings and convictions by the users of the facilities in accordance with expected service delivery. Such services include, provision and cost of drugs, sufficient medical equipment and physical infrastructure, appropriate staffing, waiting -time to see the medical personnel as well as attitude of medical personnel to the patients.

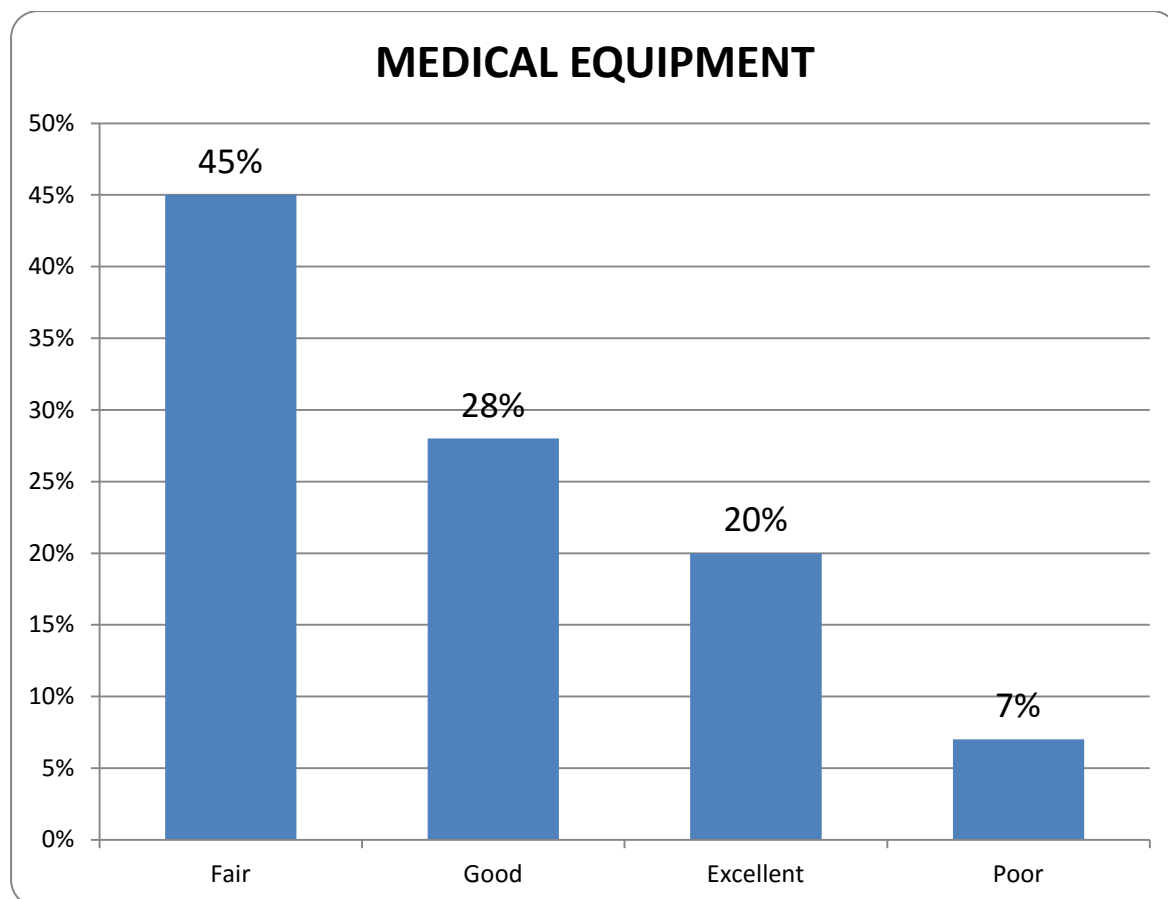
DRUG PROVISION

Regular and timely provision of essential drugs and medication are vital to efficient health care delivery. It is therefore important that drug provision mechanism /supply to the patients be assessed as seen, utilized and enjoyed by the households. The survey showed that half of the respondent (50%) adjudged government drug provision strategy at health facilities as fair, 16% rated the drug provision mechanism to be good, while 22% indicated that it was an excellent service. However, 12% of the sampled respondents still believed that the quality of drugs provided at the health facilities were poor.



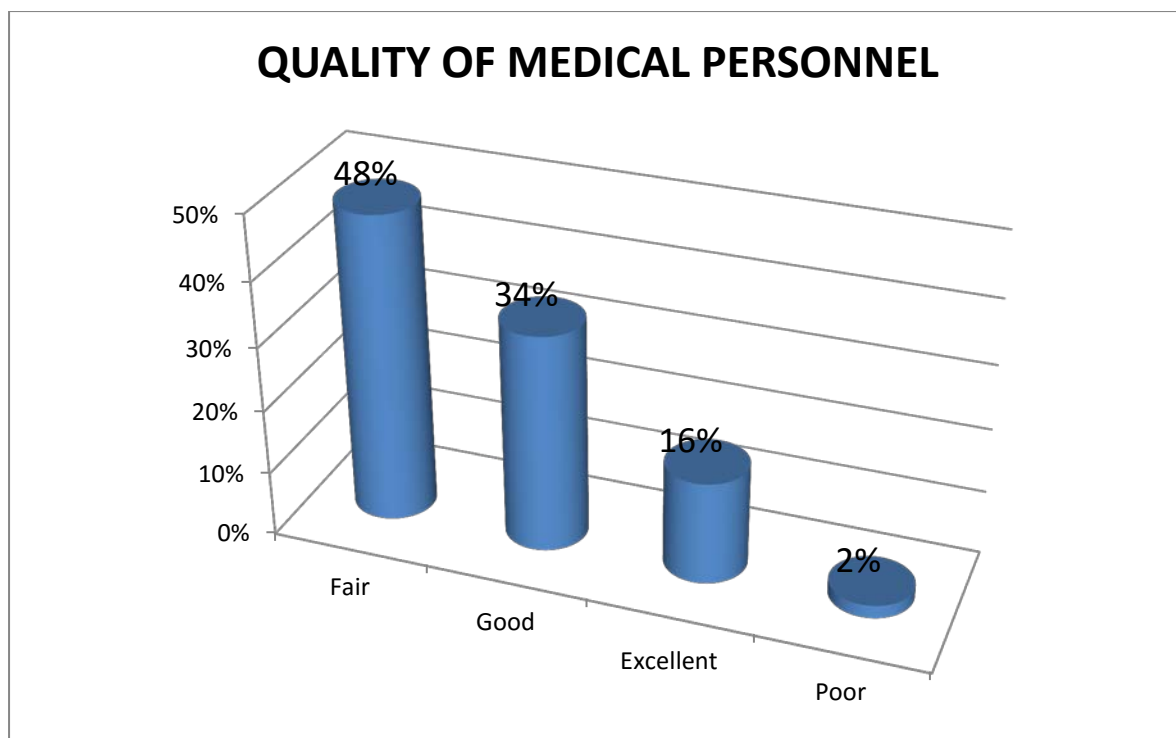
MEDICAL EQUIPMENT

Availability of sufficient and qualitative medical equipment plays major role at improving health care delivery in any health facilities. Therefore concerted efforts must be continually geared towards procurement and maintenance of all essential medical equipment for optimal health care delivery. The survey result showed that 45% of the households member rated the medical equipment in the health facilities as “fair”, 28% regarded the equipment to be good while 20% also rated the equipment as excellent. Nevertheless 7% of the respondents adjudged the medical equipment as being poor.



QUALITY OF MEDICAL PERSONNEL

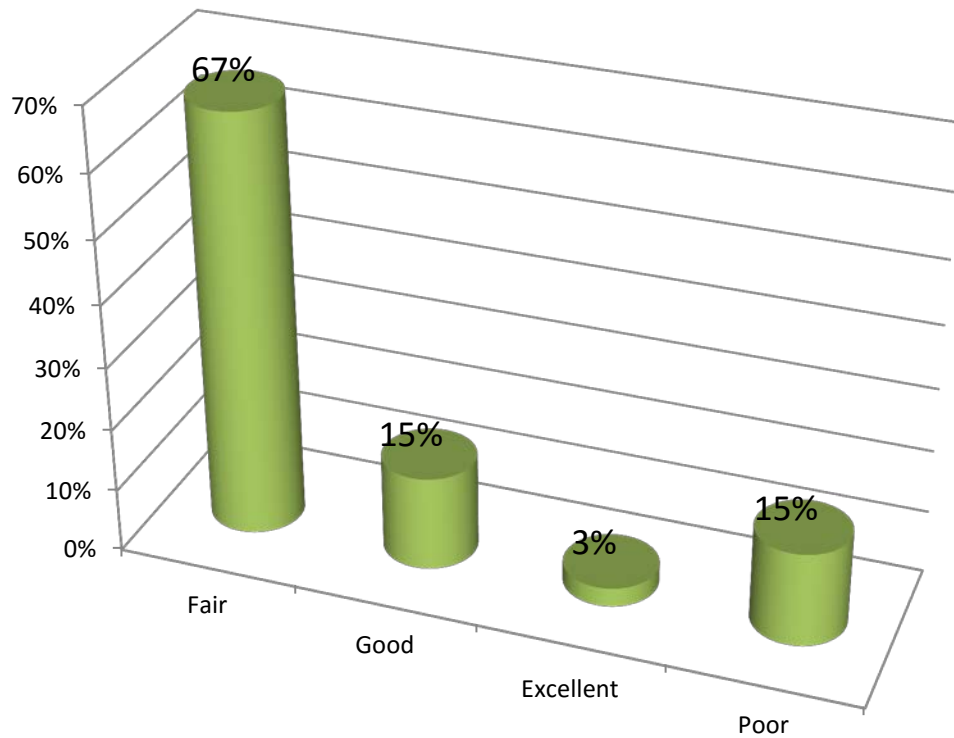
The importance of the quality and quantity of health care personnel cannot be overemphasized for effective service delivery because the quality and quantity of available manpower in any field of employment affects the productivity of the organization positively or otherwise. The survey result showed that about half (48%) of the sampled household members adjudged the quality of medical personnel in government health facilities as fair, 34% rated them good while 16% affirmed that the quality of the medical personnel was excellent and 2% were of the opinion that the quality of medical personnel was poor.



WAITING TIME

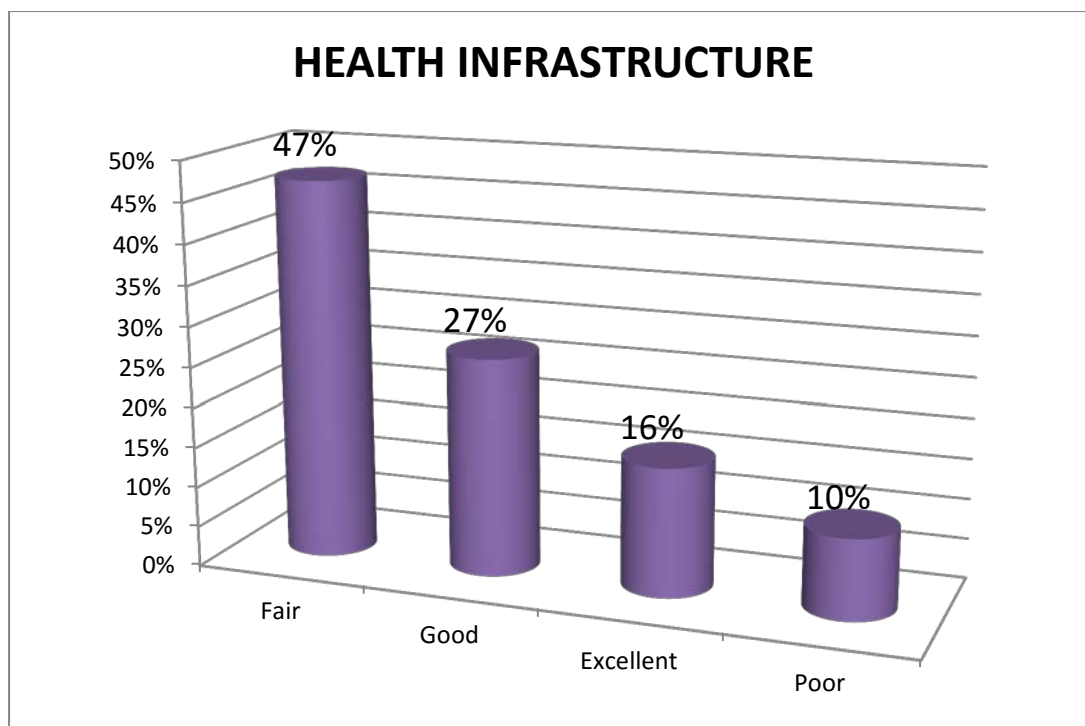
'Waiting time' simply means, average length of time a patient expended in the health facilities before receiving attention from the qualified health workers/medical personnel. This indicator gauges the service delivery rate at various health points as well as adequacy or otherwise of the health/medical personnel in the health care facilities. The shorter the waiting time, the more efficient the health care services is perceived a n - d v i c e -versa. The survey result showed that the waiting time in government health facilities was generally adjudged to be fair by 67% of sampled households, 15% of them regarded it as good, 3% rated it to be excellent while 15% regarded the waiting time as poor.

WAITING TIME



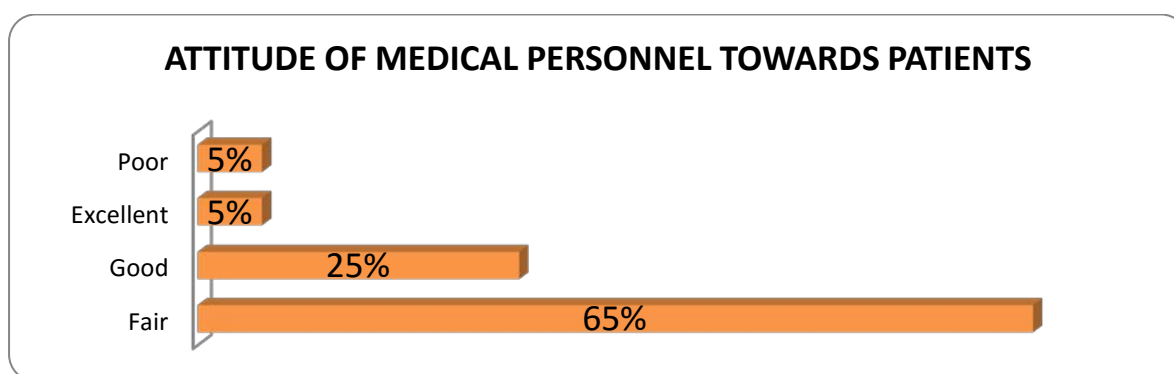
HEALTH INFRASTRUCTURE

The physical structure and supportive operational services such as buildings, water, and electricity among others were also rated by the households with a view to ensuring qualitative and sustainable infrastructure that will add value to the service delivery at the health facilities. Provision of infrastructure in government health facilities was also examined. The result showed that 47% of the households regard the availability of infrastructure as fair, 27% adjudged the infrastructure as good while 16% rated them as excellent. On the other hand, 10% rated the infrastructure at the health facilities as poor. Similar trends prevailed along the Local government divide.



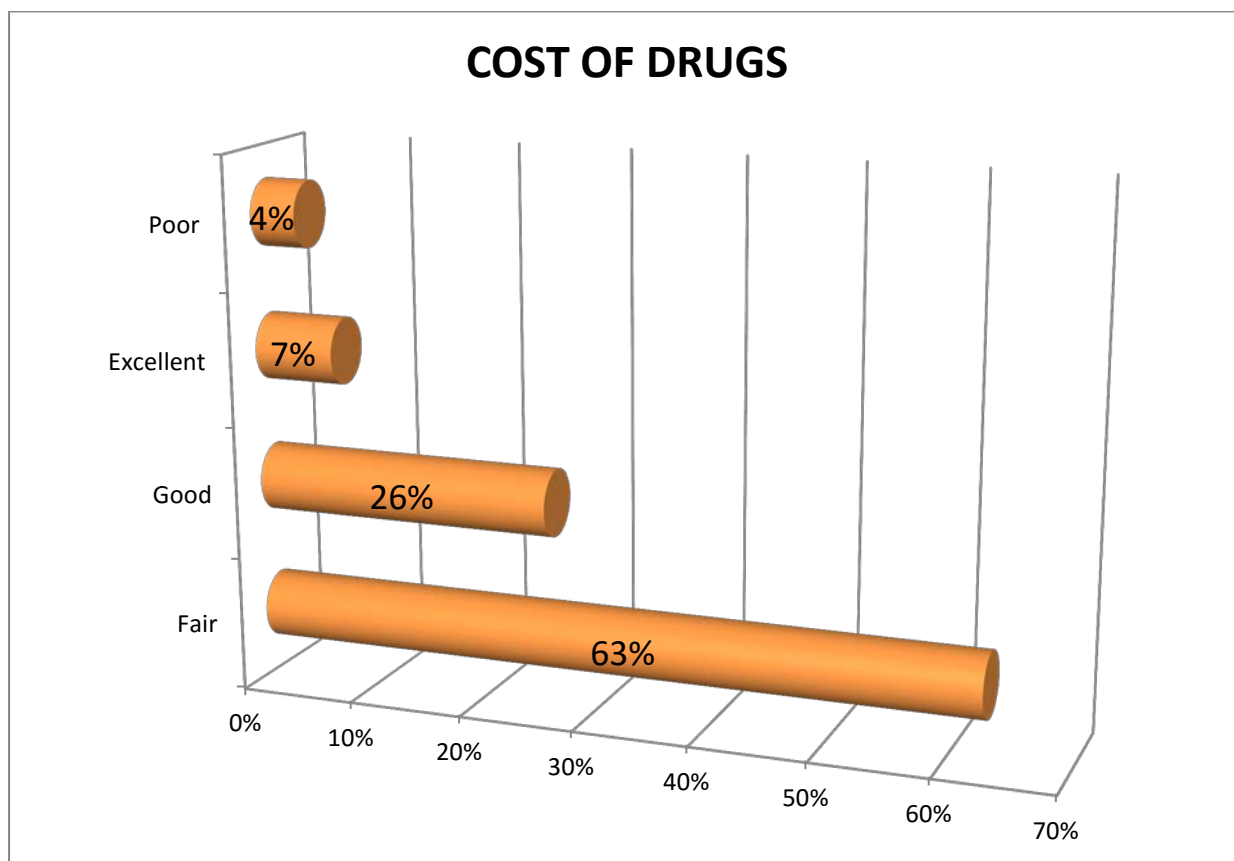
ATTITUDE OF MEDICAL PERSONNEL TOWARDS PATIENTS

Uptake of health care service is partly dependent on the availability of qualitative medical personnel as well as attitude of such personnel and other health care workers towards the patients. Various complaints had been recorded in connection with the attitude of health care personnel in government hospital/health care centre in the past. Concerted efforts are being made to redress the situation through training and retraining of staff in human relations. The survey however assessed the current attitude of medical personnel towards patients. The analysis showed that 65% of the respondents rated the attitude of medical personnel as being fair, 25% adjudged it to be good while 5% rated it as excellent. On the other hand, 5% of the respondents regarded health workers attitude as poor and needs to be improved upon.



COST OF DRUGS

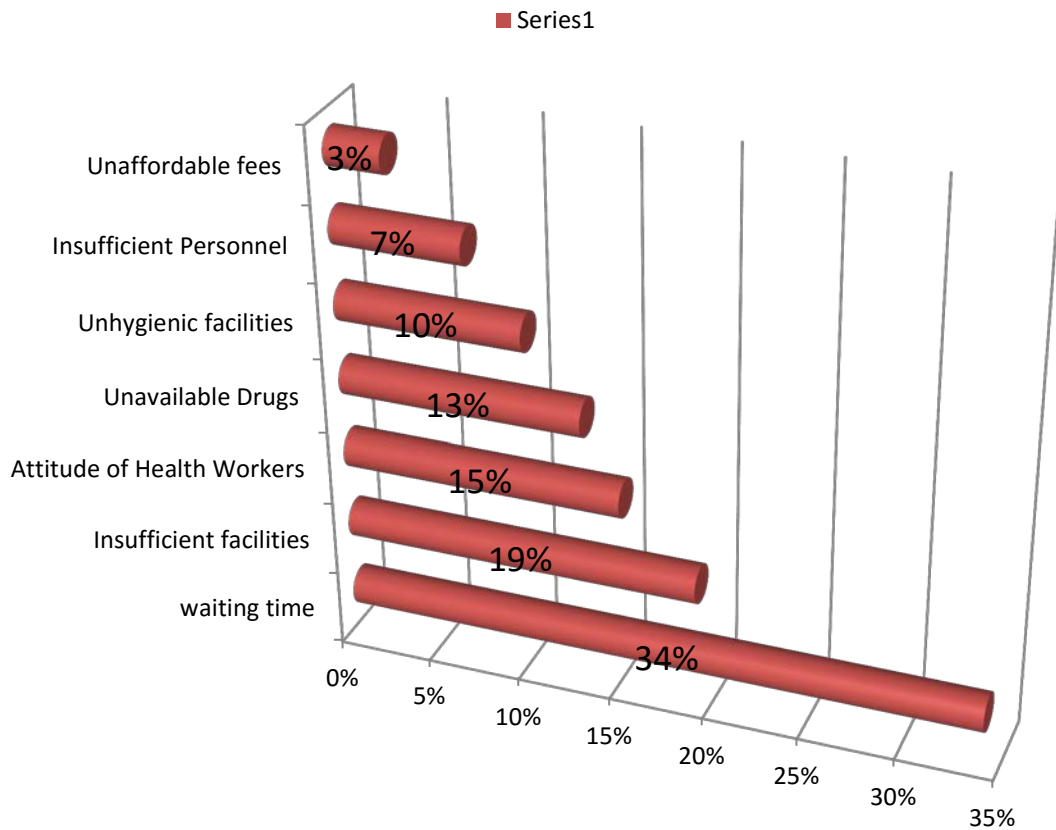
In spite of providing the essentials drugs at the various health facilities, it is equally important that the cost of the drugs should be within the reach of the households. The survey result revealed that 63% of the respondents rated the cost of drugs as fair, 26% of them rated cost of drugs as good while 7% adjudged the cost as being excellent. However, 4% of them rated cost of drugs as poor (on the high side) and needs to be reviewed downward.



PROBLEM FACED IN MOST RECENT VISIT TO GOVERNMENT HEALTH FACILITIES

In order to ensure optimal utilization of the health facilities provided by government, problems encountered in most recent visit to the facilities by household members were studied. The survey result showed that long waiting time stood out as most reported challenge faced in government health facilities as indicated by 34% of the respondents, followed by Insufficient Medical Facilities (18%), Attitudes of Medical Personnel (15%), Non-availability of drugs/ medicines (13%), Unhygienic Facilities (10%) as well as insufficient medical personnel (doctors, nurses) and unaffordable service fees 7% and 3% of the respondents respectively.

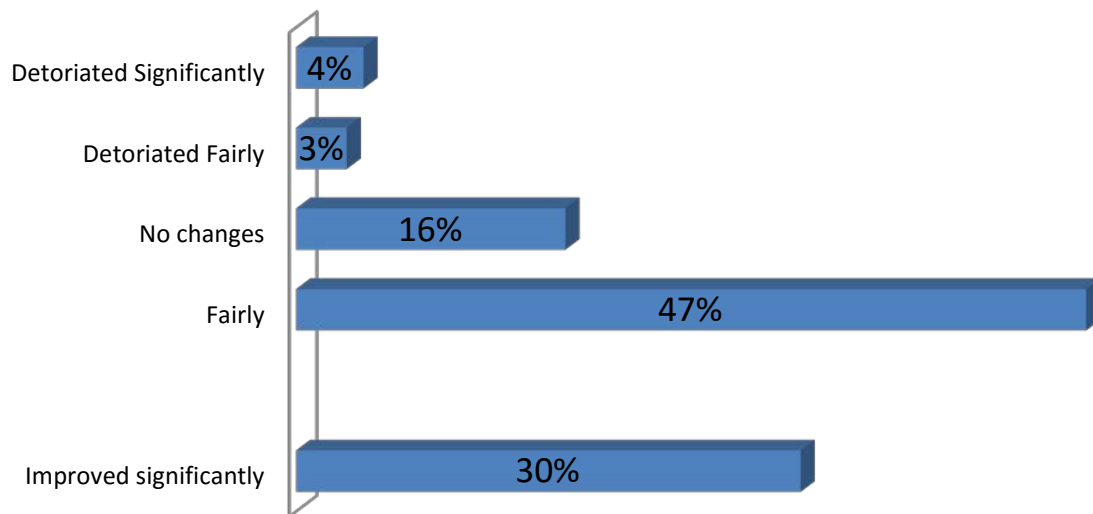
PROBLEM FACED IN MOST RECENT VISIT TO GOVERNMENT HEALTH FACILITIES



OVERALL QUALITY OF HEALTH CARE SERVICES

What should be uppermost in the mind of the health care providers are assurance of high quality services to the teeming users. The survey analysis showed that 30% of the respondents were of the opinion that the quality of health care provided had improved significantly, 47% regarded the quality to have improved fairly while 16% of them considered the quality of the health care to have stayed the same as well as 3% and 4% of the respondents who adjudged the quality to have deteriorated fairly and deteriorated significantly respectively.

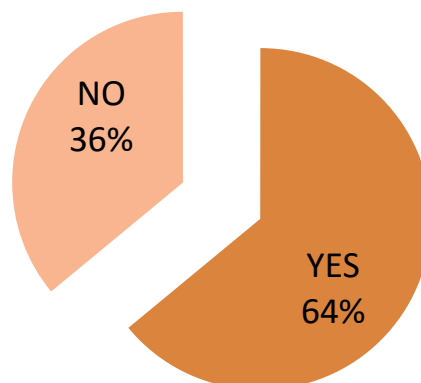
OVERALL QUALITY OF HEALTH CARE SERVICES



AWARENESS OF GOVERNMENT FREE MEDICAL SERVICES

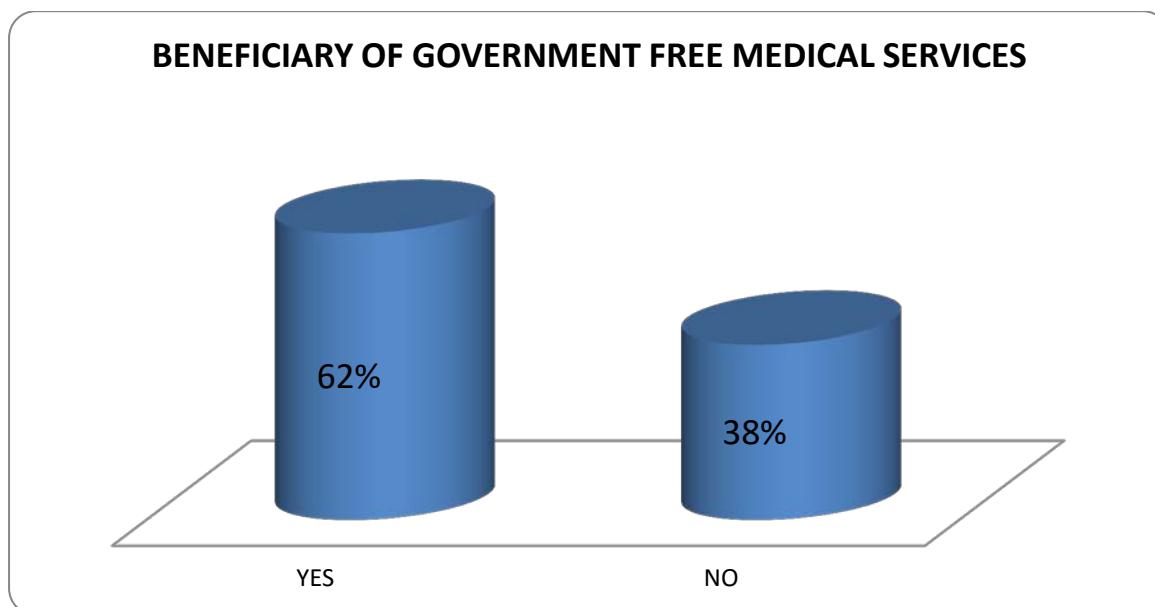
In line with the policy thrust of the State government provides free medical services for certain categories of the State inhabitants especially the children and the elderly as well as those that suffer from some medical challenges. These challenges ranges from Breast cancer diagnosis, diabetes/ hypertension screening to corrective surgery facial /limb and other health care interventions to the teeming populace in need of such services. However, awareness of the existence of such free medical services among the household members was examined. The survey report showed that 64% of the sampled households were aware of the free medical services.

AWARENESS OF GOVERNMENT FREE MEDICAL SERVICES



BENEFICIARY OF GOVERNMENT FREE MEDICAL SERVICES

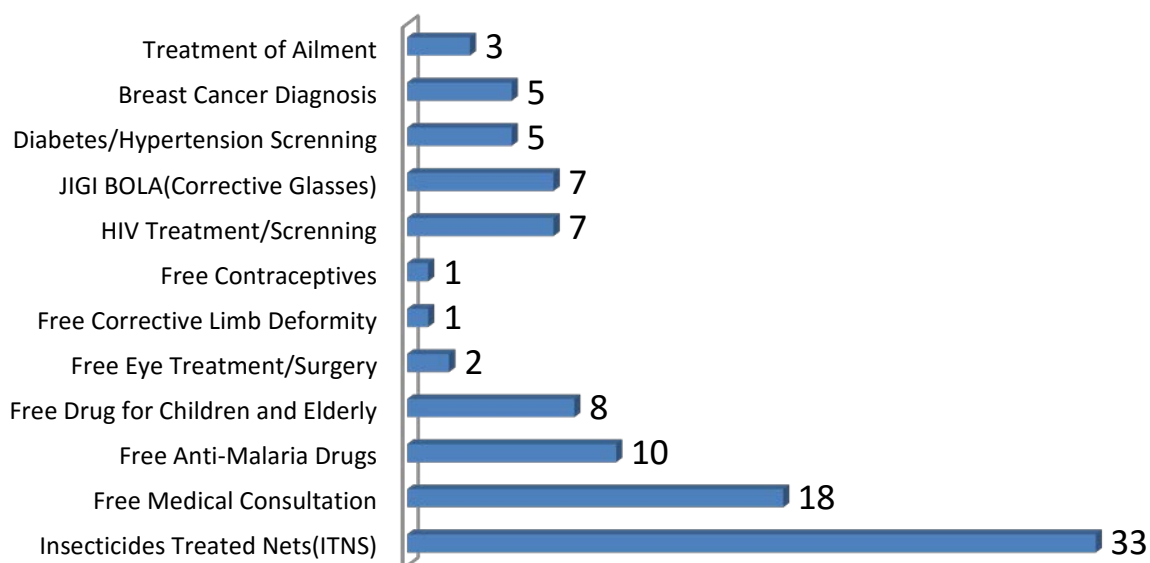
The survey further investigated the quantum of beneficiaries of free medical services irrespective of the type and kind of medical services/ interventions benefited from. It was discovered that 62% actually benefited from one free medical service or the other while 38% did not.



TYPES OF MEDICAL INTERVENTIONS BENEFITED FROM

Further analysis showed that a total of thirteen (13) free medical services were being offered by the State Government ranging from Jigi Bola,(medicated glasses), free medical consultation, corrective limb deformity surgery, breast cancer diagnosis, diabetes/ hypertension screening, HIV screening/treatment , free Antimalaria drugs, free drugs for children and elderly people, free insecticide treated nets ,visual improvement, Treatment of ailment, Cleft lip/ Palate programme as well as free contraceptive supply/services. It was however recorded that 33% of the household members reportedly benefited from Insecticides Treated Nets (ITNs), 18% enjoyed free medical consultation, 10% benefited from free Anti-Malaria drugs while 8% gained from free drugs for children and the elderly as well as 7% each who benefited from HIV treatment & screening and Jigi Bola (corrective glasses) respectively. Furthermore, 5% each profited from diabetes/hypertension screening and Breast cancer diagnosis respectively as well as 3% and 2% who benefited from treatment of ailment and visual improvement (Free eye treatment/surgery) respectively and 1% each also gained from free corrective limb deformity surgery and free contraceptives accordingly.

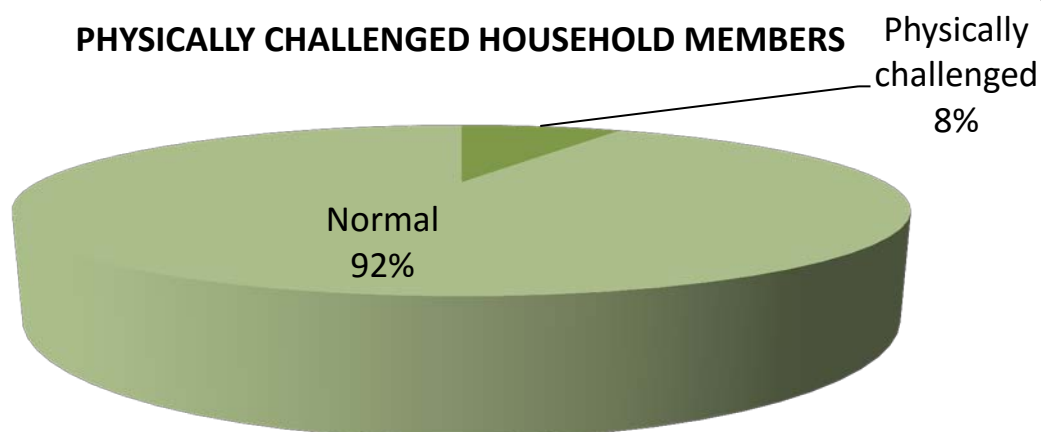
TYPES OF MEDICAL INTERVENTIONS BENEFITED FROM



PHYSICALLY CHALLENGED HOUSEHOLD MEMBERS

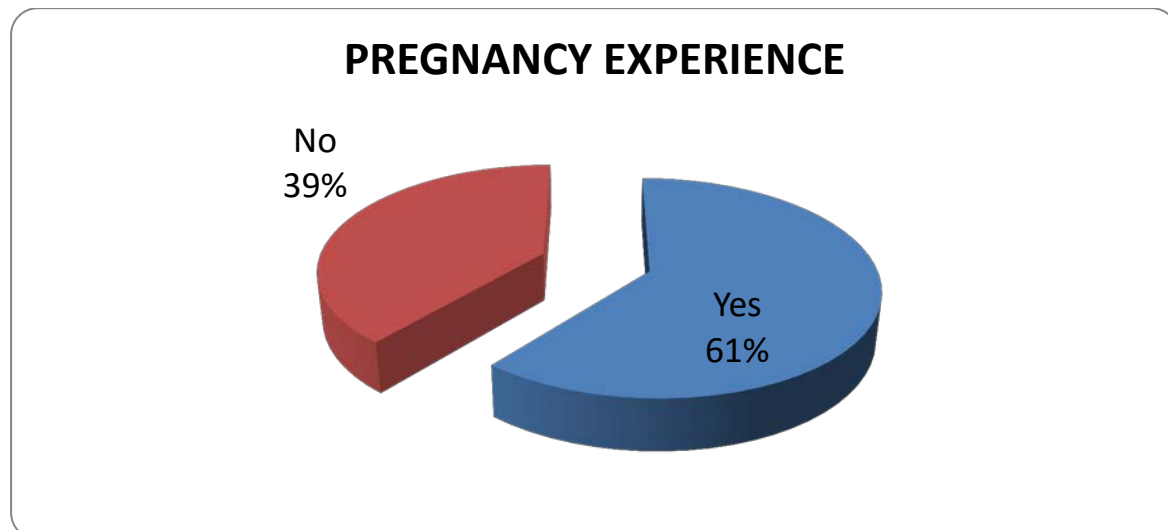
Part of the issues often raised under the social protection programme is the need to give people that are physically challenged conducive environment to thrive. Thus, it is important that household level information as regard the various challenges / disabilities be objectively collected with a view to understanding the proportion and diversity of the challenges/disabilities. The survey result revealed that 8% of the household members were physically challenged one way or the other while 92% claim to be physically normal.

PHYSICALLY CHALLENGED HOUSEHOLD MEMBERS



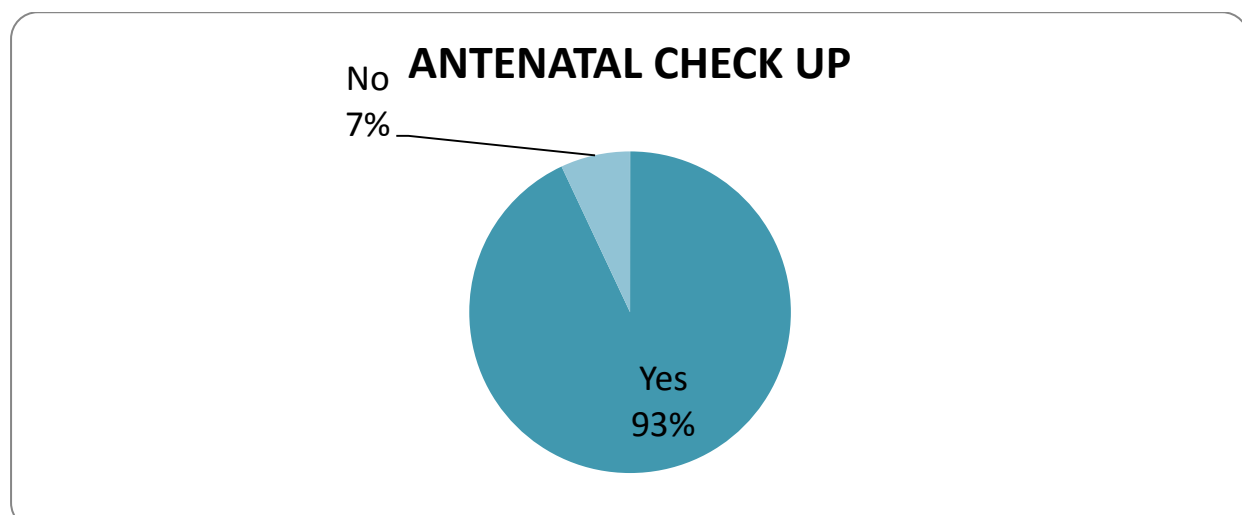
PREGNANCY EXPERIENCE

In order to critically tackle some of the issues associated with pregnancy and childbirth, history of household women as regards previous pregnancy experiences were investigated. The survey revealed that 61% of the female respondents had been pregnant before while 39% reportedly had no such history.



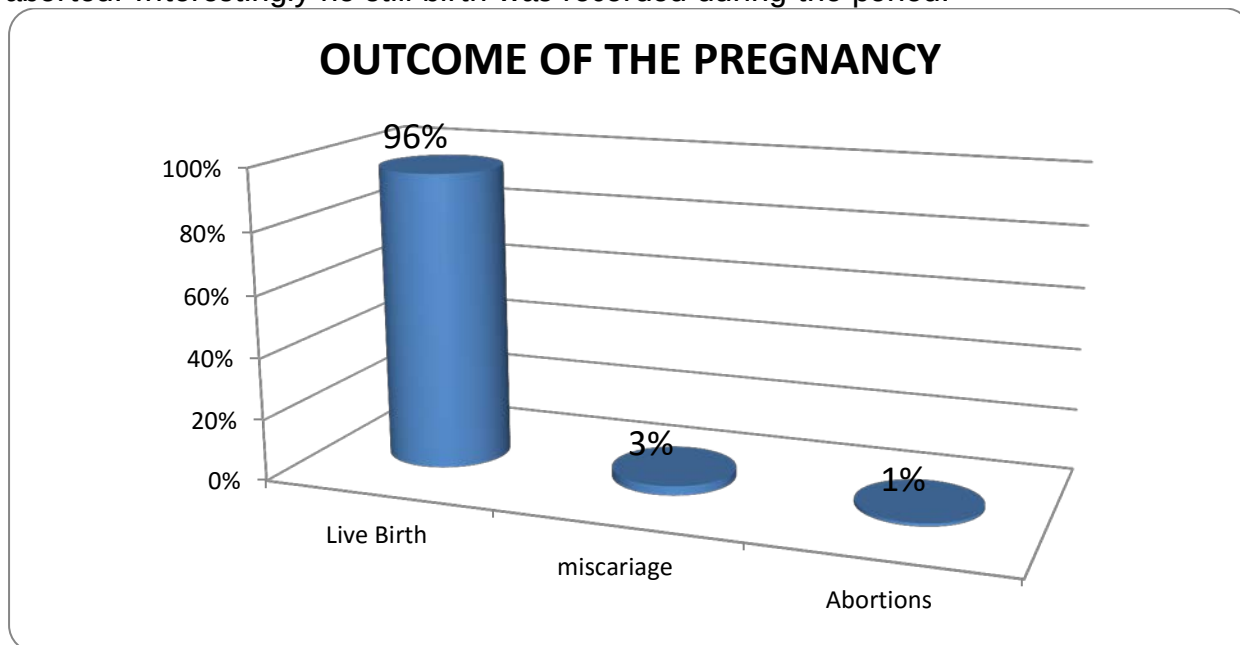
ANTENATAL CHECK UP

Antenatal check up was designed to assist pregnant women and their babies with sound health throughout the pregnancy periods. Many health challenges among pregnant women can be prevented, detected and treated during antenatal care visits with trained health workers. The World Health Organization (WHO) recommends a minimum of four antenatal visits, comprising interventions such as tetanus toxoid vaccination, screening and treatment for infections and identification of warning signs during pregnancy. The survey revealed that 93% of women in the households undergone antenatal visits during pregnancy.



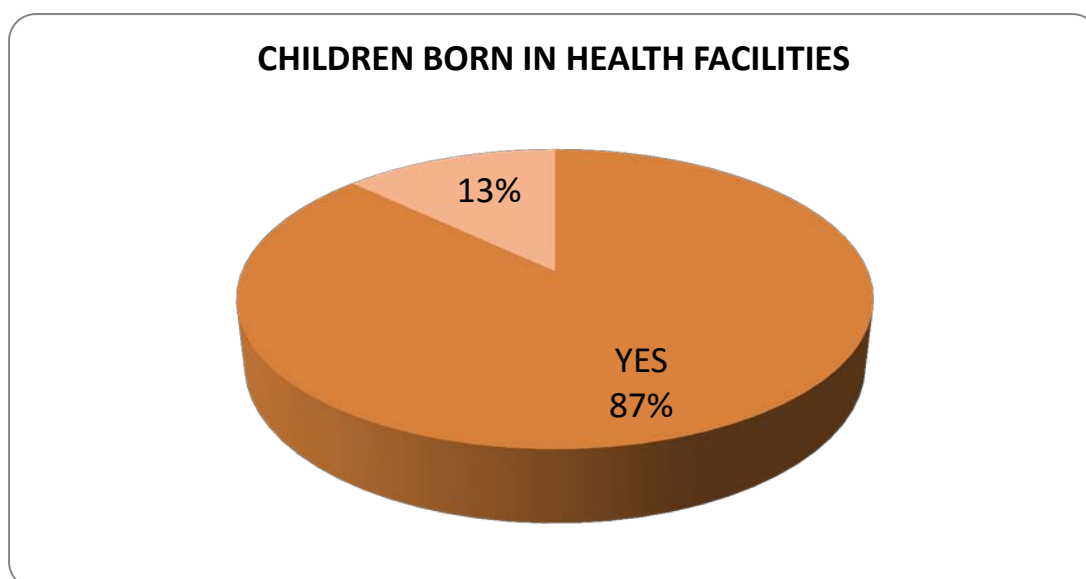
OUTCOME OF THE PREGNANCY

Though, it is the aspiration of every pregnant woman to have her pregnancy resulting into live birth, other health challenges can however bring about a contrary outcome like miscarriages, abortion and still birth. Pregnancy outcome at household level was examined. The Survey result revealed that 96% of women pregnancies resulted into live birth while 3% ended up with miscarriages and 1% was reportedly aborted. Interestingly no still birth was recorded during the period.



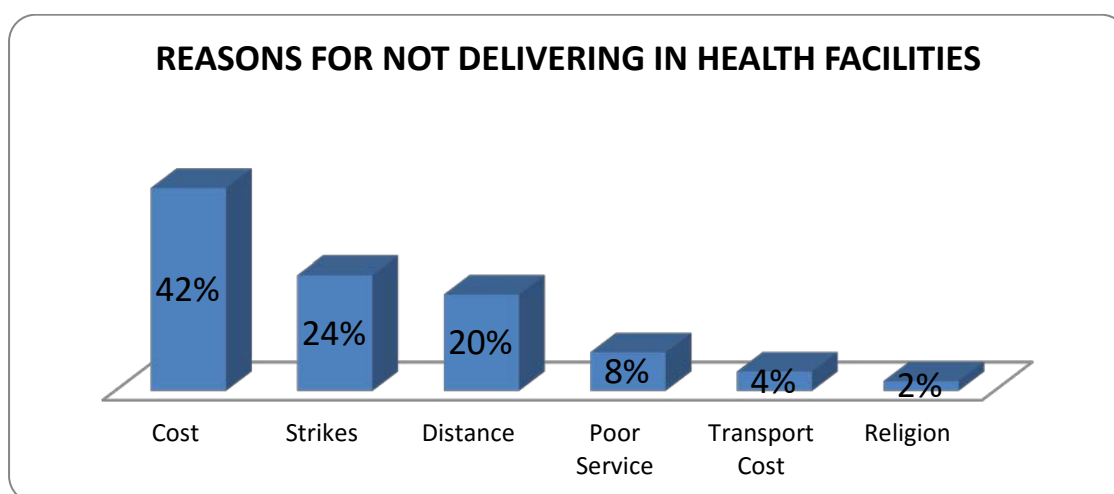
CHILDREN BORN IN HEALTH FACILITIES

One of the major determinants of improved health care delivery is increase in the patronage of health facilities by pregnant women for antenatal health care and child birth. The survey revealed that 87% of the sampled women household members reportedly had their children born in health facilities while 13% reported otherwise.



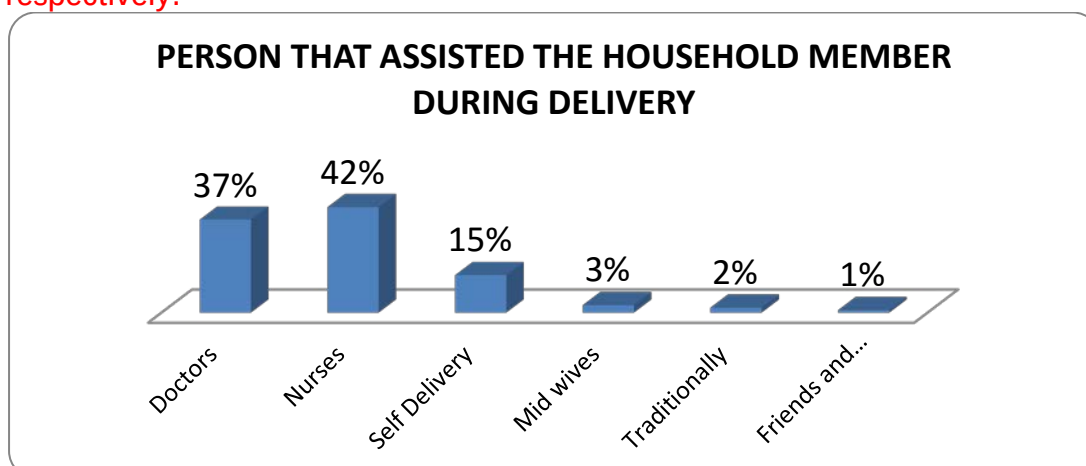
REASONS FOR NOT DELIVERING IN HEALTH FACILITIES

The survey also explored various reasons given for non-patronage of health facilities as place of childbirth by the female household members. The analysis showed that 42% of them regarded the cost of delivery to be too high in health facilities (public and private), 24% attributed the non patronage to closure of facilities (due to incessant strikes by the health workers), 20% linked it with distance of the health facilities to their place of dwellings as being far with the attendant high cost of transportation while others attributed it to poor quality service (8%), Some households felt it was not necessary (4%) while 2% ascribed it to religious affiliation.



PERSON THAT ASSISTED THE HOUSEHOLD MEMBER DURING DELIVERY

The quality of care received during child birth often depends on the expertise of personnel that attended to the pregnant woman during child birth. Thus, the survey investigated person(s) that assisted the household female members during their last child birth. The result showed that 37% of them were attended to by Medical Doctors, 42% indicated that Nurses/Midwives assisted them during labour and child birth, 15% reportedly had self delivery while 3%, 2% and 1% were assisted by Auxiliary Midwives, Traditional Birth Attendants (TBAs) and relatives/friends respectively.

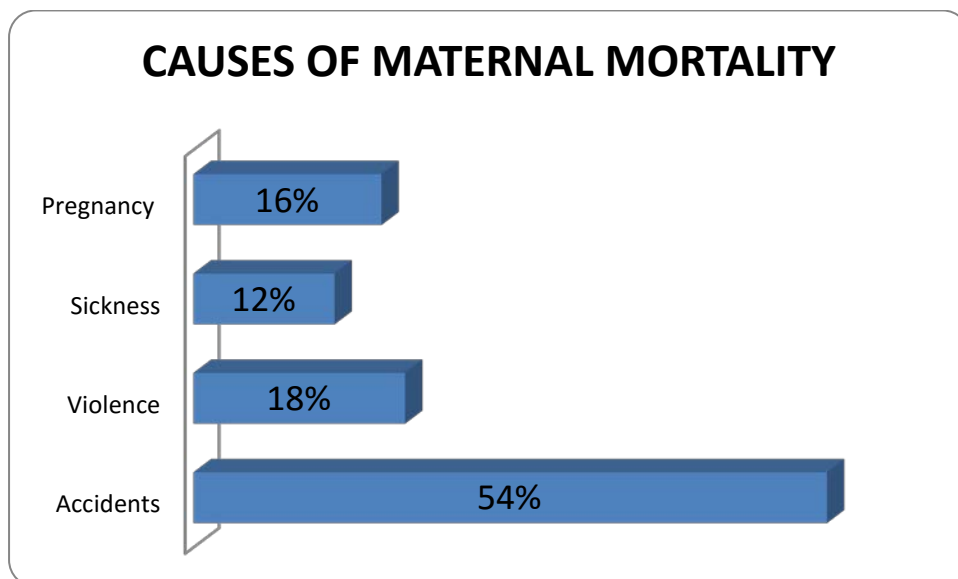


MATERNAL DEATH

Household level maternal mortality revealed that 7 out of every 100 pregnant women (7%) died during pregnancy, childbirth or few days after child birth as a result of pregnancy related complications, infections and problems (i.e.700/10,000 women). This figure represents a very high occurrence in the State and deserves urgent attention and intervention to redress the situation.

CAUSES OF MATERNAL MORTALITY

It is important that the root cause of death of pregnant women during pregnancy, childbirth or immediately after childbirth be comprehensively investigated with a view to ascertaining the causes and proffer appropriate intervention that would reduce maternal mortality to the barest minimum, if not, completely eliminated. The result obtained showed that 54% of pregnant women's deaths were actually caused by accidents (households/facilities), 18% resulted from violence while 12% occurred through sickness and the remaining 16% were pregnancy related.

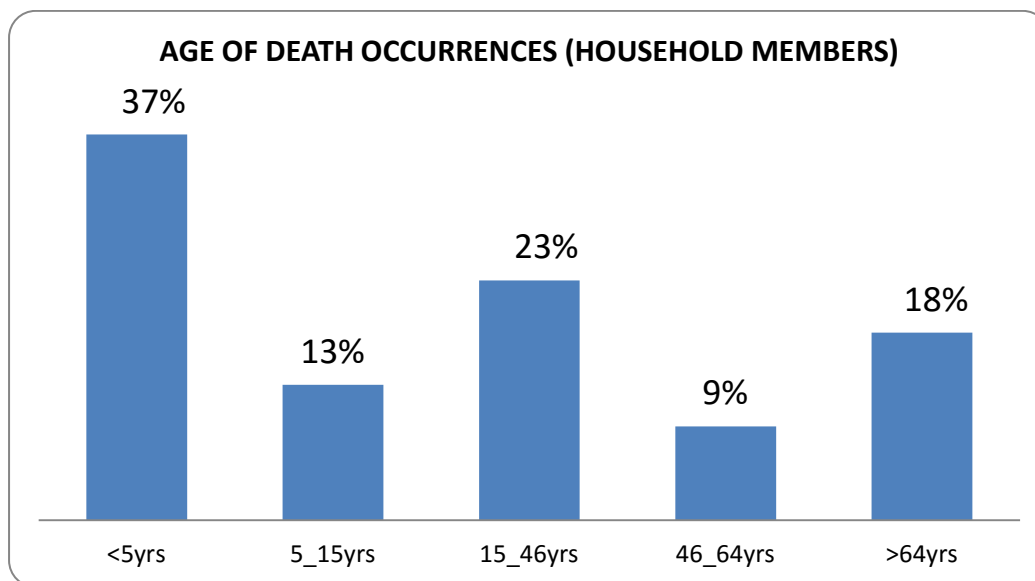


ADULT MORTALITY

Irrespective of gender and age division, mortality levels among the adult household members were also examined. It was however discovered that two (2) out of every 100 adult household members died in the last one year. (200/10,000 adult household members).

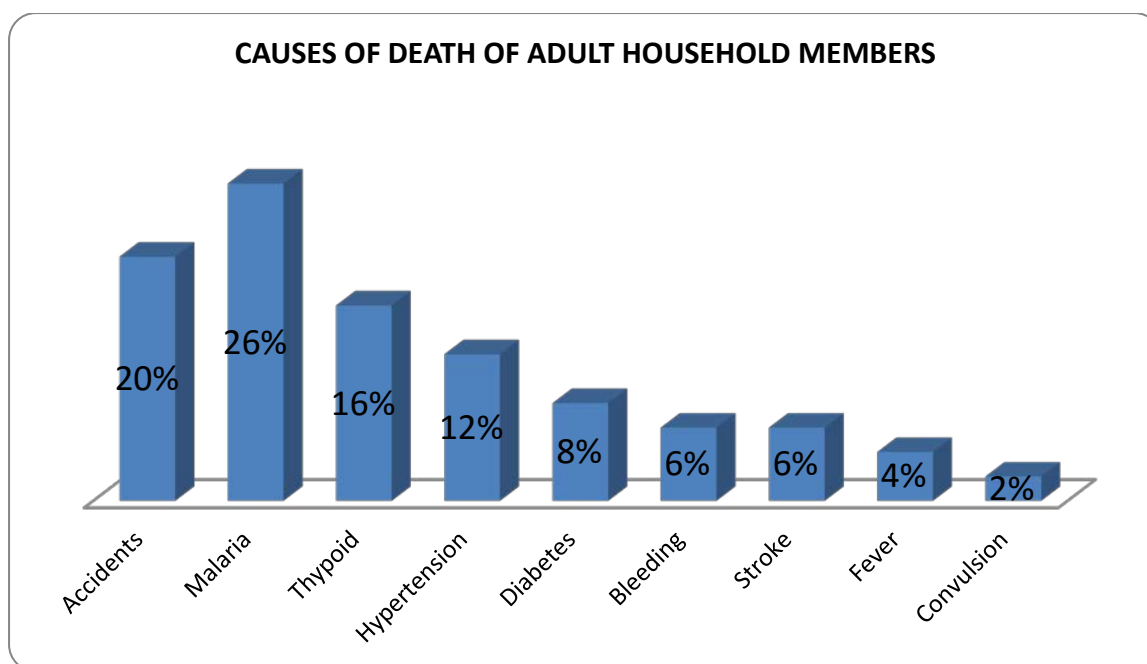
AGE OF DEATH OCCURRENCES (HOUSEHOLD MEMBERS)

Age is an important demographic characteristic with potent value of distributing the population of a geographical place of interest into manageable proportion for effective plans, programmes and projects targeted at various age groups. Age at death is also a critical indicator under mortality. The survey investigated the age of death occurrence among the adult household members and the result obtained that 37% were less than 5years old, 13% represented those that died between 5-15years of age, 23 comprised death recorded between ages 15 -46years of age while 9% accounted for death that occurred between 46 -64years of age and those above 65years at death were 18%.



CAUSES OF DEATH OF ADULT HOUSEHOLD MEMBERS

Prevention is better than cure, so says the old adage. It is therefore essential that causes of death of household members irrespective of their ages and gender be ascertained for future plans and programmes to guide against reoccurrences at household levels. The result of the survey revealed that 20% of the recorded deaths were through accidents, 26% occurred from malaria fever while 16% lost their lives to typhoid fever and death due to hypertension comprised 12%. Similarly, death resulting from Diabetes stood at (8%), Bleeding (6%), stroke (6%), Yellow fever (4%) and convulsion (2%).



LIFE EXPECTANCY

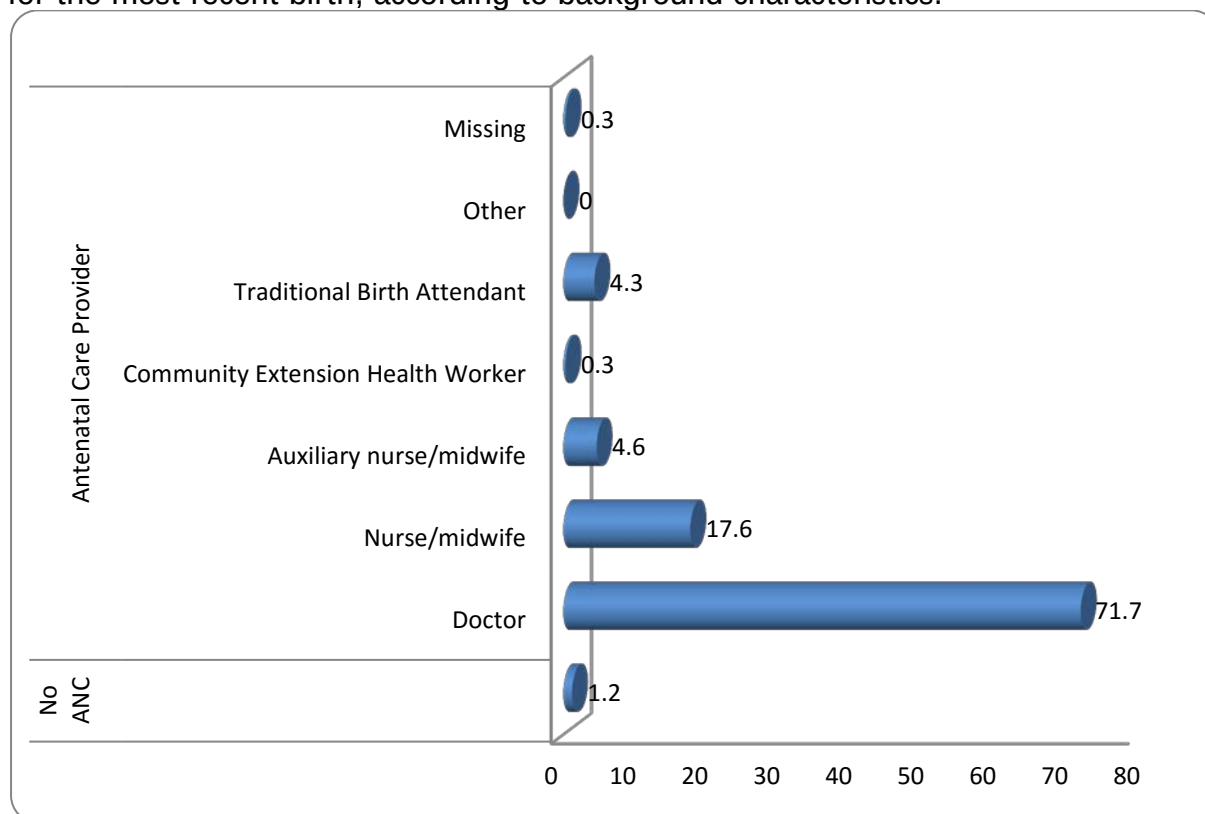
Life expectancy at birth is one of the three major indicators used in the computation of Human Development Index. It is defined as an average lifetime (number of years) that an individual is expected to live assuming he/she experienced prevailing mortality rate /pattern throughout his/her lifetime. The survey result revealed that the life expectancy at birth stood at 51years in 2013. The result also showed that an average Lagosians of age group 5-9 would also live for the next 51years all things being equal. Those in age group 15-19years has life expectancy of 46 years, 20-24years household members would equally live for more than 44 years on the average. In the same vein, 25-29years old members of the household have a life expectancy of 41years; 30-34 years old also attracted 38 years while 35-39 years household members are expected to live for additional 35 years. Additional 32 years are expected to be lived by household members currently aged 40-44 years as well as those that are between ages 45-49years who also have an advantage of additional 28years to live. Furthermore, household members between ages 50-54 years are expected to live for additional 24 years and those within age group 55-59 years are expected to enjoy additional 21 years. However, those that are presently older than 59years but less than 80years are expected to live for less than 17years depending on their current age groups while those above 79years had zero life expectancy.

ANTENATAL CARE

Antenatal care

Percent distribution of women age 15-49 years who had a live birth in the five years preceding the survey by antenatal care (ANC) provider during pregnancy for the

most recent birth and the percentage receiving antenatal care from a skilled provider for the most recent birth, according to background characteristics.



Reproductive health care, the care a woman receives before and during pregnancy, at the time of delivery, and soon after delivery, is important for the survival and well-being of the mother and her child. The major objective of antenatal care is to ensure optimal health outcomes for the mother and her baby.

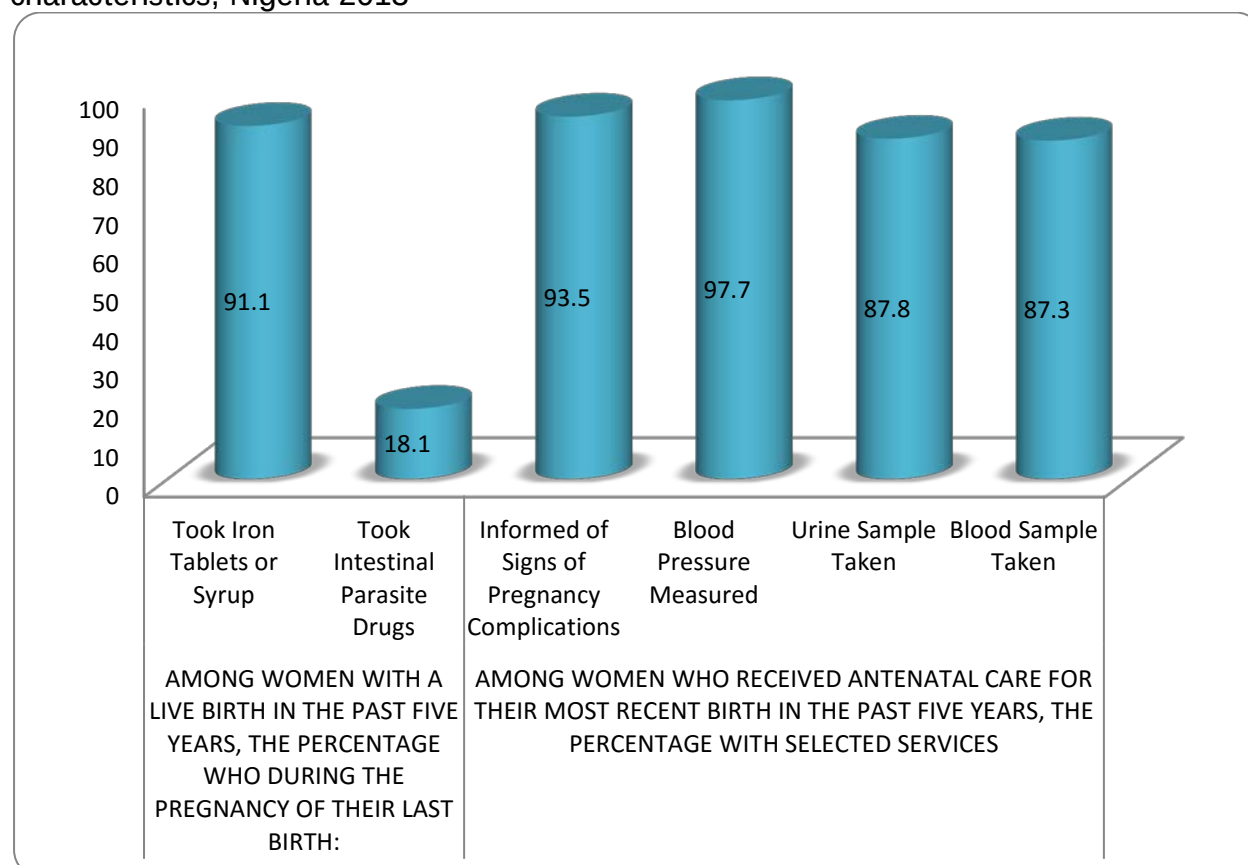
Antenatal care from a trained provider is important to monitor the pregnancy and reduce morbidity risks for the mother and child during pregnancy and delivery. Antenatal care provided by a skilled health worker enables; early detection of complications and prompt treatment (e.g., detection and treatment of sexually transmitted infections), prevention of diseases through immunisation and micronutrient supplementation, birth preparedness and complication readiness, and health promotion and disease prevention through health messages and counselling for pregnant women.

Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey with No ANC is 1.2%. Percent distribution of women age 15-49 who had a live birth in the five years preceding the survey with ANC from professionals includes: Doctor (71.7%), Nurse/ Midwife (17.6%), Auxiliary Nurse/ Midwife (4.6%), Community Extension Health Worker (0.3%), Traditional Birth Attendant (4.3%) and 0.3% Missing.

Components of Antenatal Care

Components of antenatal care

Among women age 15-49 with a live birth in the five years preceding the survey, the percentage who took iron tablets or syrup and drugs for intestinal parasites during the pregnancy of the most recent birth, and among women receiving antenatal care (ANC) for the most recent live birth in the five years preceding the survey, the percentage receiving specific antenatal services, according to background characteristics, Nigeria 2013



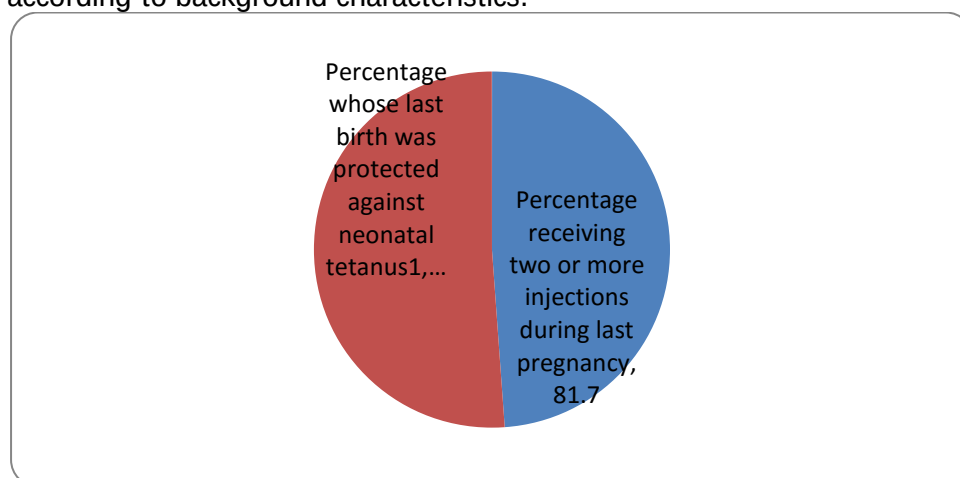
The content of antenatal care is an essential component of the quality of services. Focused antenatal care hinges on the principle that every pregnancy is at risk of complications. Therefore, apart from receiving basic care, every pregnant woman should be monitored for complications. For that reason, ensuring that pregnant women receive information on the symptoms of complications or the danger signs of pregnancy, along with screening for complications, should be a routine part of all antenatal care visits.

Among women with a live birth in the past five years, the percentage who during the pregnancy of their last birth that: Took Iron Tablets or Syrup and Took Intestinal Parasite Drugs recorded 91.1% and 18.1% respectively.

Among women who received antenatal care for their most recent birth in the past five years, the percentage with selected services that: Informed of Signs of Pregnancy Complications (93.5%), Blood Pressure Measured (97.7%), Urine Sample Taken (87.8%) and Blood Sample Taken (87.3%).

Tetanus Toxoid Injections

Among mothers age 15-49 with a live birth in the five years preceding the survey, the percentage receiving two or more tetanus toxoid injections during the pregnancy for the last live birth and the percentage whose last live birth was protected against neonatal tetanus, according to background characteristics.



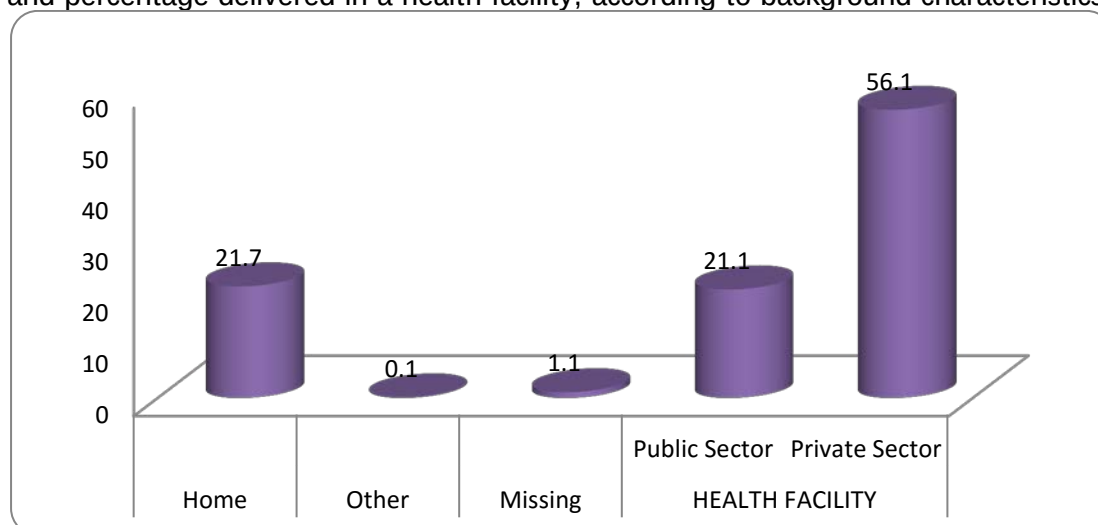
Tetanus toxoid (TT) injections are given to women during pregnancy to prevent infant deaths due to neonatal tetanus; neonatal tetanus can result when sterile procedures are not followed in cutting the umbilical cord after delivery. Neonatal tetanus is a leading cause of neonatal death in developing countries where a high proportion of deliveries take place at home or in places where hygienic conditions may be poor.

It was recorded from the survey that Percentage whose last birth was protected against neonatal tetanus is 85.5 while that receiving two or more injections during last pregnancy is 81.7.

DELIVERY

Place of Delivery

Percent distribution of live births in the five years preceding the survey by place of delivery and percentage delivered in a health facility, according to background characteristics.

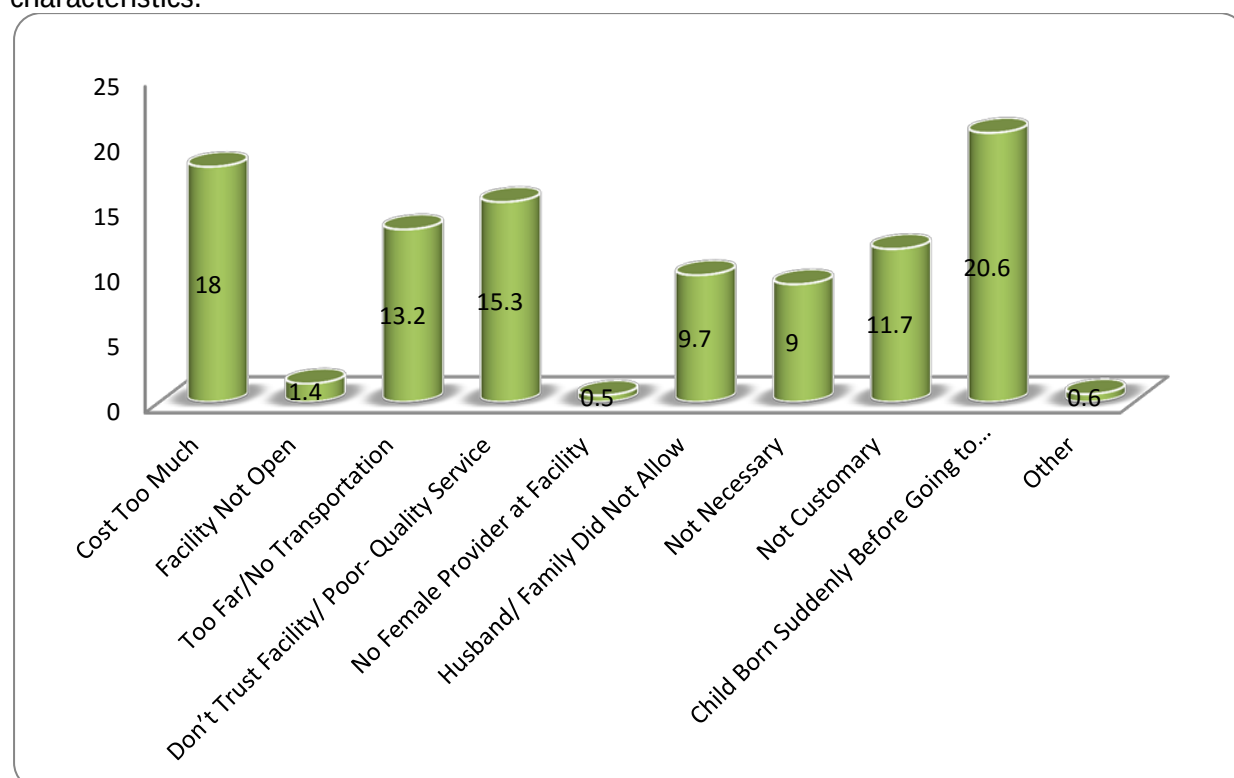


Increasing the percentage of births delivered in health facilities is an important factor in reducing deaths arising from complications of pregnancy. The expectation is that if a complication arises during delivery, a skilled health worker can manage the complication or refer the mother to the next level of care.

The proportion of live births delivered at Home is 21.7%, that delivered in Health Facility which include: Public Sector (21.1%) and Private Sector (56.1%) amount to 77.2%. Other recorded 0.1% and Missing is 1.1%.

Reasons for not delivering in a health facility

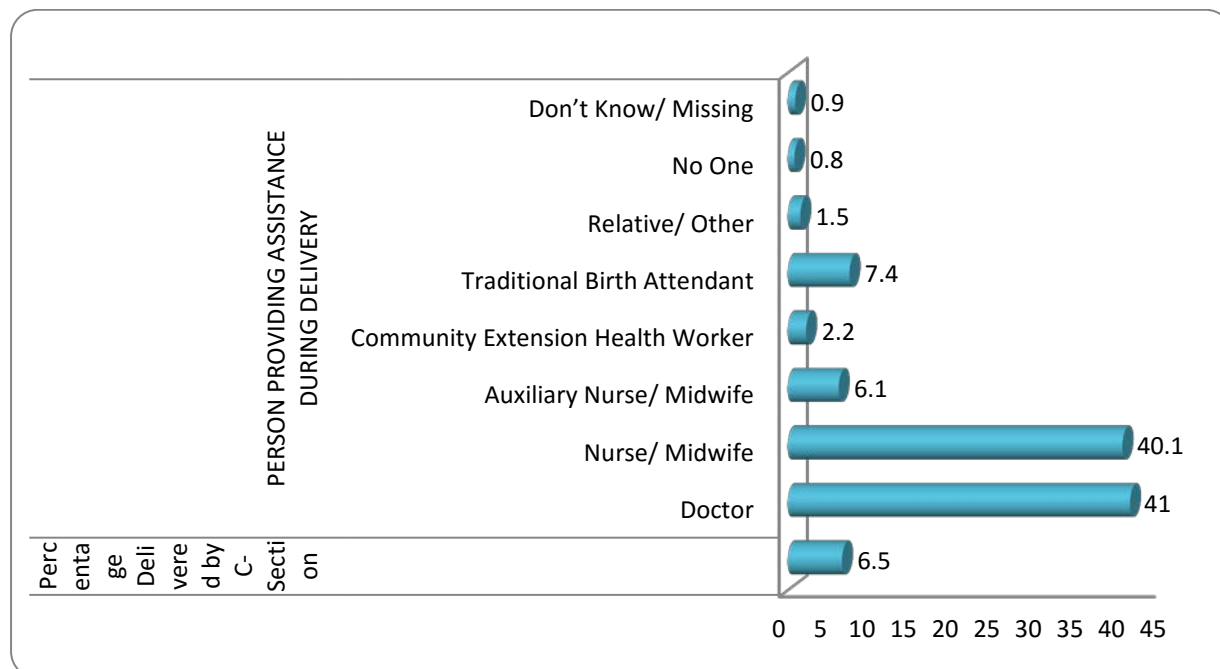
Among last live births not delivered in a health facility, percentage whose mothers cite specific reasons for not delivering in a health facility, according to background characteristics.



Reasons were sought why respondents did not delivered in Health Facilities. Several reasons were adduced among which include: Cost Too Much (18%), Facility Not Open (1.4%), Too Far/ No Transportation (13.2%), Don't Trust Facility/ Poor- Quality Service (15.3%), No Female Provider at Facility (0.5%), Husband/ Family Did Not Allow (9.7%), Not Necessary (9%), Not Customary (11.7%), Child Born Suddenly Before Going to Facility (20.6%) and Others (0.6%).

Assistance during Delivery

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery, percentage of births assisted by a skilled provider, and percentage delivered via caesarean section, according to background characteristics



The skills and performance of the person providing assistance during delivery determine whether complications are properly managed and hygienic practices are observed. In addition to place of birth, assistance during childbirth is an important variable influencing the birth outcome and the mother's and infant's health.

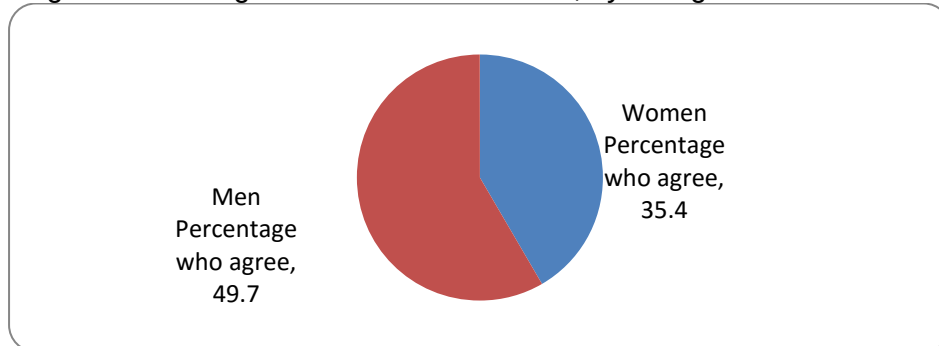
41% of delivery were assisted by Doctors, 40.1% of delivery were assisted by Nurse/ Midwife, 6.1% of delivery were assisted by Auxiliary Nurse/ Midwife, 2.2% were assisted by Community Extension Health Worker, 7.4% were assisted by Traditional Birth Attendant, 1.5% were assisted by Relative/ Other, 0.8% did not get any assistance while 0.9% recorded Don't Know/ Missing.

Percentage Delivered by C-Section was recorded as 6.5%.

ATTITUDES TOWARD CONDOM EDUCATION FOR YOUTH

Adult support of education about condom use to prevent AIDS

Percentage of women and men age 18-49 who agree that children age 12-14 should be taught about using a condom to avoid AIDS, by background characteristics.



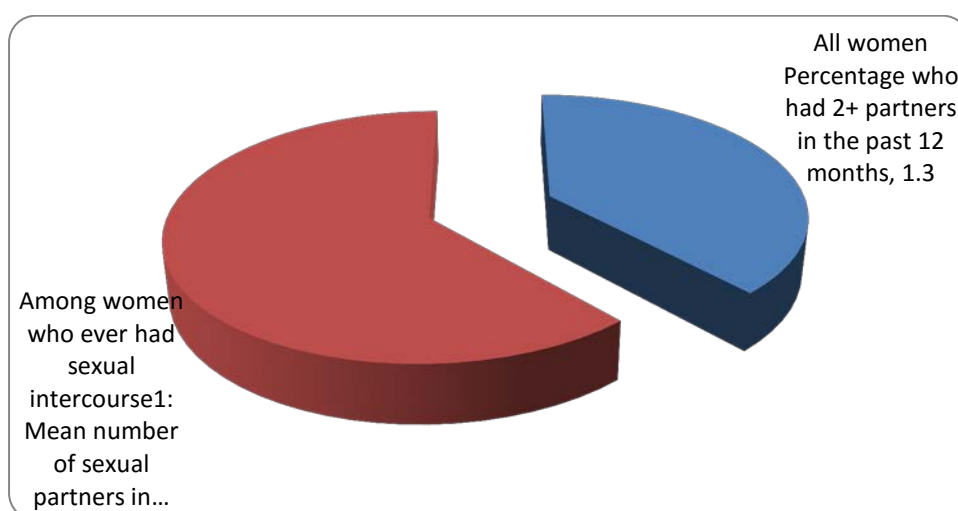
Condom use is one of the most effective strategies for combating the spread of HIV. However, educating youths about condoms is sometimes controversial, with some people believing that it promotes early sexual initiation. To gauge attitudes toward condom education for youth.

The survey recorded the 35.4% of Women agreed to support of education for the Youth about condom use to prevent AIDS as against 49.7% of Men.

HIGHER-RISK SEX

Multiple sexual partners: Women

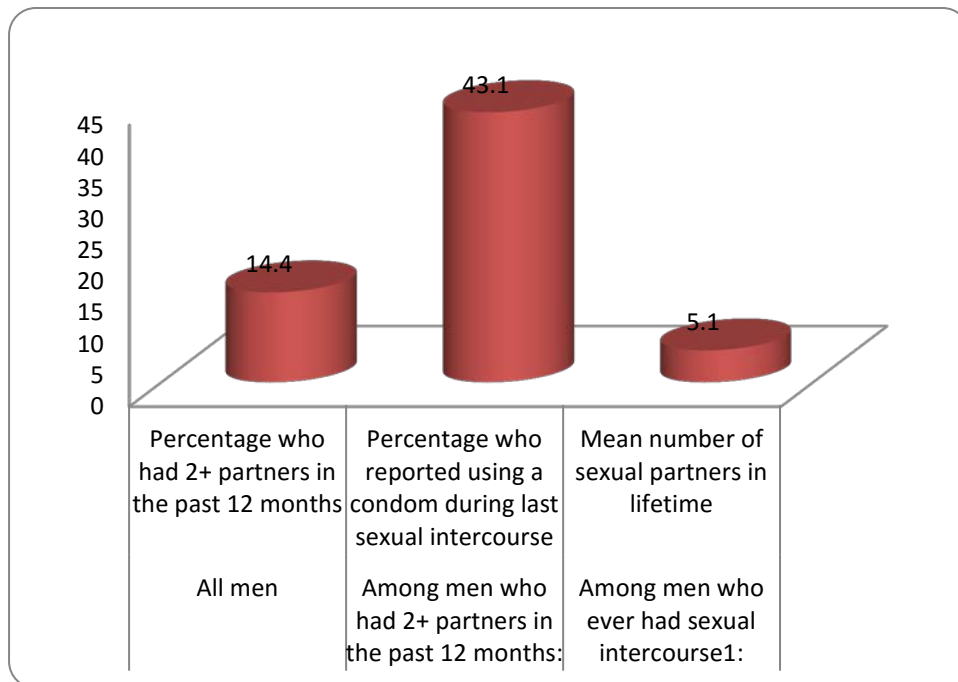
Among all women age 15-49, the percentage who had sexual intercourse with more than one sexual partner in the past 12 months; among those having more than one partner in the past 12 months, the percentage reporting that a condom was used at last intercourse; and the mean number of sexual partners during their lifetime for women who ever had sexual intercourse, by background characteristics.



1.3 Percentage of Women agreed having 2 or more partners in the past 12 months. The mean, which means average number of sexual partners in lifetime was 2.1.

Multiple sexual partners: Men

Among all men age 15-49, the percentage who had sexual intercourse with more than one sexual partner in the past 12 months; among those having more than one partner in the past 12 months, the percentage reporting that a condom was used at last intercourse; and the mean number of sexual partners during their lifetime for men who ever had sexual intercourse, by background characteristics.

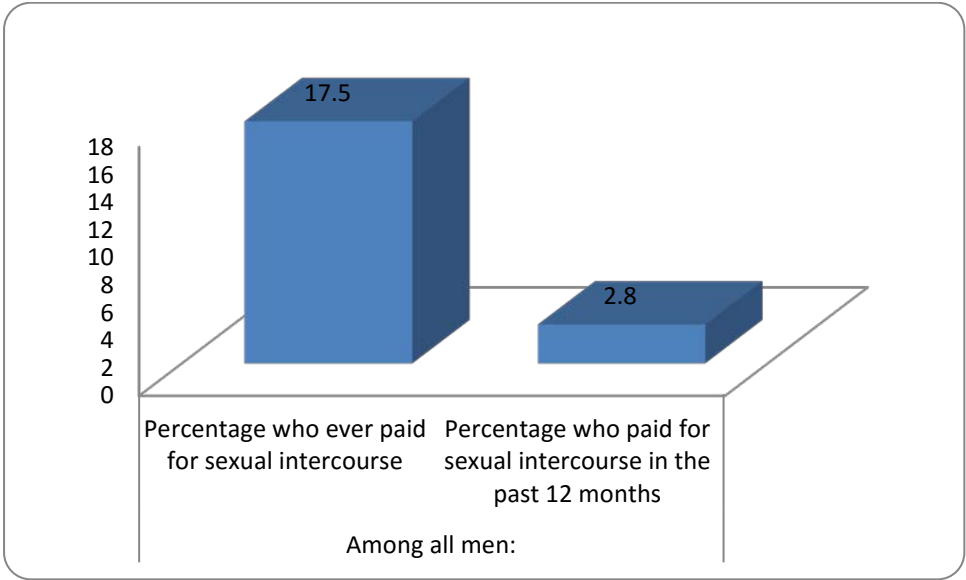


14.4 Percentage of Men agreed having 2 or more partners in the past 12 months. The mean number of sexual partners in lifetime was 5.1 while 43.1 Percentage reported using a condom during last sexual intercourse.

TRANSACTIONAL SEX

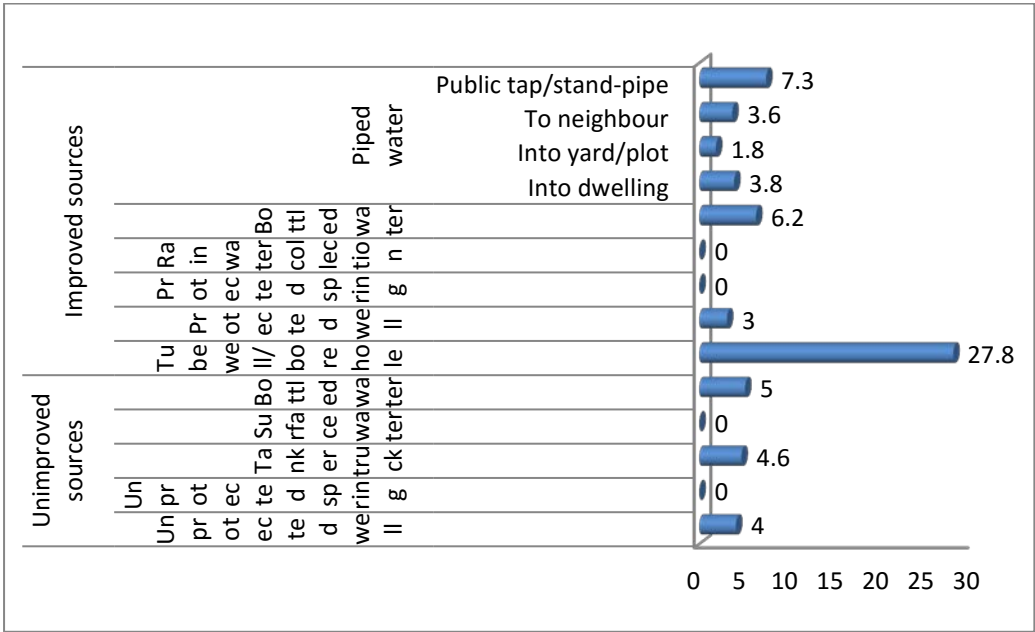
Payment for sexual intercourse and condom use at last paid sexual intercourse

Percentage of men age 15-49 who ever paid for sexual intercourse and percentage reporting payment for sexual intercourse in the past 12 months, and among them, the percentage reporting that a condom was used the last time they paid for sexual intercourse, by background characteristics.



Transactional sex involves the exchange of money, favours, or gifts for sexual intercourse. This type of sexual intercourse is associated with a greater risk of contracting HIV and other STIs because of compromised power relations between women and men and the tendency of those involved to have multiple sexual relationships. Among all men interviewed, 17.5 Percentage Ever paid for sexual intercourse and 2.8 Percentage paid for sexual intercourse in the past 12 months.

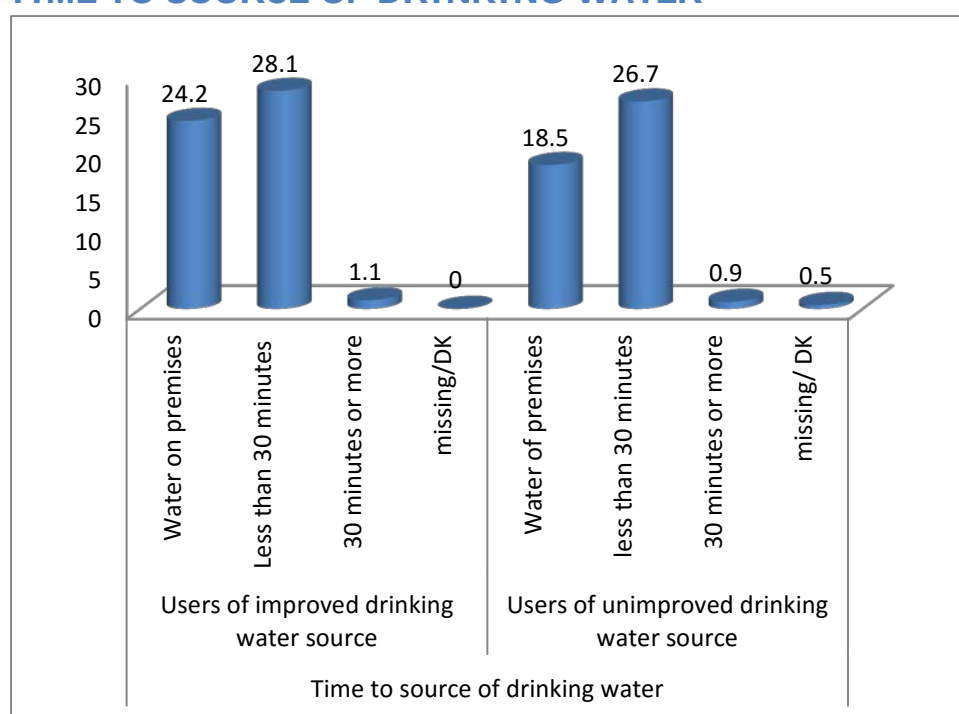
USE OF IMPROVED WATER SOURCES



Safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water may be particularly important for women and children, especially in rural areas, who bear the primary responsibility for carrying water, often for long distances.

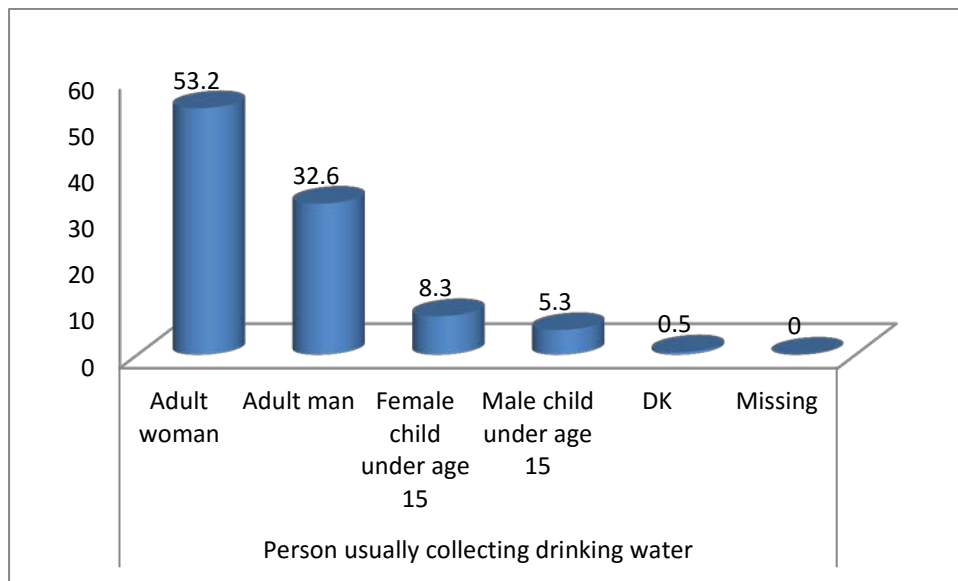
Of the unimproved water sources which includes Unprotected Well, Unprotected Spring, Tanker Truck, Surface water and Bottled Water had their proportion respectively as 4%, 0%, 4.6%, 0% and 5%. The improved sources but piped includes; Into Dwelling, Into Yard/Plot, To Neighbour and Public Tap/ Stand-Pipe had their proportion respectively as 3.8%, 1.8%, 3.6% and 7.3% respectively. While the improved sources but not piped includes; Tube well/ Borehole, Protected well, Protected Spring, Rain Water Collection and bottled Water had their proportion respectively as 28%, 3%, 0%, 0% and 6%.

TIME TO SOURCE OF DRINKING WATER



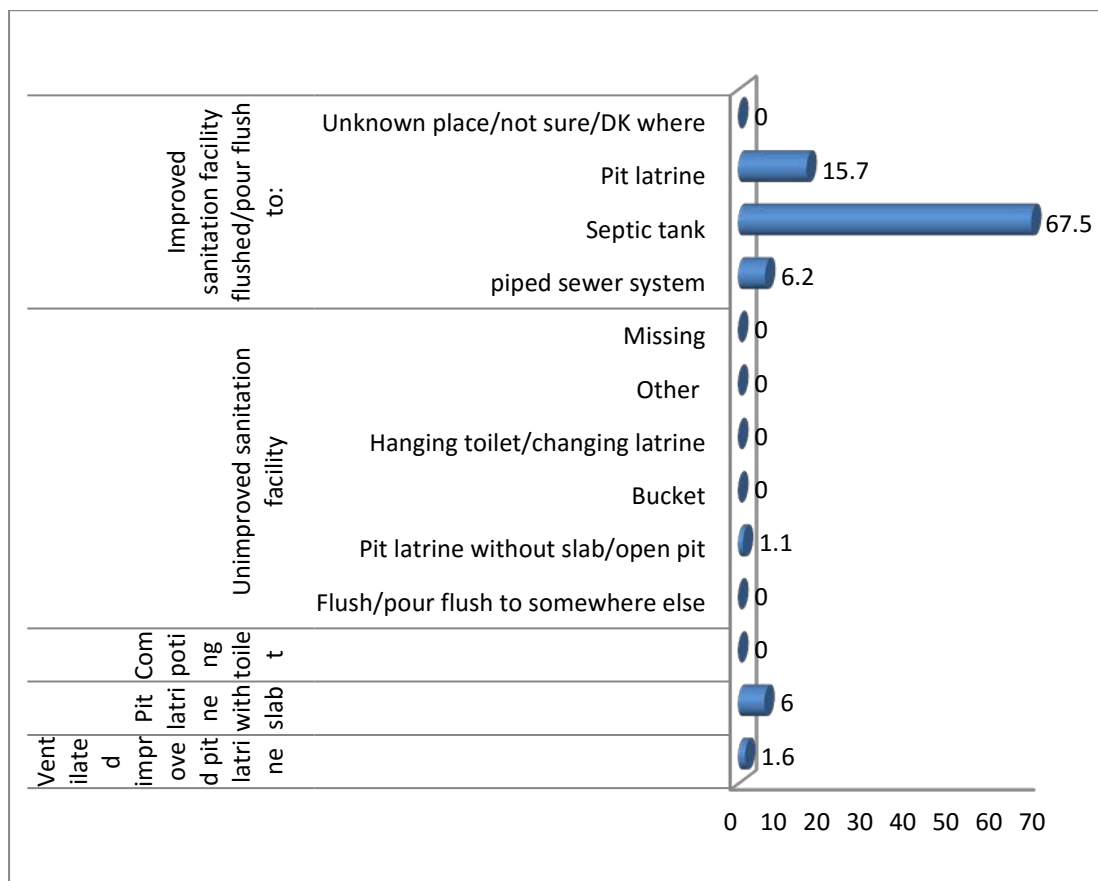
Question on the time to source drinking water was also incorporated into the questionnaire and it was discovered that users of improved water sources which include: Those that have Water on Premises, those that have to use Less than 30 minutes, those that have to use 30 minutes or more and missing/ DK recorded 24.2%, 28.1%, 1.1% and 0% respectively. The users of unimproved water sources includes: Those that have Water on Premises, those that have to use Less than 30 minutes, those that have to use 30 minutes or more and missing/ DK recorded 18.5%, 26.7%, 0.9% and 0.5% respectively.

PERSON COLLECTING WATER



The person collecting water was also sought for and it revealed that Adult Women had 53.2%, Adult Men had 32.6%, Female Child Under Age 15 had 8.3%, Male Child Under Age 15 had 5.3%, DK recorded 0.5% and Missing recorded nothing.

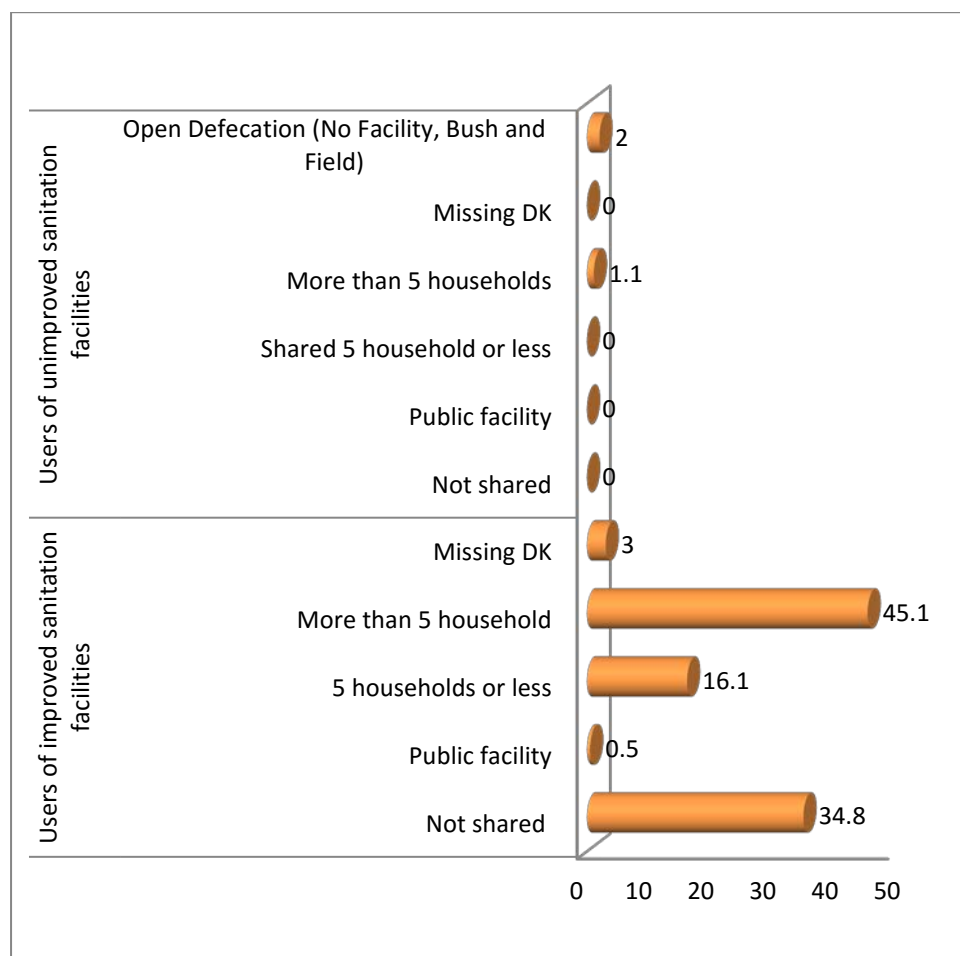
TYPES OF SANITATION FACILITIES



Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio. An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Improved sanitation can reduce diarrheal disease by more than a third, and can significantly lessen the adverse health impacts of other disorders responsible for death and disease.

Ventilated Improved Latrine recorded 1.6%, Pit Latrine with Slab had 6%, and Compositing Toilet had nothing. Among the unimproved sanitation facility, Flush/Pour Flush to Somewhere Else, Bucket, Hanging Toilet/Changing Latrine, Other and Missing each recorded nothing while Pit Latrine Without Slab/Open Pit recorded 1.1%. For the improved sanitation facility, Flush/Pour Flush to: Piped Sewer System recorded 6.2%, Septic Tank had 67.5%, Pit Latrine had 15.7% while Unknown place/not sure/DK where recorded nothing.

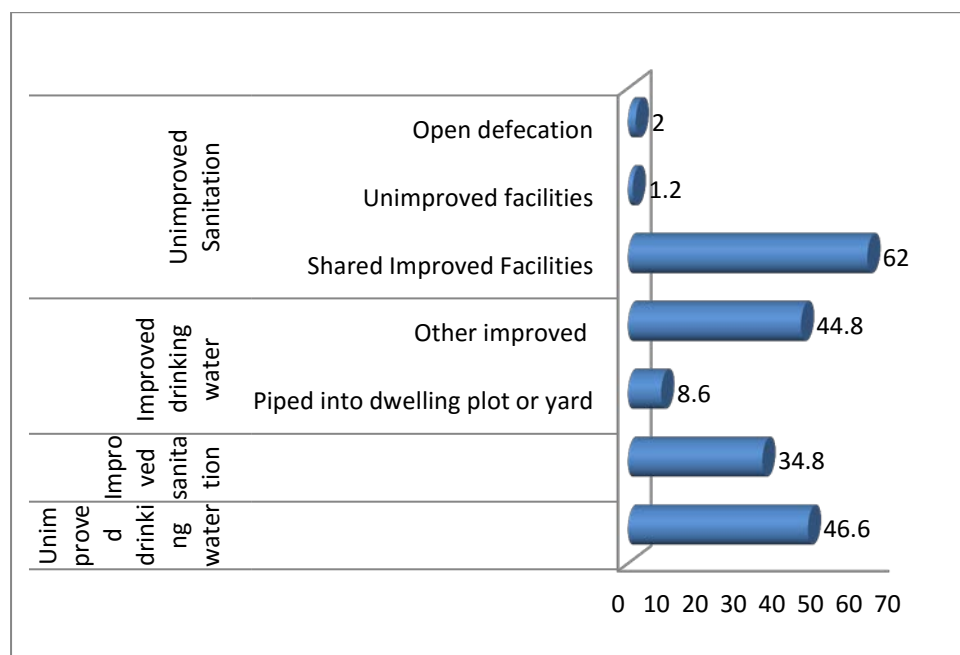
SHARED USE OF SANITATION FACILITIES



Households are classified as using an unimproved sanitation facility if they are using otherwise acceptable sanitation facilities but sharing a facility between two or more households or using a public toilet facility.

The users of improved sanitation facilities including: Not Shared, Public Facility, 5 Households or Less, More than 5 Households and Missing DK recorded 34.8%, 0.5%, 16.1%, 45.1% and 3% respectively. Also, the users of unimproved sanitation facilities including: Not Shared, Public Facility, 5 Households or Less and Missing DK all recorded 0% each, while More than 5 Households and Open Defecation (No Facility, Bush and Field) recorded 1.1% and 2% respectively.

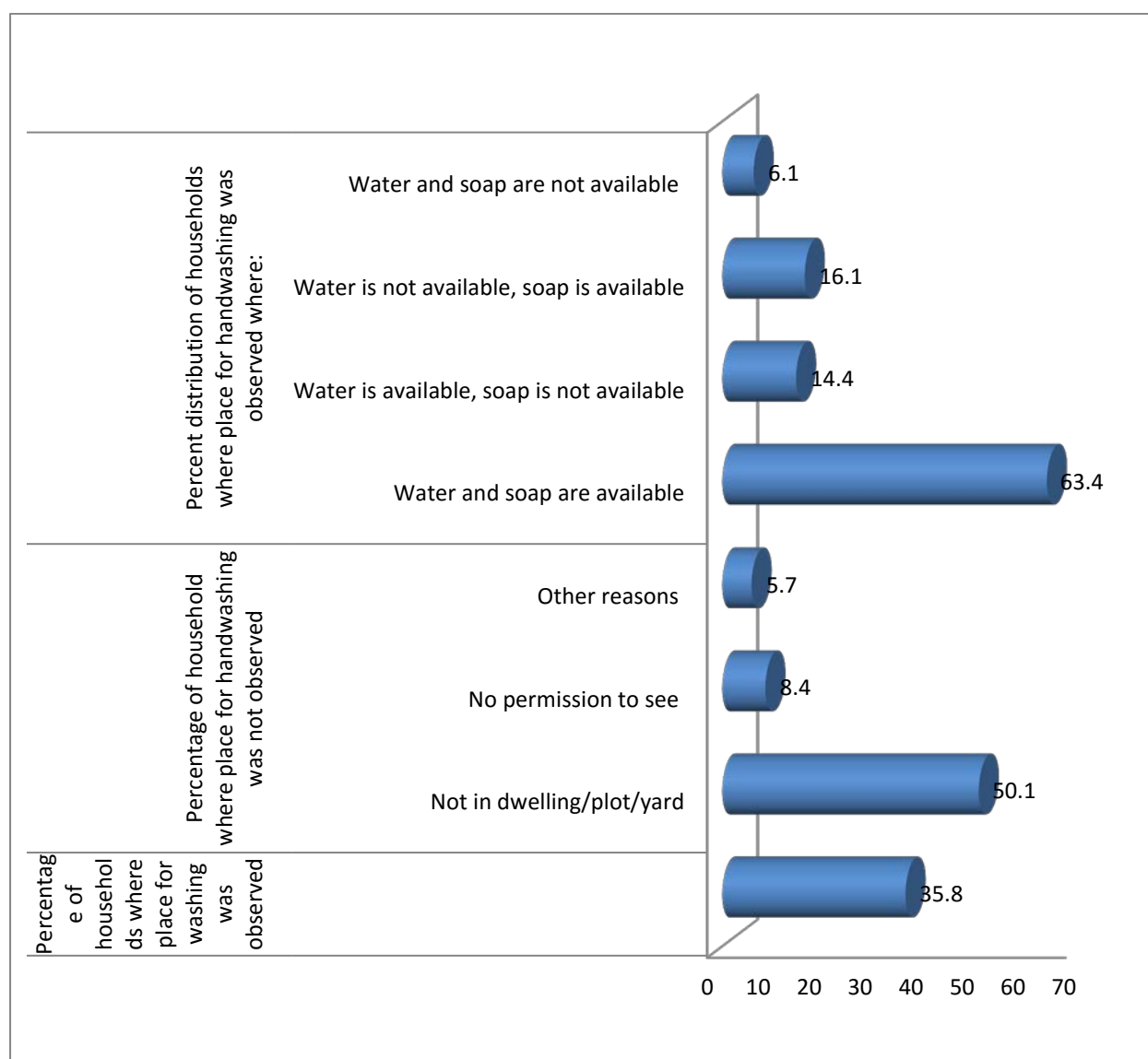
DRINKING WATER AND SANITATION LADDERS



The ladder format allows a disaggregated analysis of trends in a three rung ladder for drinking-water and a four-rung ladder for sanitation. For sanitation, this gives an understanding of the proportion of population with no sanitation facilities at all as "unimproved," of those sharing sanitation facilities of otherwise acceptable technology, and those using "improved" sanitation facilities.

The Improved Sanitation recorded 34.8%, The Unimproved Drinking Water recorded 46.6%. The improved drinking water which includes: Piped into Dwelling Plot or Yard and Other improved recorded 8.6% and 44.8% respectively. The unimproved sanitation which includes: Shared Improved Facilities, Unimproved Facilities and Open Defecation recorded 62%, 1.2% and 2% respectively.

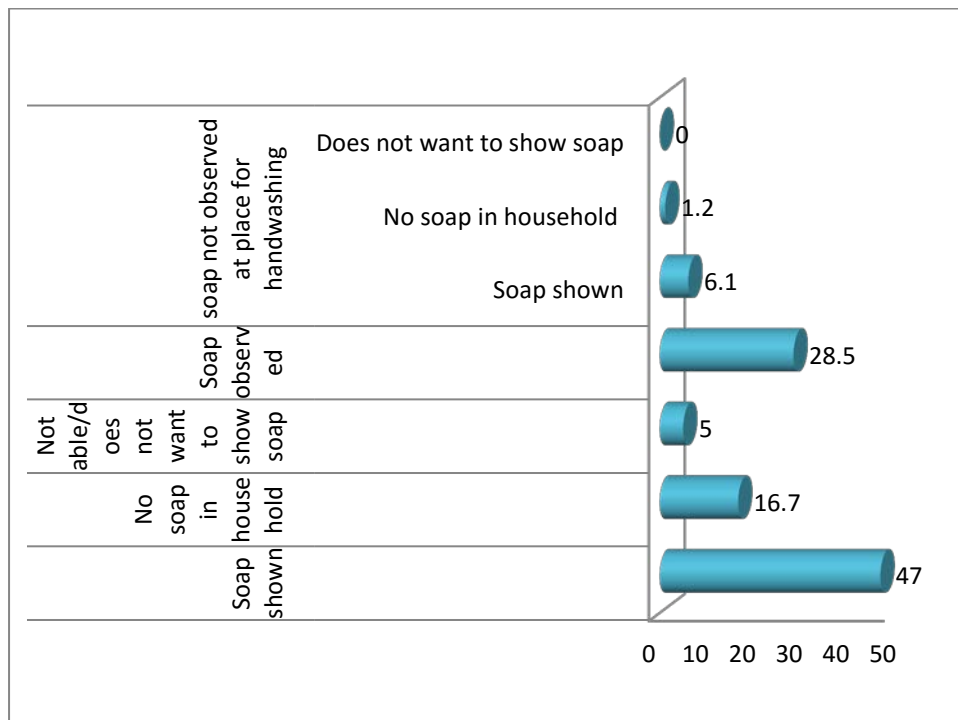
HAND WASHING



Hand washing with water and soap is the most cost effective health intervention to reduce both the incidence of diarrhoea and pneumonia in children under five. It is most effective when done using water and soap after visiting a toilet or cleaning a child, before eating or handling food and, before feeding a child.

The households where place of hand washing were observed reads 35.8%. The households where place of hand washing were not observed including: Not in the Dwelling/ Plot/ Yard, No Permission to See and Other reasons recorded 50.1%, 8.4% and 5.7% respectively. Percent distribution of households where place for hand washing was observed where: Water and Soap are Available, Water is available and Soap is not Available, Water is not Available and Soap is Available and Water and Soap are not Available are documented as 63.4%, 14.4%, 16.1% and 6.1% respectively.

AVAILABILITY OF SOAP



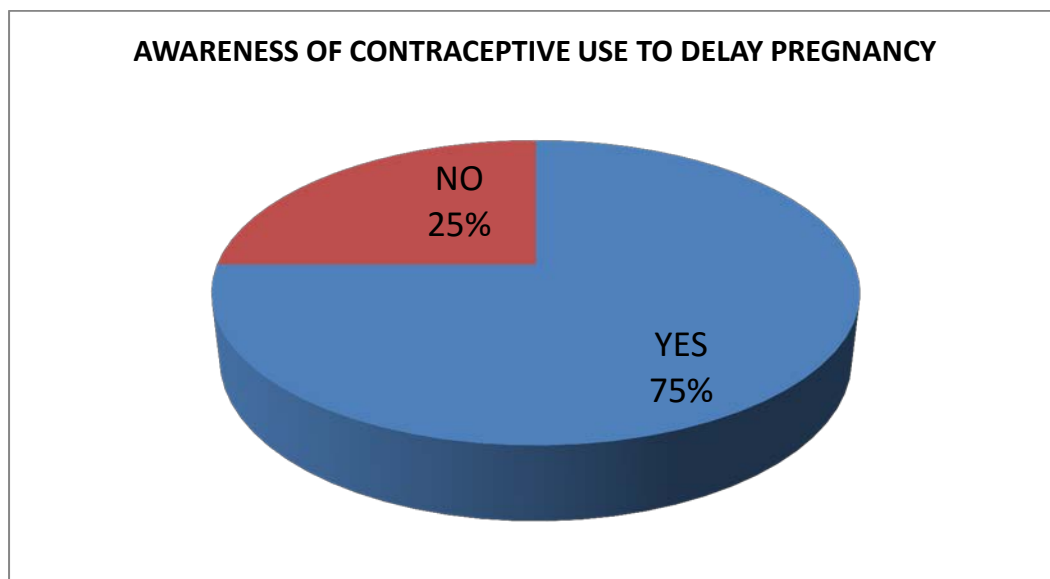
The survey also considered the availability of Soap at the hand washing area. Places for hand washing not observed includes: 47% of household have Soaps shown, 16.7 have No Soap in Household and 5% have Not Able/ Does not want to Show soap. For Places for hand washing observed includes: Soap Shown (6.1%), No Soap in Household (1.2%) and Does not Want to Show Soap recorded nothing.

FAMILY PLANNING (FP) AND CONTRACEPTIVES SERVICES

Family planning allows people to have their desired number of children and determine the spacing of pregnancies. It is achieved through the use of contraceptive methods and the treatment of infertility. An estimated 222 million women in developing countries would like to delay or stop childbearing but are not using any methods of contraception. Promotion of family planning and ensuring access to preferred contraceptive methods for women and couples is essential to securing the well-being and autonomy of women, while supporting the health and development of communities. Therefore, citizens should be educated on the use of contraceptive as a method of family planning.

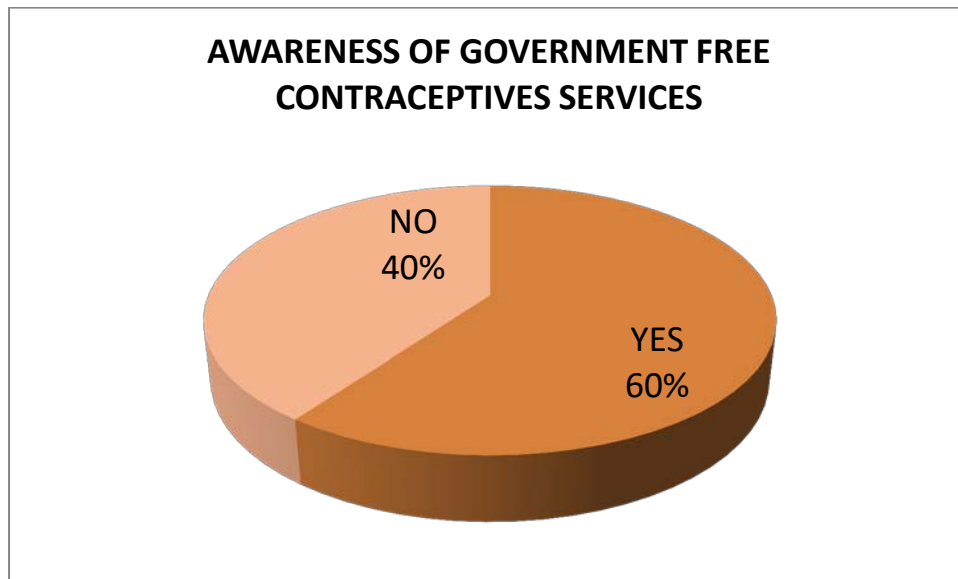
AWARENESS OF CONTRACEPTIVE USE TO DELAY PREGNANCY

It is the responsibility of government to provide quality health service to its citizens through enlightenment campaigns especially in the area of family planning in order to prevent pregnancy-related health risks, reduce adolescent pregnancies, prevent HIV/AIDS, slow population growth etc. The result of the survey revealed that 75% of the sampled households indicated that they were aware of the use of contraceptives.



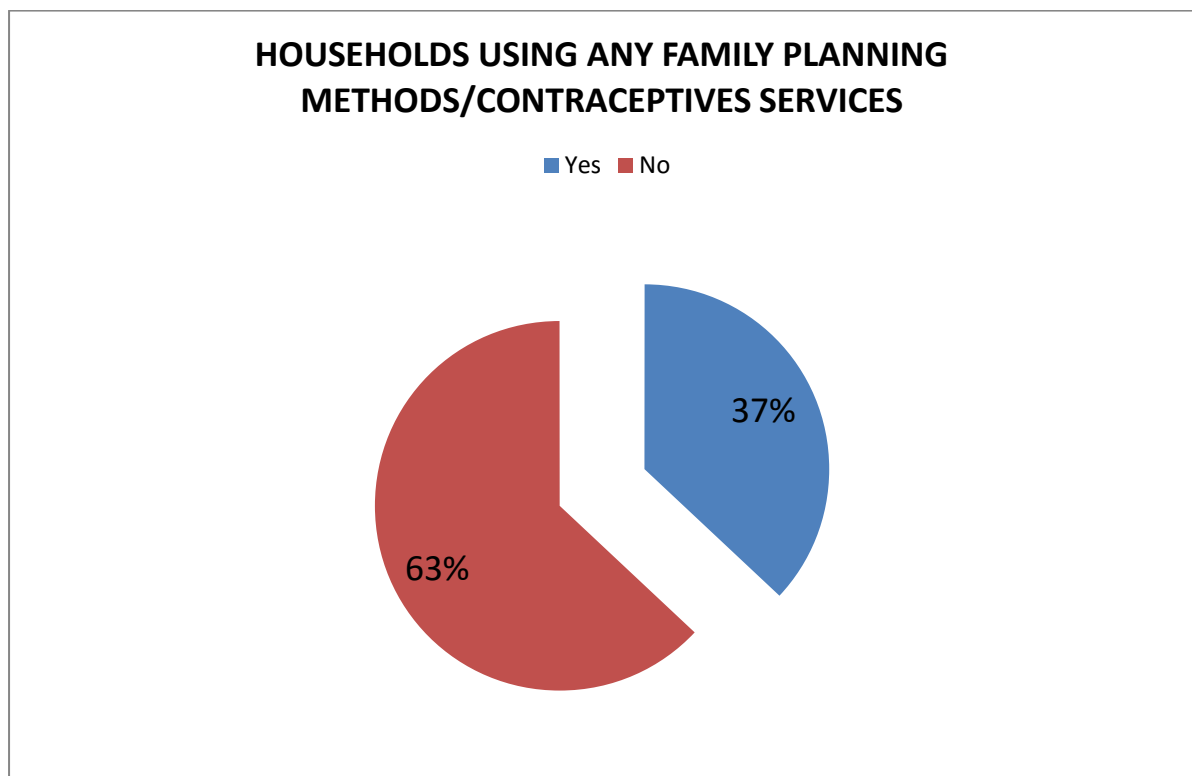
AWARENESS OF GOVERNMENT FREE CONTRACEPTIVES SERVICES

The State Government, in its bid to solve some health related challenges among Lagos residents, introduced the distribution of free contraceptives to its citizens across the Local Government/Local Council Development Areas in the State. The findings from the survey disclosed that 60% of the households sampled claimed to be aware of the free contraceptives services of the State Government while 40% are unaware of such services.



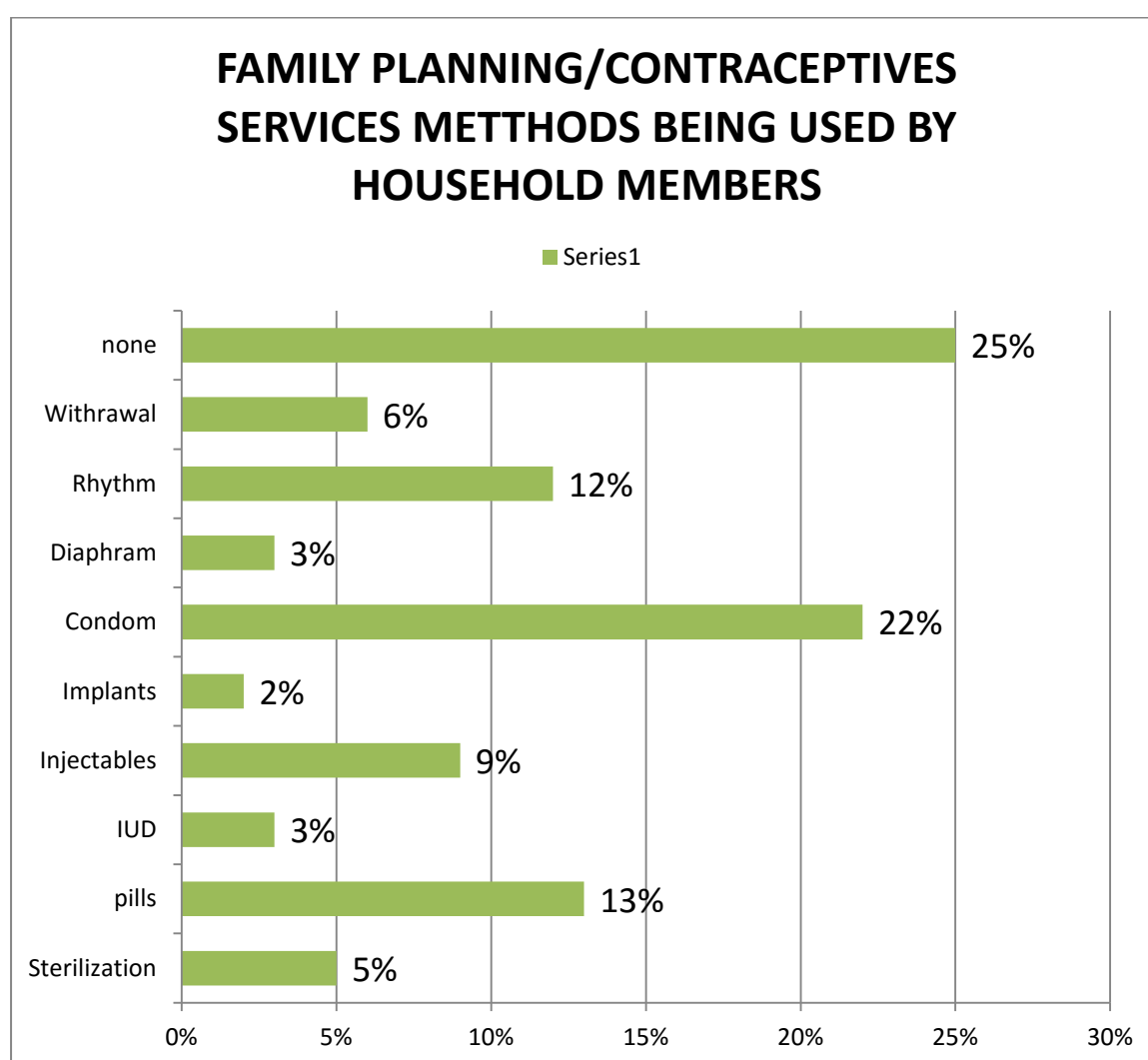
HOUSEHOLDS USING ANY FP METHODS/SERVICES

It is important that family planning is widely available and easily accessible through midwives and other trained health workers to anyone who is sexually active including adolescents. Trained health workers, are expected to provide counseling and some family planning methods such as pills and condoms while the clinicians should educate men and women on methods like sterilization. The survey result revealed that only 37% of the sampled households indicated that they used family planning/contraceptive methods while the remaining 63% specified that they were not using any family planning/contraceptive methods



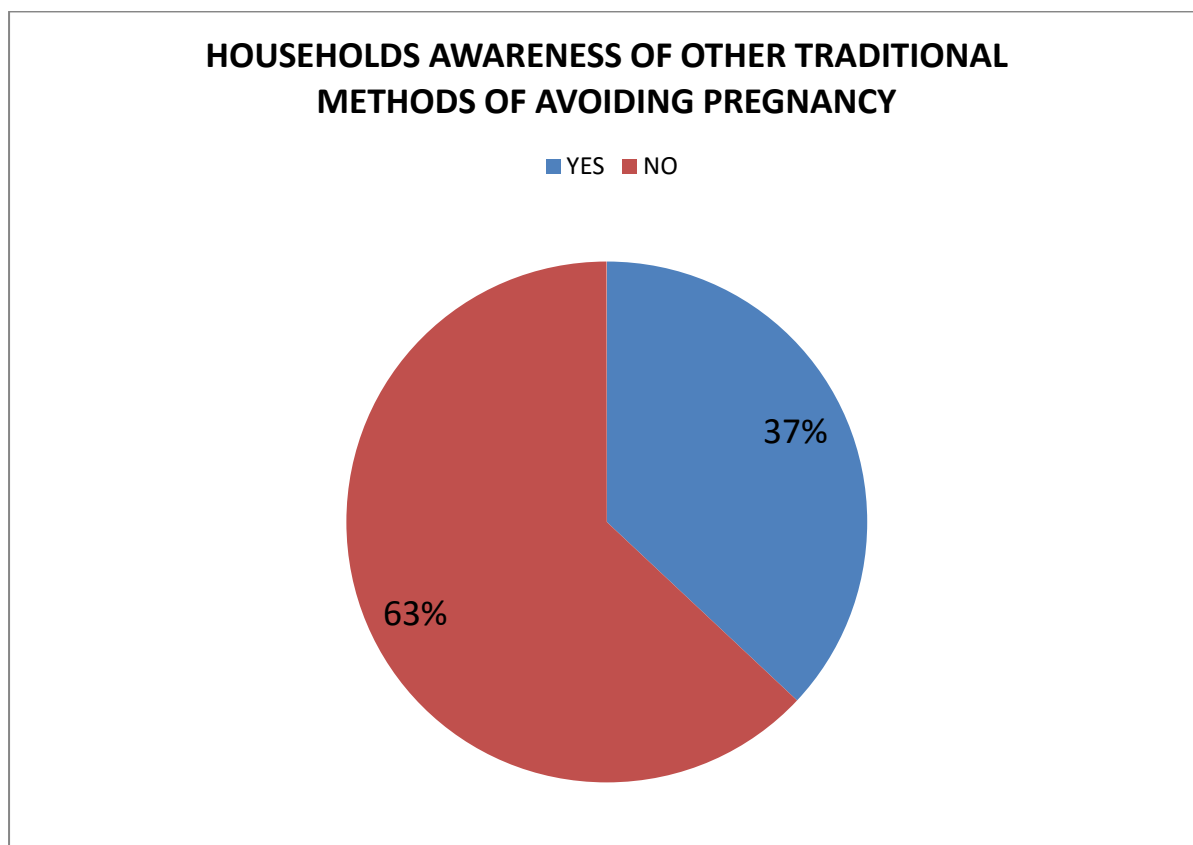
TYPE OF FP/CONTRACEPTIVES SERVICES METHODS USED

The modern and traditional Family planning/contraceptives methods used globally include male/female sterilization, pills, IUDs, Injectables, implants, male/ female condoms, diaphragm, foam/jelly, lactational amenorrhea, rhythm, withdrawal, emergency contraceptives etc. At the State level, the survey result revealed that 5% of the household members used male/female sterilization method, 13% used pills, 3% used IUDs, 9% used Injectables, 2% used implants method, 22% used male/ female condom. As well, 3% of the household members used diaphragm, lactational amenorrhea and rhythm method respectively while 12% and 6% used withdrawal method and emergency contraceptives respectively. 25% used none of the methods while none of the households used foam/jelly method.



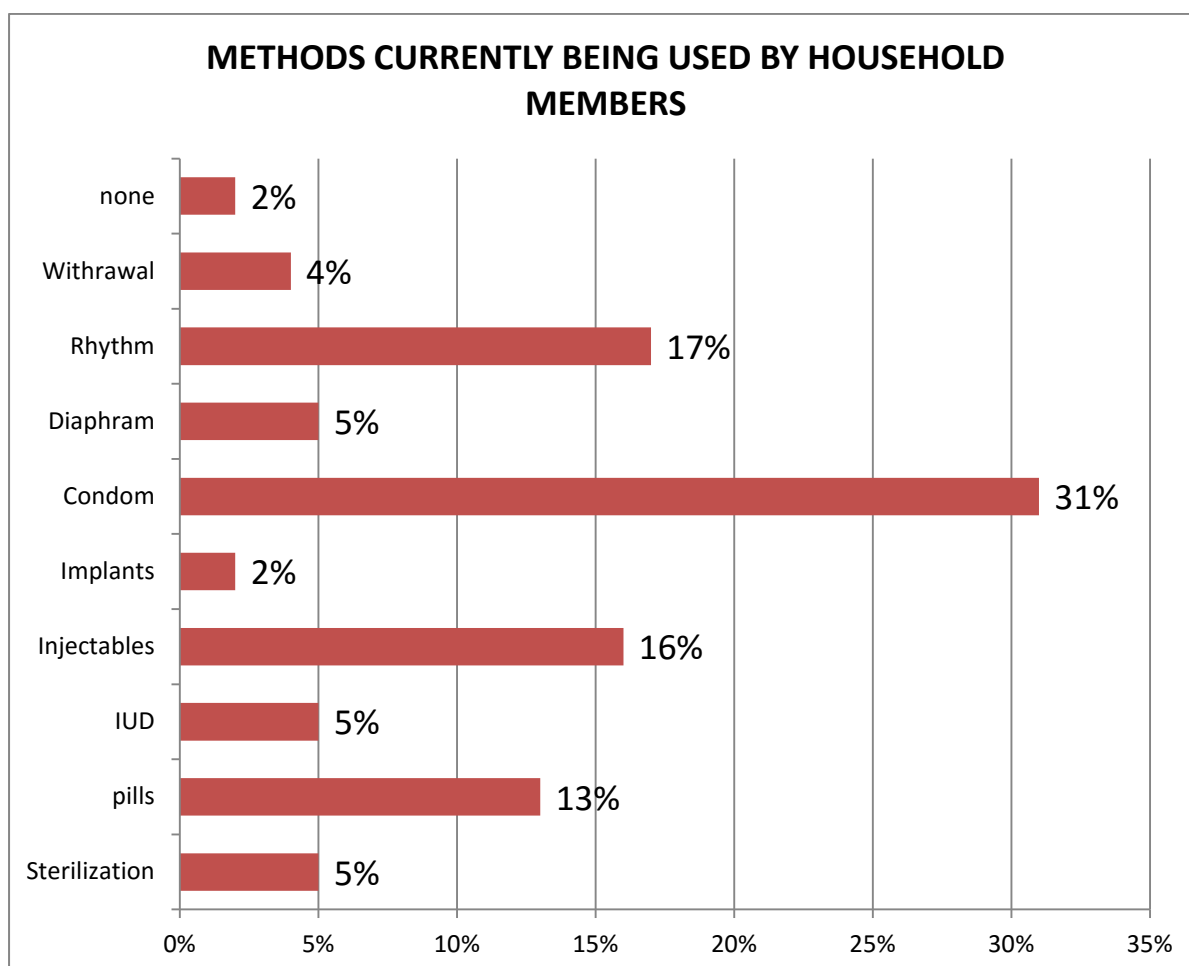
AWARENESS OF OTHER TRADITIONAL METHODS OF AVOIDING PREGNANCY

The survey result on households' awareness of other traditional methods of avoiding pregnancy revealed that 37% of the households across the State were aware of other traditional methods while majority of the households representing 63% claimed ignorance of other available traditional methods.



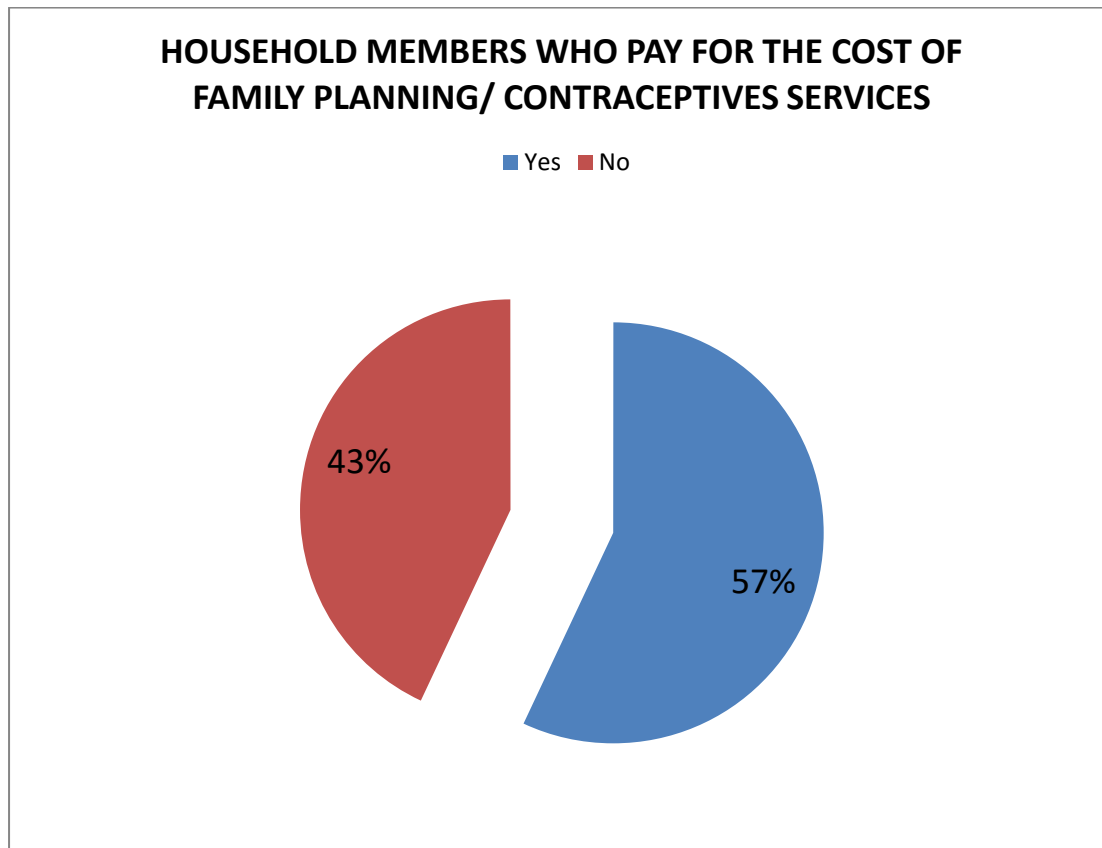
METHODS CURRENTLY BEING USED BY HOUSEHOLD MEMBERS

The survey also tried to examine the family planning/contraceptives methods currently used by household members at the State. At the State level, the survey result revealed that 5% of the household members current use male/female sterilization method, 15% currently use pills, 5% utilized IUDs, 16% used injectables, 2% adopt implants method while 31% used male/female condom, 1% of the household members currently use diaphragm, lactational amenorrhea and rhythm method respectively while 17% and 4% practiced withdrawal method and emergency contraceptives respectively. 2% of the households do not apply any pregnancy preventive methods while none of the household members indicated their usage of foam and jelly



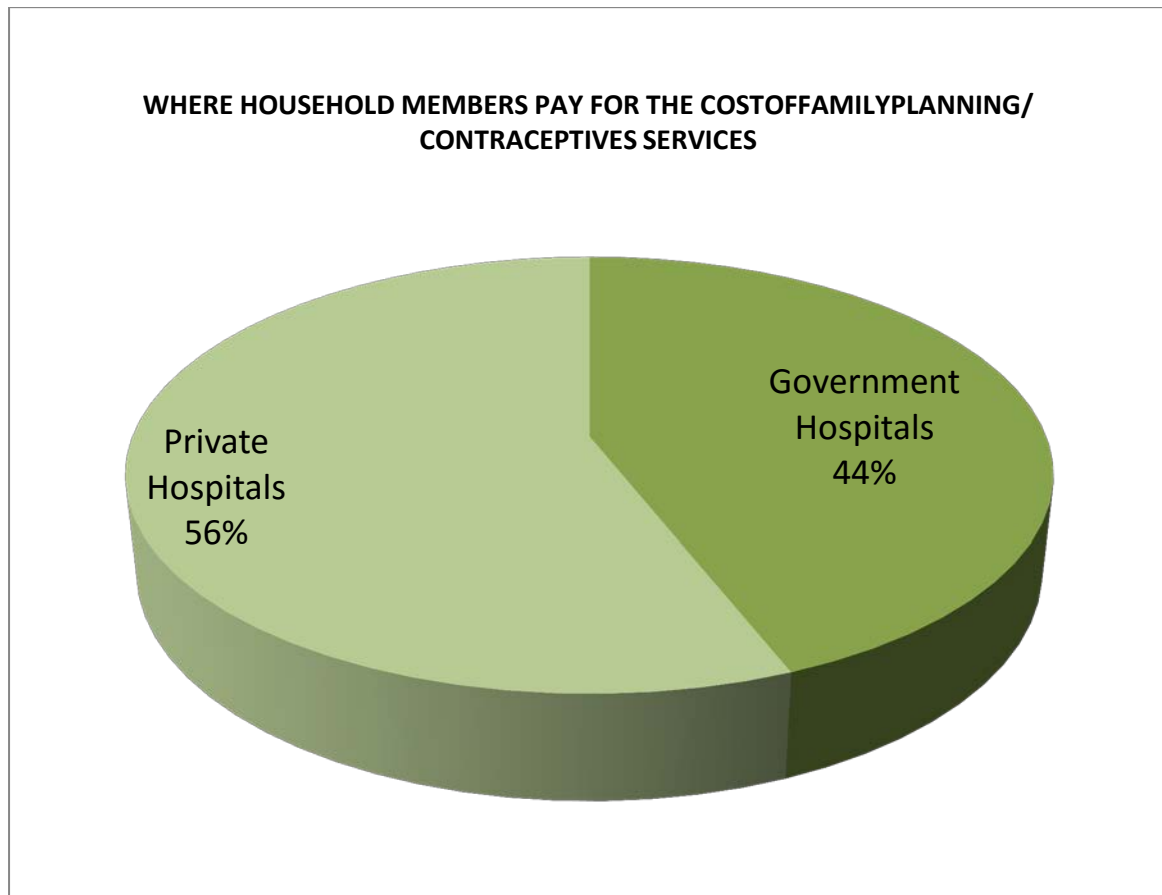
HOUSEHOLD MEMBERS WHO PAY COST OF FP METHODS/ SERVICES

In order to determine household members who pay for family planning /contraceptives services across the State, the survey investigated to know the proportion of such households. The result of the survey revealed that 57% of the household members across the State claim that they paid for the cost of family planning /contraceptives services.



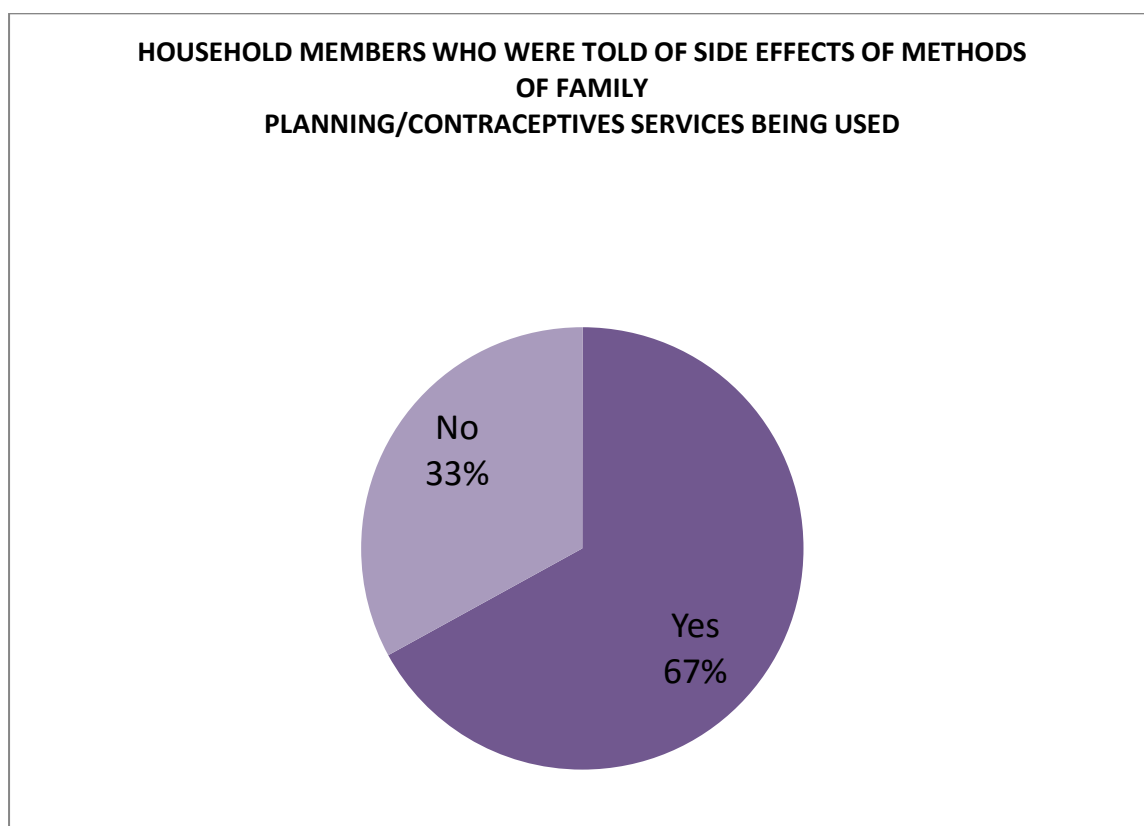
WHERE HOUSEHOLD MEMBERS PAY FOR THE COST OF FP METHOD/ SERVICES

The survey sought to know the ownership of hospitals where household members paid for the cost of family planning/contraceptives. The analysis revealed that 44% of the sampled household members paid for family planning at the government hospitals while the remaining 56% paid to private hospitals.

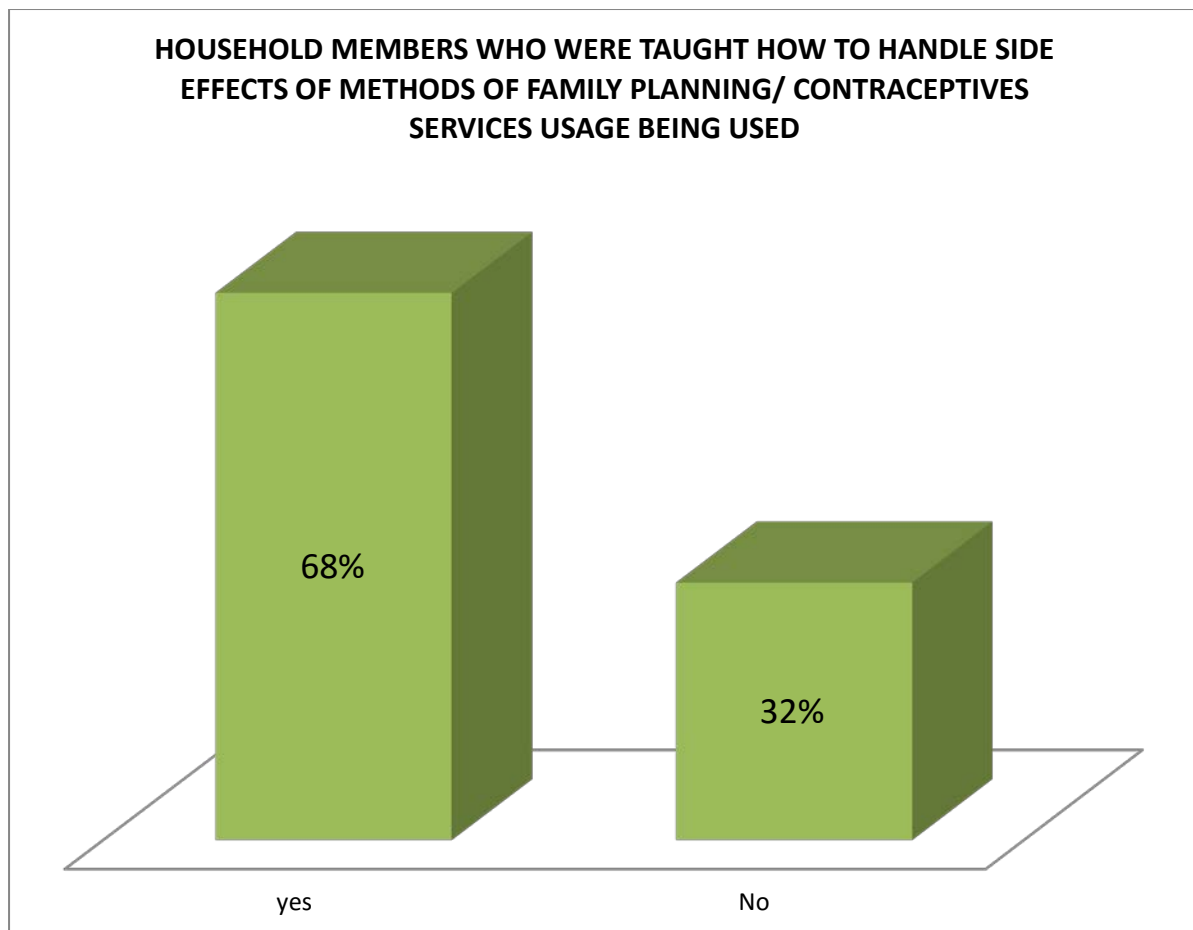


MEMBERS WHO WERE TOLD OF SIDE EFFECTS OF FP METHOD/ SERVICES BEING USED

Many people dislike the use some of the family planning/ contraceptives methods because of the fear of the attendant side effects. Efforts have been made by governments through appropriate agencies to educate people on the side effects of methods of family planning/contraceptives services being used. This was however investigated by the survey and the result showed that 67% of the respondents State –wide affirmed that they were told of the side effects of methods of family planning/contraceptives services being used while 33% claimed to be ignorant of such side effects.

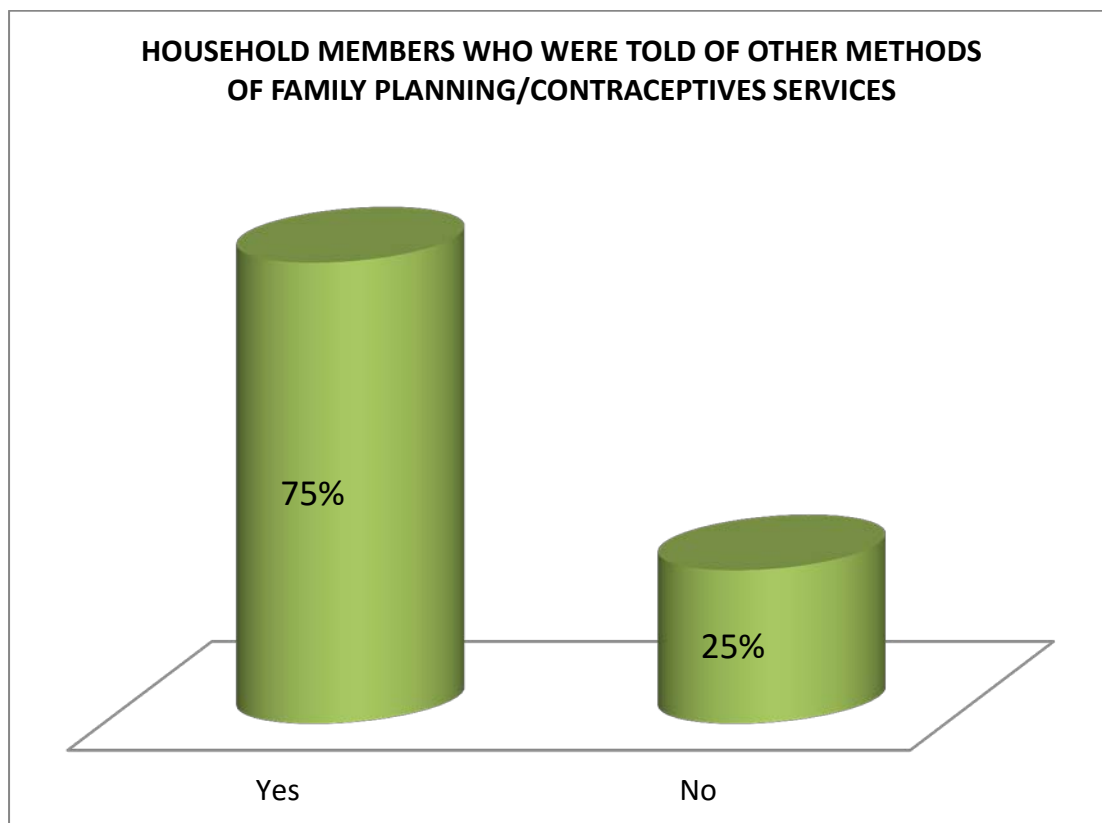


MEMBERS TAUGHT HOW TO HANDLE SIDE EFFECTS OFFP/ SERVICES BEING USED
The survey findings disclosed that 68% of the sampled respondents across the State acknowledged that they were taught how to handle the side effects of adopted methods of family planning/contraceptives services.



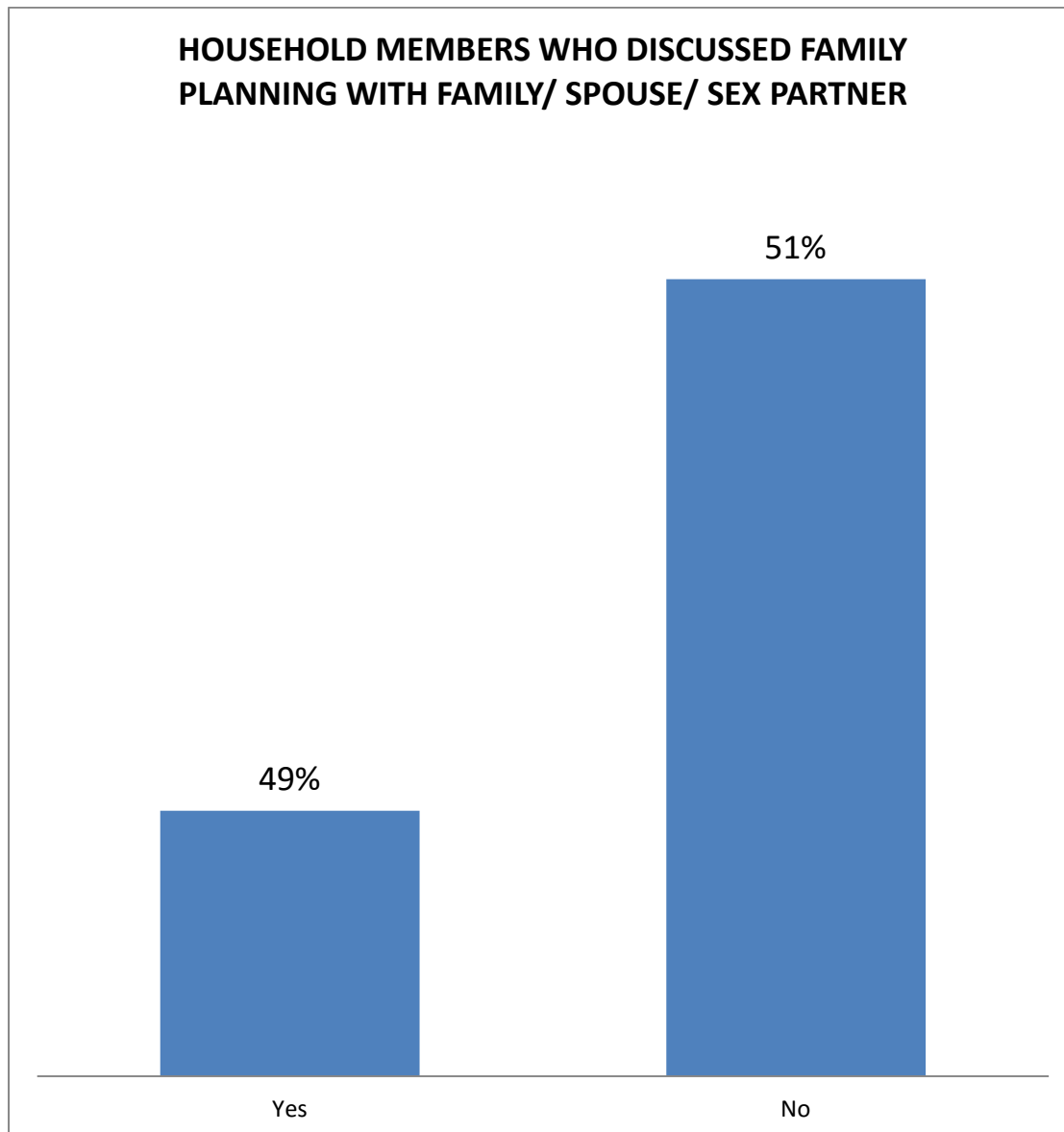
MEMBERS WHO WERE TOLD OF OTHER METHODS OF FP/ CONTRACEPTIVE SERVICES

The study also attempted to determine whether household members in the State were told of other methods of family planning/contraceptives services besides the commonly used ones. The survey results revealed that 75% of the household members in the State reportedly affirmed that they were told of other methods of family planning/contraceptives services usage while 25% attest to the contrary.



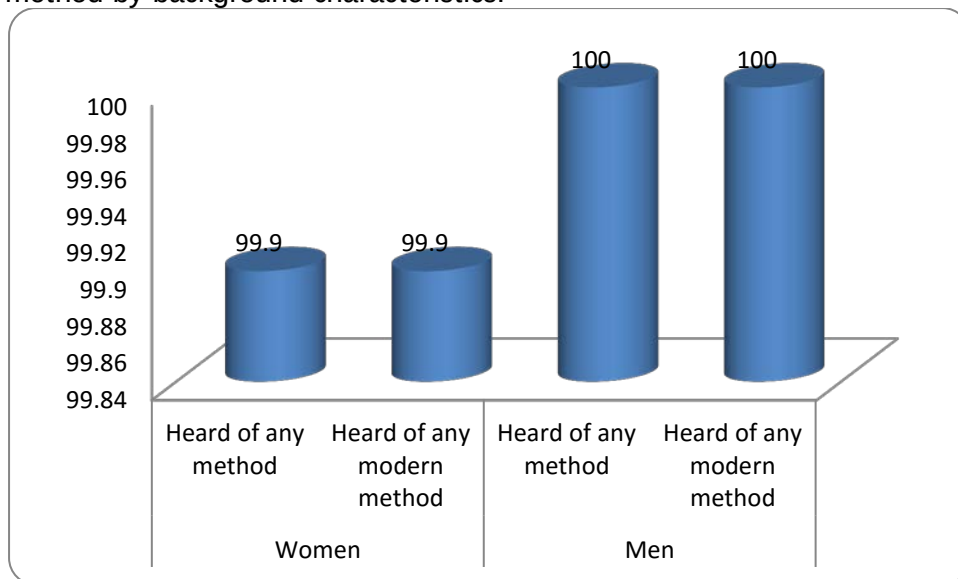
HOUSEHOLD MEMBERS WHO DISCUSSED FAMILY PLANNING WITH FAMILY/ SPOUSE/ SEX PARTNER

The survey result showed that 49% of the respondents across the State discussed family planning with their family/spouse/sex partners while over half (51%) of the sampled households disclosed that they do not discuss family planning with their family/spouse/sex partners.



KNOWLEDGE OF METHODS BY BACKGROUND CHARACTERISTICS

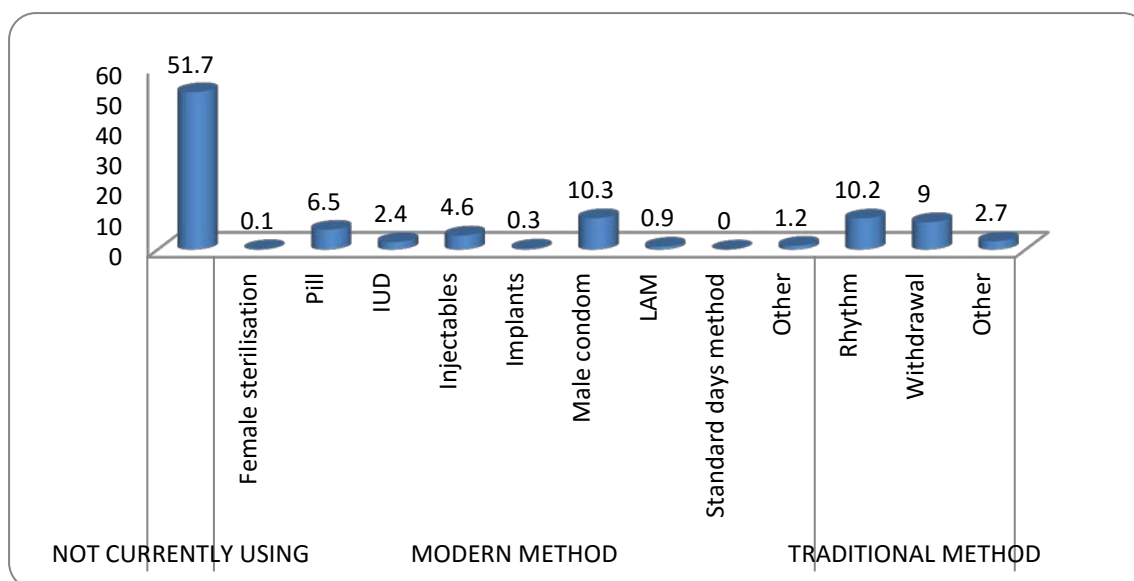
Percentage of currently married women and currently married men age 15-49 who have heard of at least one contraceptive method and who have heard of at least one modern method by background characteristics.



Contraceptive methods are ways or methods by which a couple could delay or avoid pregnancy. Married women age 15-49 who have Heard of Any Method and Heard of Any Modern Method each recorded 99.9% while Married men age 15-49 who have Heard of Any Method and Heard of Any Modern Method each recorded 100%.

CURRENT USE OF CONTRACEPTION BY BACKGROUND CHARACTERISTICS

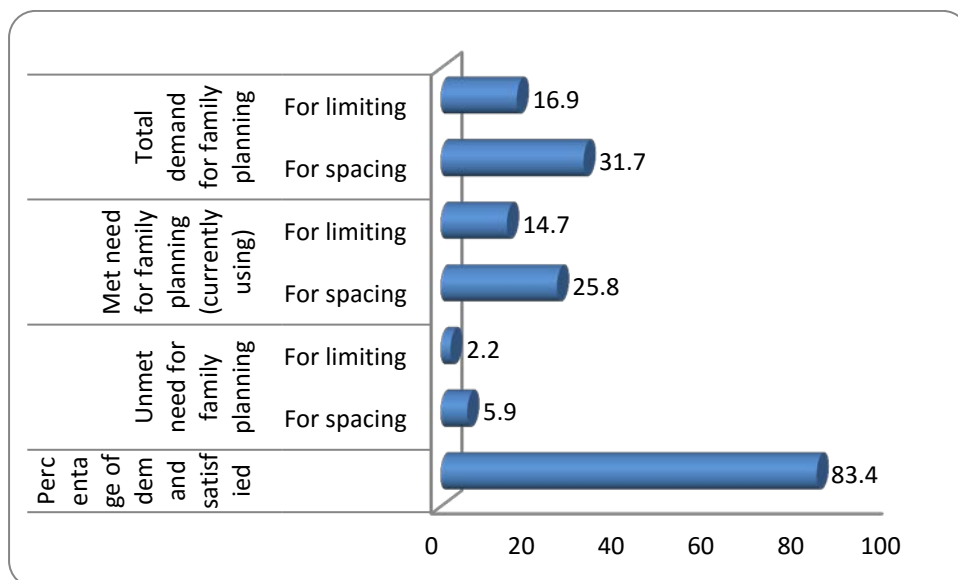
Percent distribution of currently married women age 15-49 by contraceptive method currently used, according to background characteristics.



The use of contraceptives is the most widely used and valuable measure of the success of family planning programmes. To this end, various methods of usage were sought after. It was revealed that those Not Currently Using any method recorded 51.7%. Most other are using modern methods which includes: Female Sterilisation (0.1%), Pill (6.5%), IUD (2.4%), Injectables (4.6%), Implants (0.3%), Male Condom (10.3%) LAM (0.9%), Other (1.2%) while Standard Days Method recorded nothing.

NEED AND DEMAND FOR FAMILY PLANNING AMONG CURRENTLY MARRIED WOMEN

Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for contraception that is satisfied, by background characteristics.



Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone their next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have an unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.
- Postpartum amenorrheic for up to two years following a mistimed birth and not using contraception.

Women are considered to have an unmet need for limiting if they are:

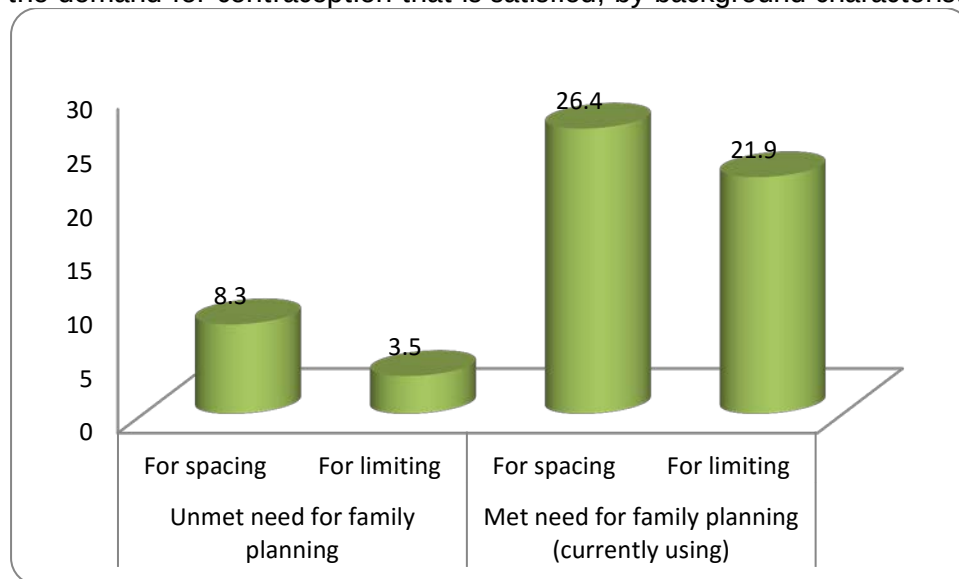
- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrheic for up to two years following an unwanted birth and not using contraception.

Women who are classified as infecund have no unmet need because they are not at risk of becoming pregnant. Women who are using contraception are considered to have a met need. Women using contraception who say they want no (more) children are considered to have a met need for limiting, and women who are using contraception and say they want to delay having a child or are unsure if or when they want a (another) child are considered to have a met need for spacing.

In the survey, Total demand for family planning includes: For limiting (16.9%) and For Spacing (31.7%). Unmet need for family planning also includes: For limiting (2.2%) and For Spacing (5.9%) and Met need for family planning (currently using) includes: For limiting (14.7%) and For Spacing 25.8%). Percentage of Demand Satisfied was also considered and this recorded 83.4%.

NEED AND DEMAND FOR FAMILY PLANNING FOR ALL WOMEN

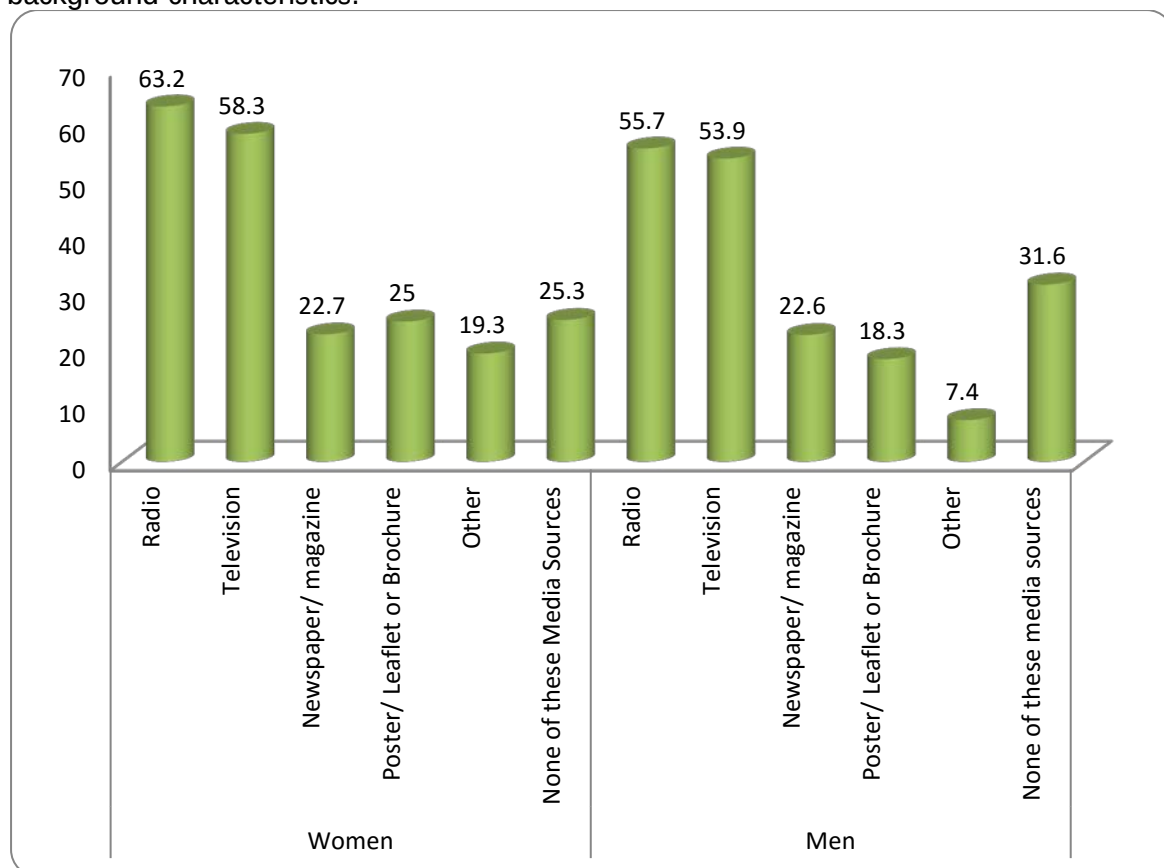
Percentage of all women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for contraception that is satisfied, by background characteristics.



In the survey, the Need and demand for family planning for all women was sought. Unmet need for family planning also includes: For limiting (3.5%) and For Spacing (8.3%) and Met need for family planning (currently using) includes: For limiting (21.9%) and For Spacing (26.4%).

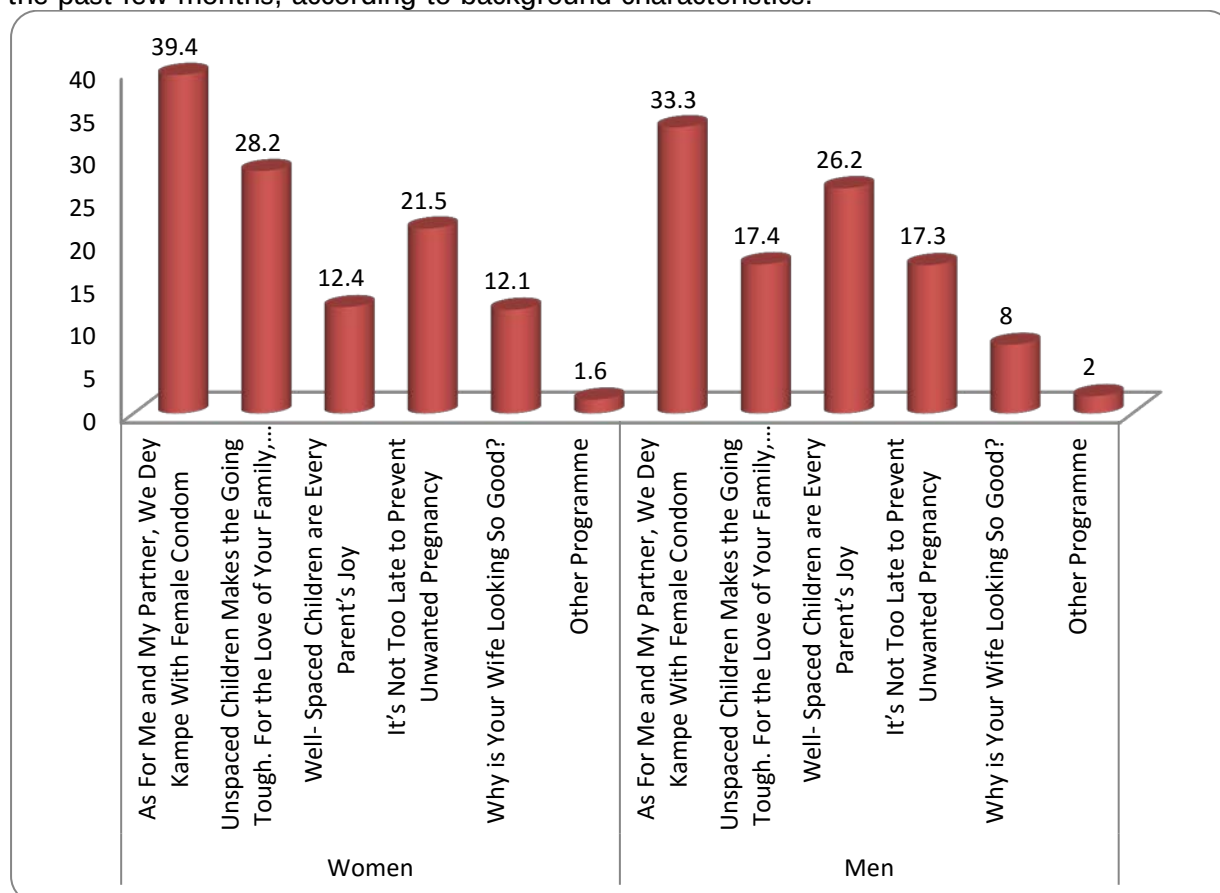
EXPOSURE TO FAMILY PLANNING MESSAGES IN THE MEDIA

Percentage of women and men age 15-49 who heard or saw a family planning message on radio, on television, or in a newspaper or magazine in the past few months, according to background characteristics.



EXPOSURE TO SPECIFIC FAMILY PLANNING MESSAGES

Percentage of women and men age 15-49 who heard or saw a family planning message in the past few months, according to background characteristics.

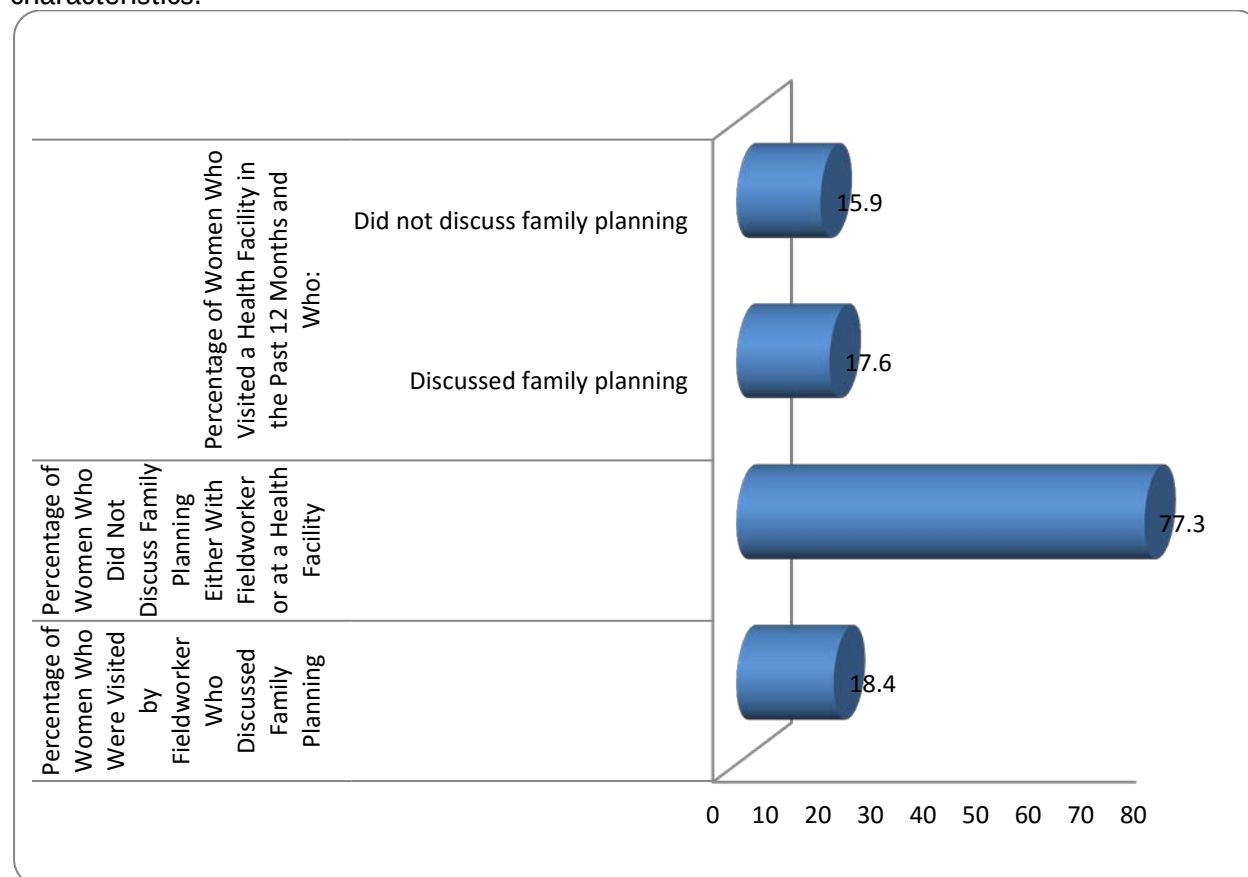


The respondents both Men and Women were further asked questions on exposure to specific Family Planning message. For the women, such questions includes: As For Me and My Partner, We DeyKampe With Female Condom (39.4%), Unspaced Children Makes the Going Tough. For the Love of Your Family, Go for Child Spacing Today (28.2%), Well-Spaced Children are Every Parent's Joy (12.4%), It's Not Too Late to Prevent Unwanted Pregnancy (21.5%), Why is Your Wife Looking So Good? (12.1%) and Other Programme recorded 1.6%.

Also For the men, same questions such as: As For Me and My Partner, We DeyKampe With Female Condom (33.3%), Unspaced Children Makes the Going Tough. For the Love of Your Family, Go for Child Spacing Today (17.4%), Well- Spaced Children are Every Parent's Joy (26.2%), It's Not Too Late to Prevent Unwanted Pregnancy (17.3%), Why is Your Wife Looking So Good? (8%) and Other Programme recorded 2%.

CONTACT OF NONUSERS WITH FAMILY PLANNING PROVIDERS

Among women age 15-49 who are not using contraception, the percentage who during the past 12 months were visited by a fieldworker who discussed family planning, the percentage who visited a health facility and discussed family planning, the percentage who visited a health facility but did not discuss family planning, and the percentage who did not discuss family planning either with a fieldworker or at a health facility, by background characteristics.



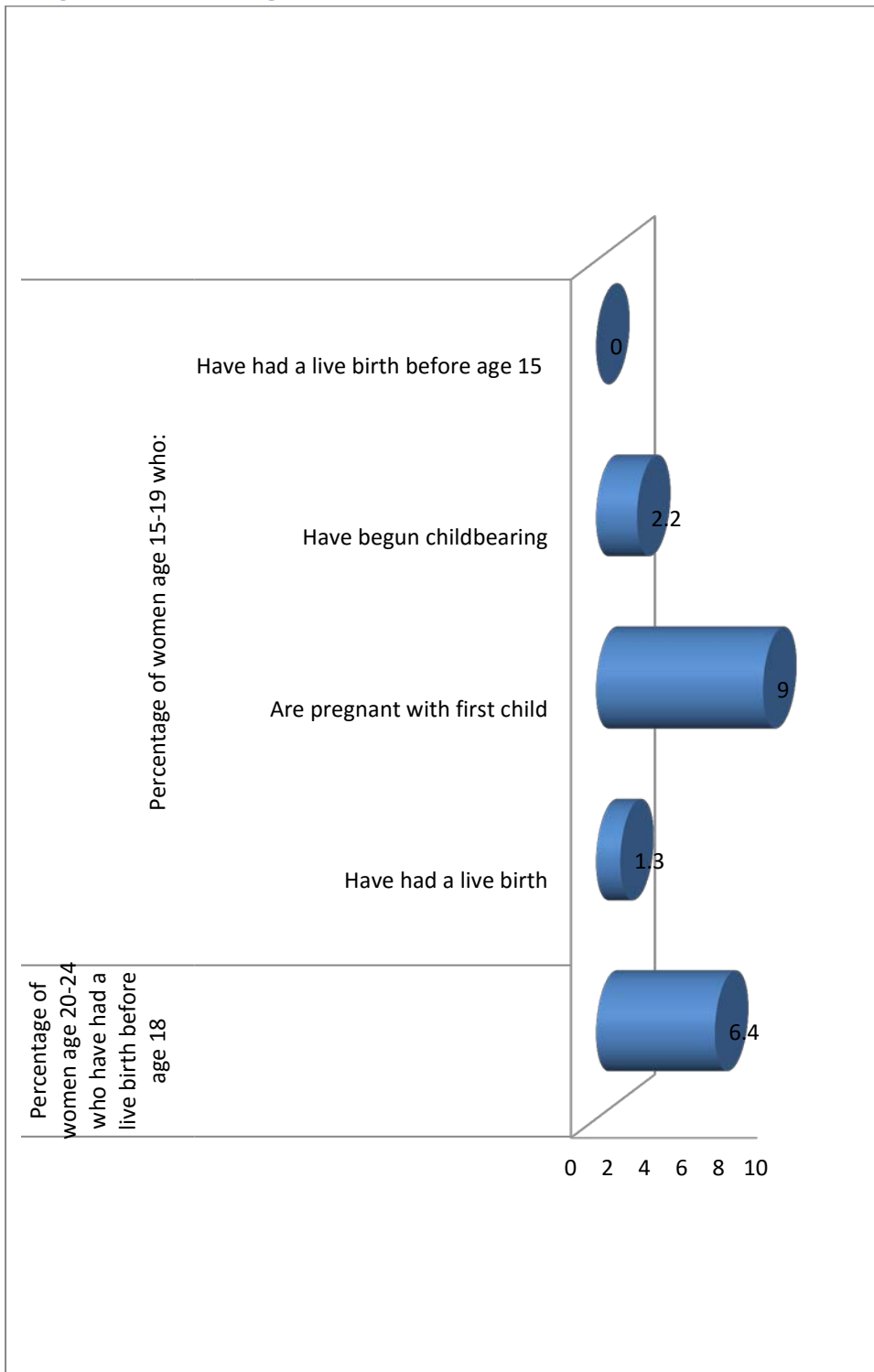
women who were not using any contraceptive method were asked whether they had been visited by a fieldworker who talked with them about family planning in the 12 months preceding the survey.

Percentage of Women Who Were Visited by Fieldworker Who Discussed Family Planning is 18.4, Percentage of Women Who Did Not Discuss Family Planning Either With Fieldworker or at a Health Facility is 77.3 while Percentage of Women Who Visited a Health Facility in the Past 12 Months and Who: Discussed Family Planning and Did Not Discuss Family Planning were 17.6 and 15.9 respectively.

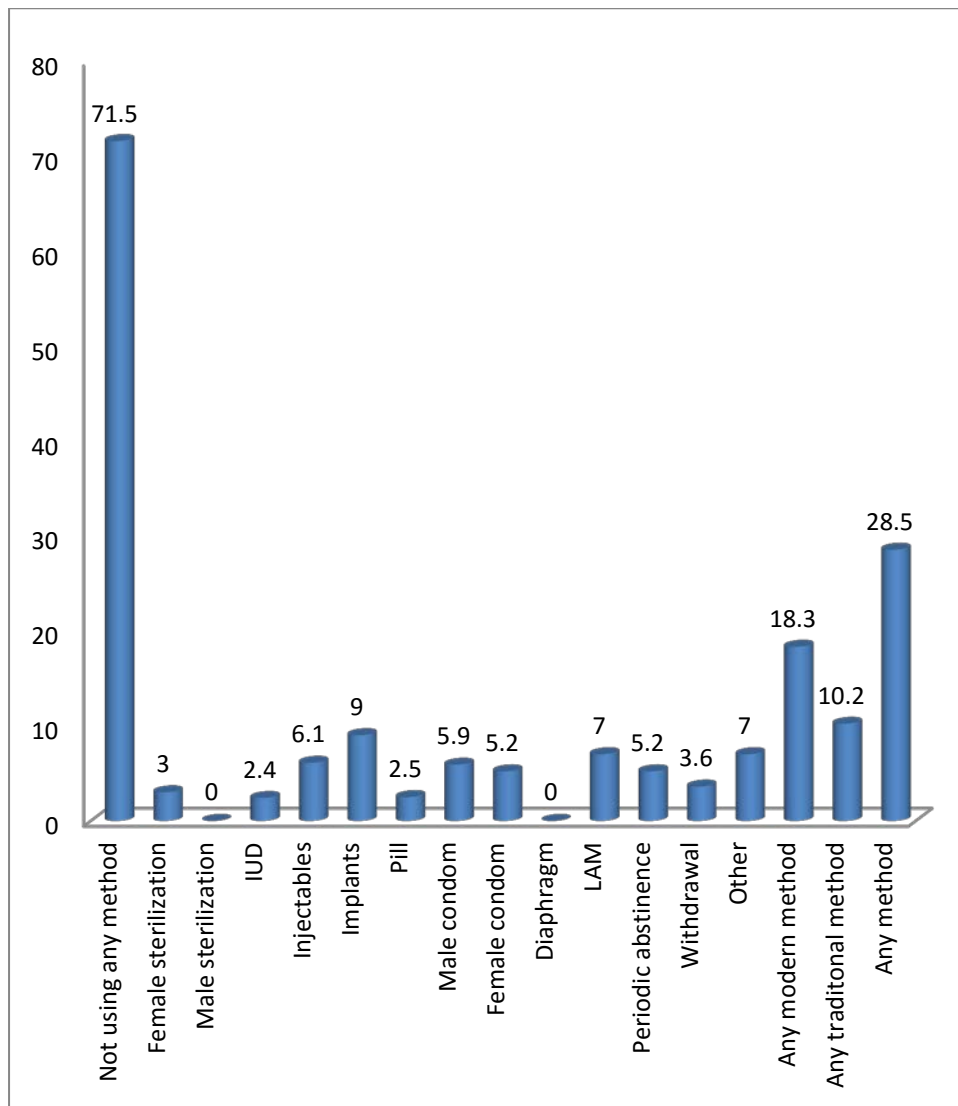
ADOLESCENCE BIRTH RATE AND TOTAL FERTILITY RATE

The adolescent birth rate (age-specific fertility rate for women age 15 - 19) is defined as the number of births to women age 15 - 19 years during the one year period preceding the survey, divided by the average number of women age 15 - 19 (number of women - years lived between ages 15 through 19, inclusive) during the same period, expressed per 1000 women. The total fertility rate (TFR) is calculated by summing the age - specific fertility rates calculated for each of the 5 - year age groups of women, from age 15 through to age 49. The TFR denotes the average number of children to which a woman will have Given birth by the end of her reproductive years if current fertility rates prevailed. In this survey, the Adolescent birth rates (Age-specific fertility rate for women age 15-19) is 18 while Total fertility rate is 4.7.

Early Child Bearing



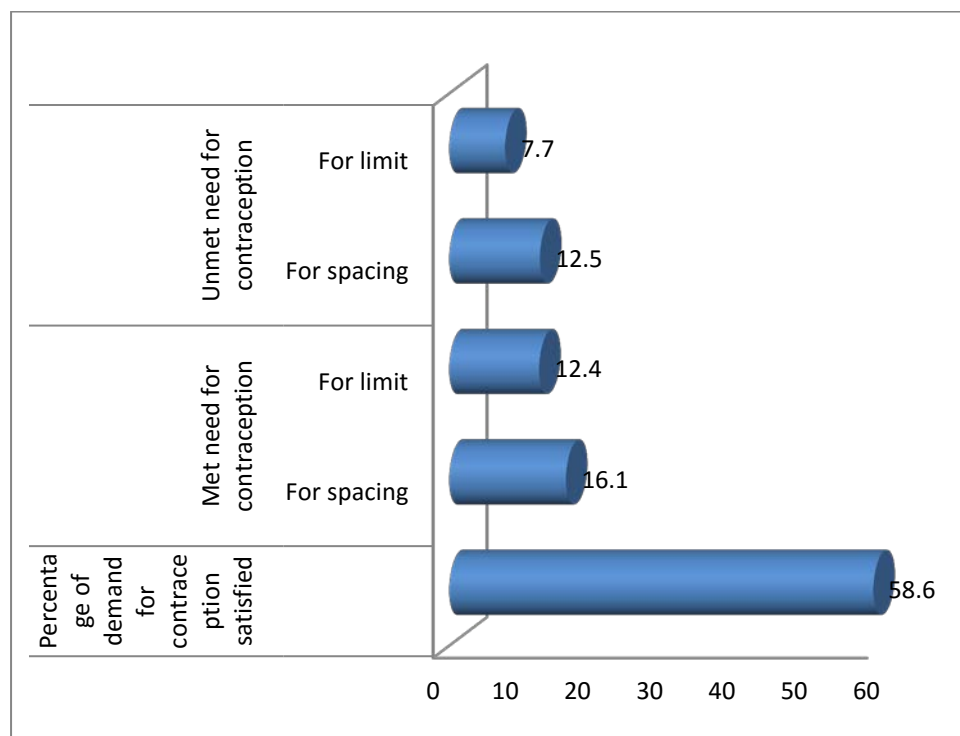
CONTRACEPTION



Appropriate family planning is important to the health of women and children by: Preventing pregnancies that are too early or too late; Extending the period between births; and Limiting the number of children. Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many is critical. Percentage of women 15-49 years currently married or in union who are using (or whose partner is using) contraceptive method were sought after. The survey reveals that 28.5% uses Any Method while 71.5% are Not Using any Method. 18.3% uses Any Modern Method and 10.2% uses Any Traditional Methods

Further, 3% uses Female Sterilization, 2.4% uses IUD, 6.1% uses Injectables, 9% uses Implant, 2.5% uses Pills, 5.9% uses Male Condom, 5.2 uses Female Condom, 7% uses LAM, 5.2% uses Periodic Abstinence, 3.6% uses Withdrawal, 7% use Other Methods while Diaphragm and Male Sterilization recorded zero.

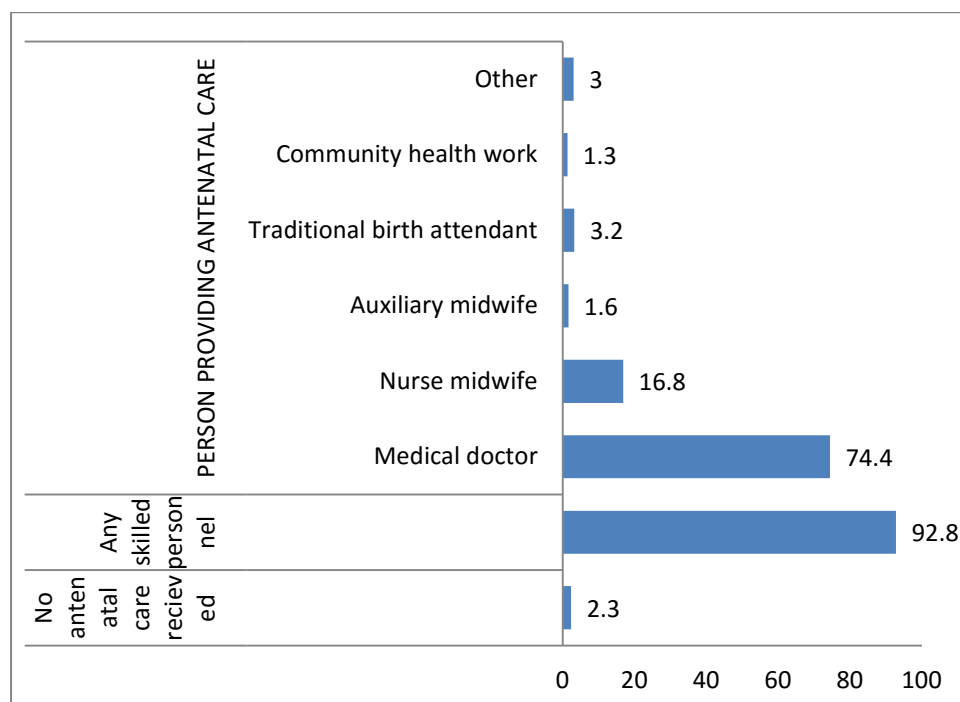
UNMET NEED FOR CONTRACEPTION



Unmet need for contraception refers to fecund women who are not using any method of contraception, but who wish to postpone the next birth (spacing) or who wish to stop childbearing altogether (limiting).

From the survey, the percentage Demand for Contraception Satisfied accounts for 58.6%. Met Need for Contraception including: For Spacing and For Limit is 16.1% and 12.4% respectively. Unmet Need for Contraception including: For Spacing and For Limit 12.5% and 7.7% respectively.

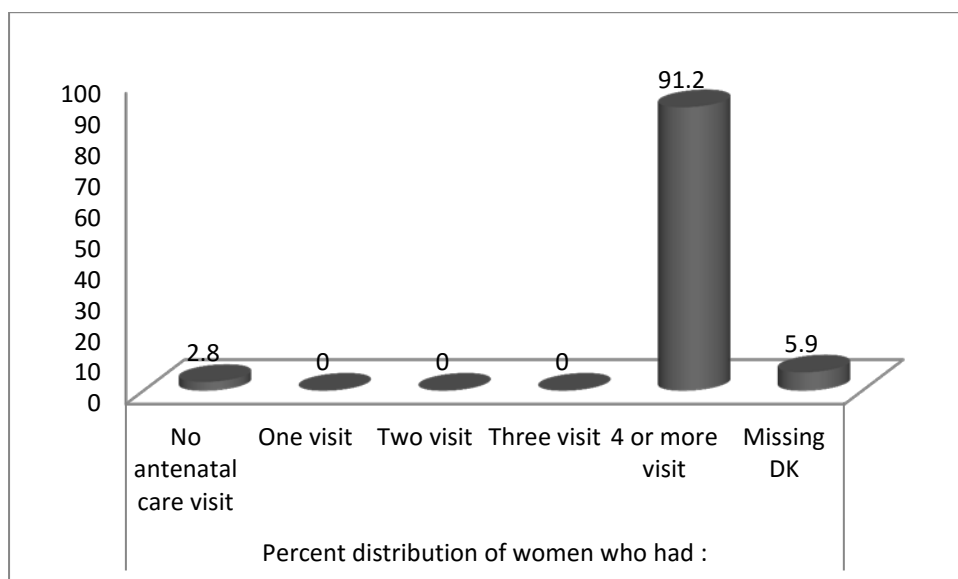
ANTENATAL CARE COVERAGE



The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health.

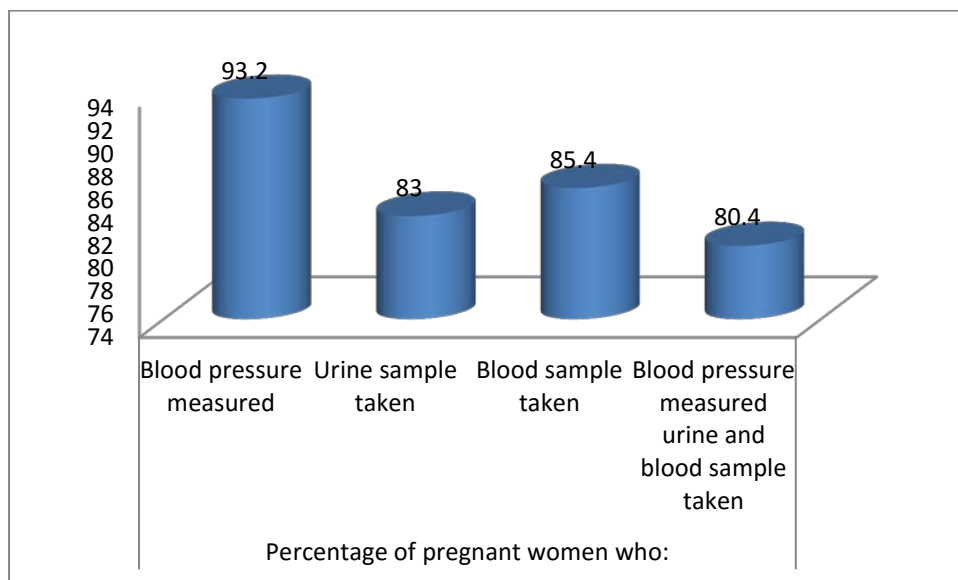
The distribution of women age 15-49 who gave birth in the two years preceding the survey showing No Ante-nata Care Received and 2.3% of the proportion, those attended to Medical Doctor had 74.4%, Attended to by Nurse/ Midwife had 16.8%, Auxiliary Midwife had 1.6%, Traditional Birth Attendant (3.2%), Community Health Work (1.3%) and Others (3%).

NUMBER OF ANTENATAL CARE VISIT



A minimum of at least four (4) antenatal care visit was recommended by UNICEF. In this survey, distribution of women who had a live birth during the two years preceding the survey that went for antenatal visit 4 or More Time recorded 91.2% while those with No Antenatal Care recorded 2.8%. Other; 1, 2 or 3 visits recorded nothing.

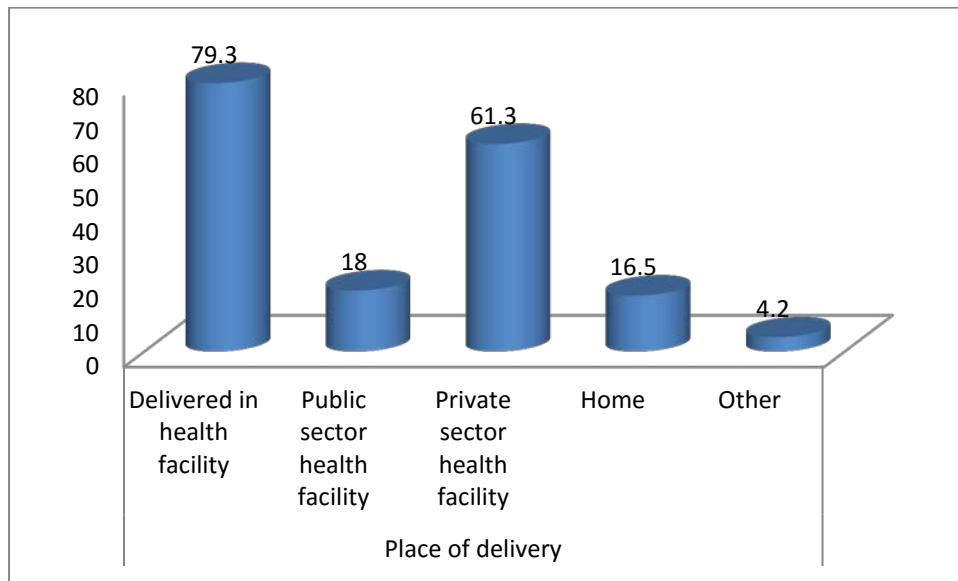
CONTENT OF ANTENATAL CARE



The type of services women age 15-49 years received maters in antenatal care. These include their blood pressure measured, urine sample taken, and blood sample.

Those who had there Blood Pressure Measured recorded 93.2%, Urine Sample Taken (83%), Blood Sample Taken (85.4%) and Blood Pressure Measured, Urine and Blood Sample Taken (80.4%).

PLACE OF DELIVERY



Increasing the proportion of births that are delivered in health facilities is an important factor in reducing the health risks to both the mother and the baby. Proper medical attention and hygienic conditions during delivery can reduce the risks of complications and infection that can cause morbidity and mortality to either the mother or the baby.

In this survey, those that Delivered in Health Facility recorded 79.3%, Public Sector Health Facility (18%), Private Sector Health Facility (61.3%), Home delivery (16.5%) and Others had 4.2%.

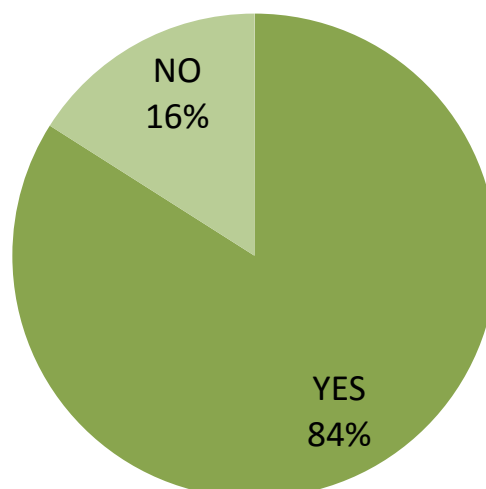
MALARIA

MOSQUITO NETS

AWARENESS OF GOVERNMENT TREATED NET (ITNS)

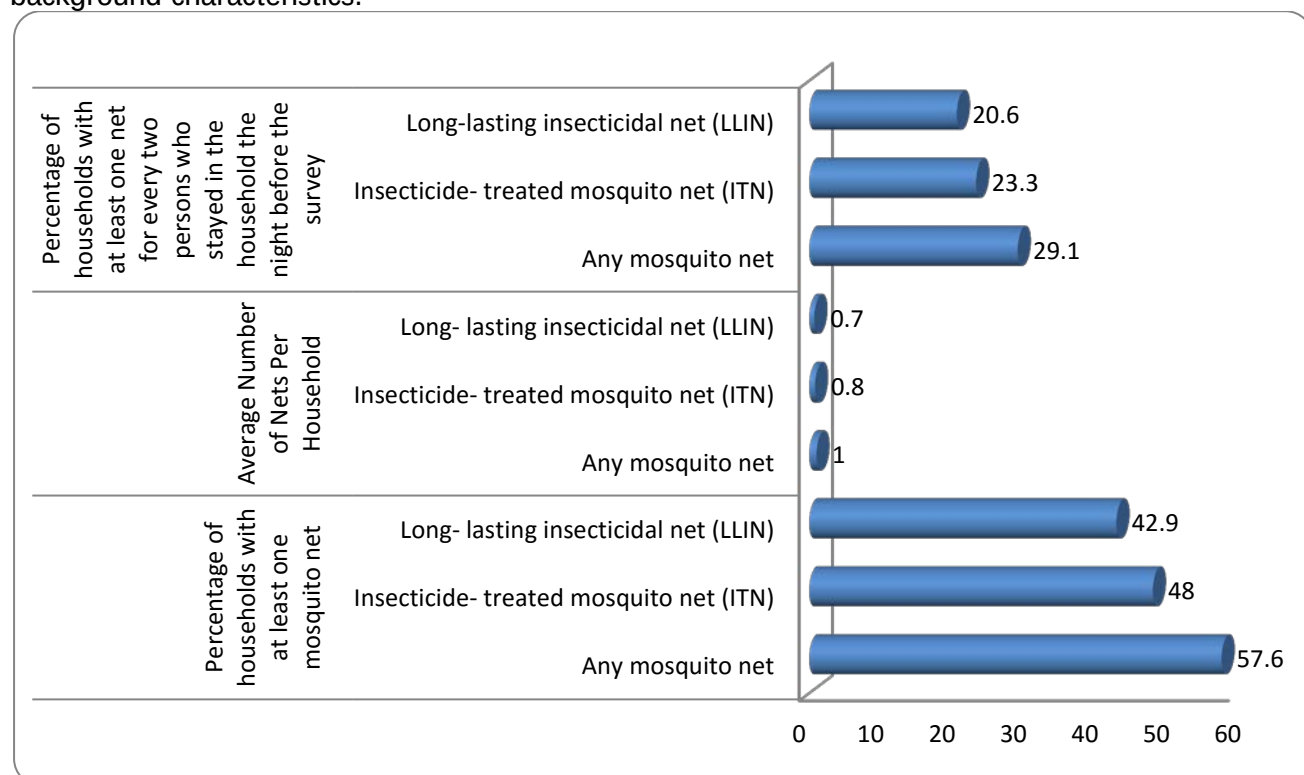
Malaria fever remains one of the endemic diseases in the contemporary Sub-Sahara Africa Nigeria inclusive. Deaths associated with this illness remain very high thus necessitating the intervention by the international community through the introduction of “Roll Back Malaria Initiative.” This includes provision of free Insecticide Treated Nets (ITNs) by the government to the endemic areas in order to mitigate malaria prevalence in the area. The level of awareness, among those that had benefited from the government gesture and those using the ITNs among the households were examined. It was discovered that 84% of the respondents indicated awareness of free ITNs programme. In addition, 83% of them claimed to have benefited from free ITNs while 80% claim that they were currently using ITNs in their households.

AWARENESS OF GOVERNMENT TREATED NET (ITNS)



Household possession of mosquito nets

Percentage of households with at least one mosquito net (treated or untreated), insecticide-treated net (ITN), and long-lasting insecticidal net (LLIN); average number of nets, ITNs, and LLINs per household; and percentage of households with at least one net, ITN, and LLIN per two persons who stayed in the household the night before the survey, by background characteristics.



The use of ITNs is currently considered the most cost-effective method of malaria prevention in highly endemic areas.

From the survey, it was recorded that the Percentage of households with at least one mosquito net which include: Long-lasting insecticidal net (LLIN) was 42.9%, Insecticide-treated mosquito net (ITN) was 48% and Any Mosquito Net was 57.6%.

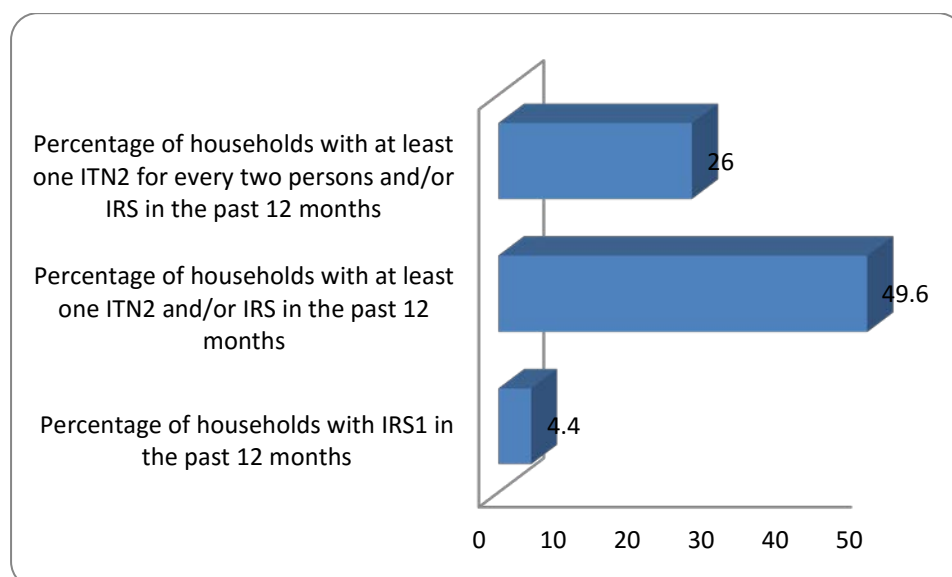
The Average Number of Nets Per Household that uses these net including: Long-lasting insecticidal net (LLIN) was 0.7%, Insecticide-treated mosquito net (ITN) was 0.8% and Any Mosquito Net was 1%.

The Percentage of households with at least one net for every two persons who stayed in the household the night before the survey including: Long-lasting insecticidal net (LLIN) was 20.6%, Insecticide-treated mosquito net (ITN) was 23.3% and Any Mosquito Net was 29.1%.

INDOOR RESIDUAL SPRAYING

Indoor residual spraying against mosquitoes

Percentage of households in which someone has come into the dwelling to spray the interior walls against mosquitoes (IRS) in the past 12 months, the percentage of households with at least one ITN and/or IRS in the past 12 months, and the percentage of households with at least one ITN for every two persons and/or IRS in the past 12 months, by background characteristics.



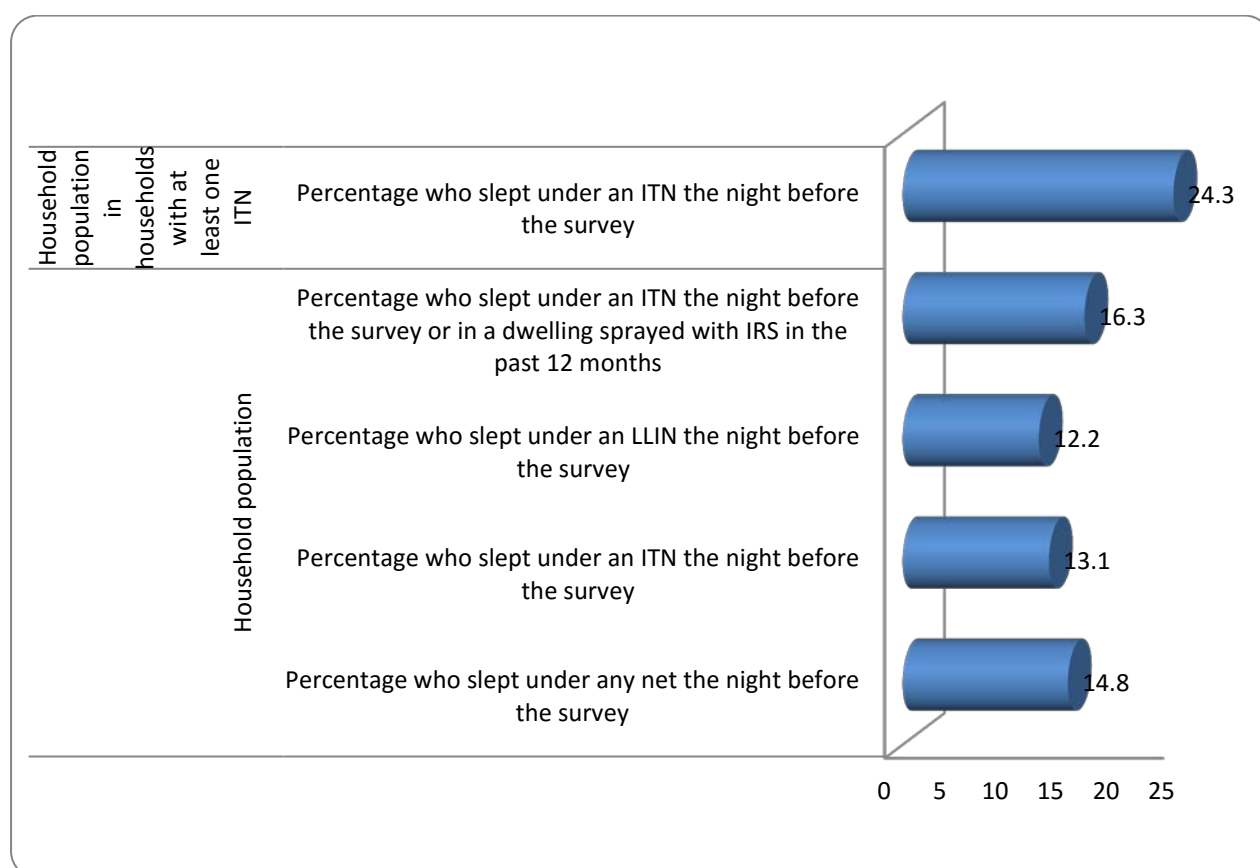
Indoor residual spraying (IRS) is another component of efforts to control malaria transmission.

The Percentage of households with IRS1 in the past 12 months was 4.4%, the Percentage of households with at least one ITN2 and/or IRS in the past 12 months was 49.6% and the Percentage of households with at least one ITN2 for every two persons and/or IRS in the past 12 months recorded 26%

USE OF MOSQUITO NETS BY PERSONS IN THE HOUSEHOLD

Use of mosquito nets by persons in the household

Percentage of the de facto household population that slept the night before the survey under a mosquito net (treated or untreated), under an insecticide-treated net (ITN), under a long-lasting insecticidal net (LLIN), and under an ITN or in a dwelling in which the interior walls have been sprayed against mosquitoes (IRS) in the past 12 months, and among the de facto household population in households with at least one ITN, the percentage who slept under an ITN the night before the survey, by background characteristics.



There were enquiries about use of mosquito nets by household members during the night before the survey. I revealed that, the Household population in households with at least one ITN was 24.3%. The Household population which include those with: Percentage who slept under an ITN the night before the survey or in a dwelling sprayed with IRS in the past 12 months showed 16.3%, Percentage who slept under an LLIN the night before the survey 12.2%, Percentage who slept under an ITN the night before the survey 13.1% and Percentage who slept under any net the night before the survey 14.8%.

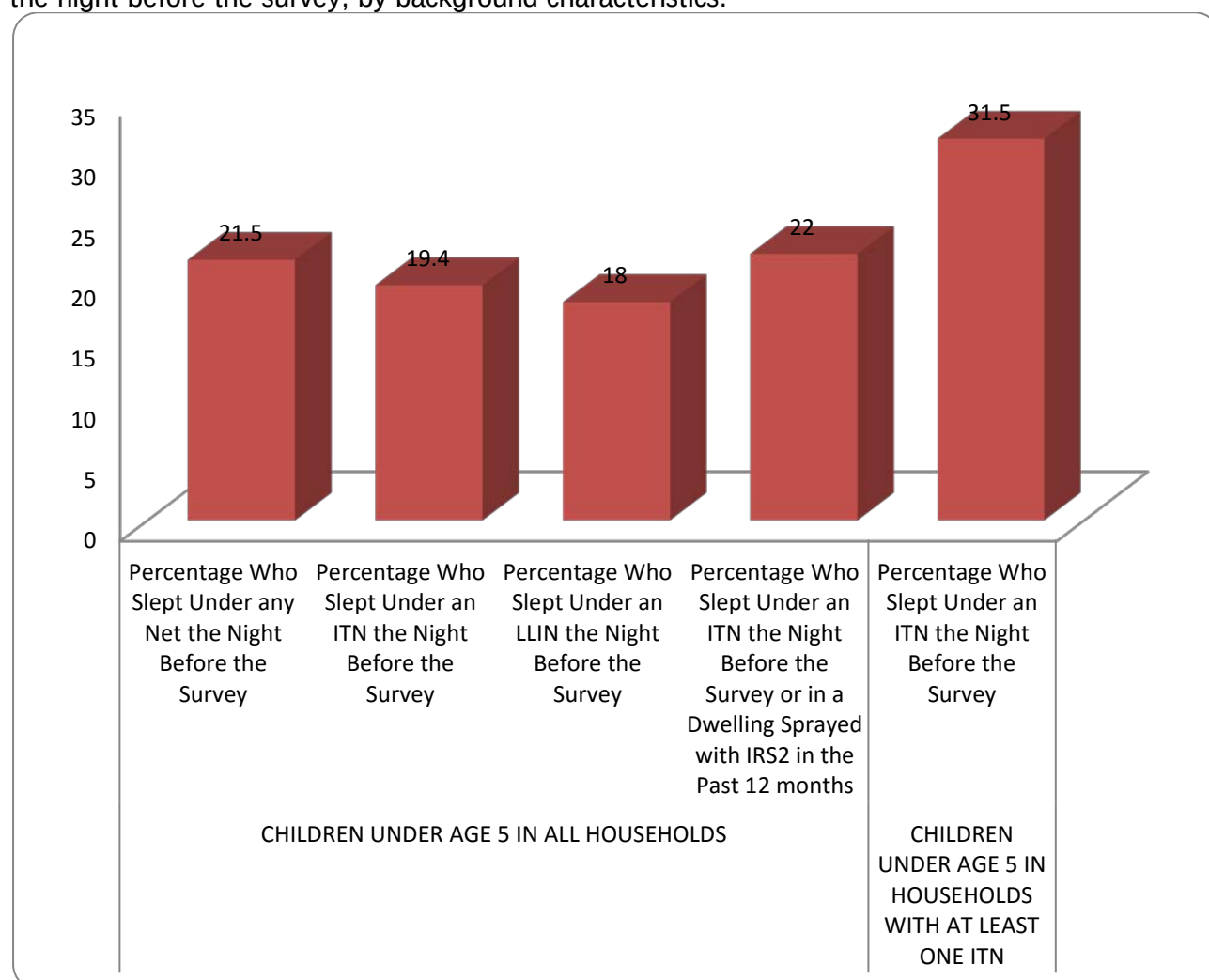
USE OF EXISTING INSECTICIDE TREATED NETS(ITNs)

Percentage of insecticide-treated nets (ITNs) that were used by anyone the night before the survey, by background characteristics.

The survey showed that 30.3% used existing ITNs used the night before the survey.

USE OF MOSQUITO NETS BY CHILDREN UNDER AGE 5

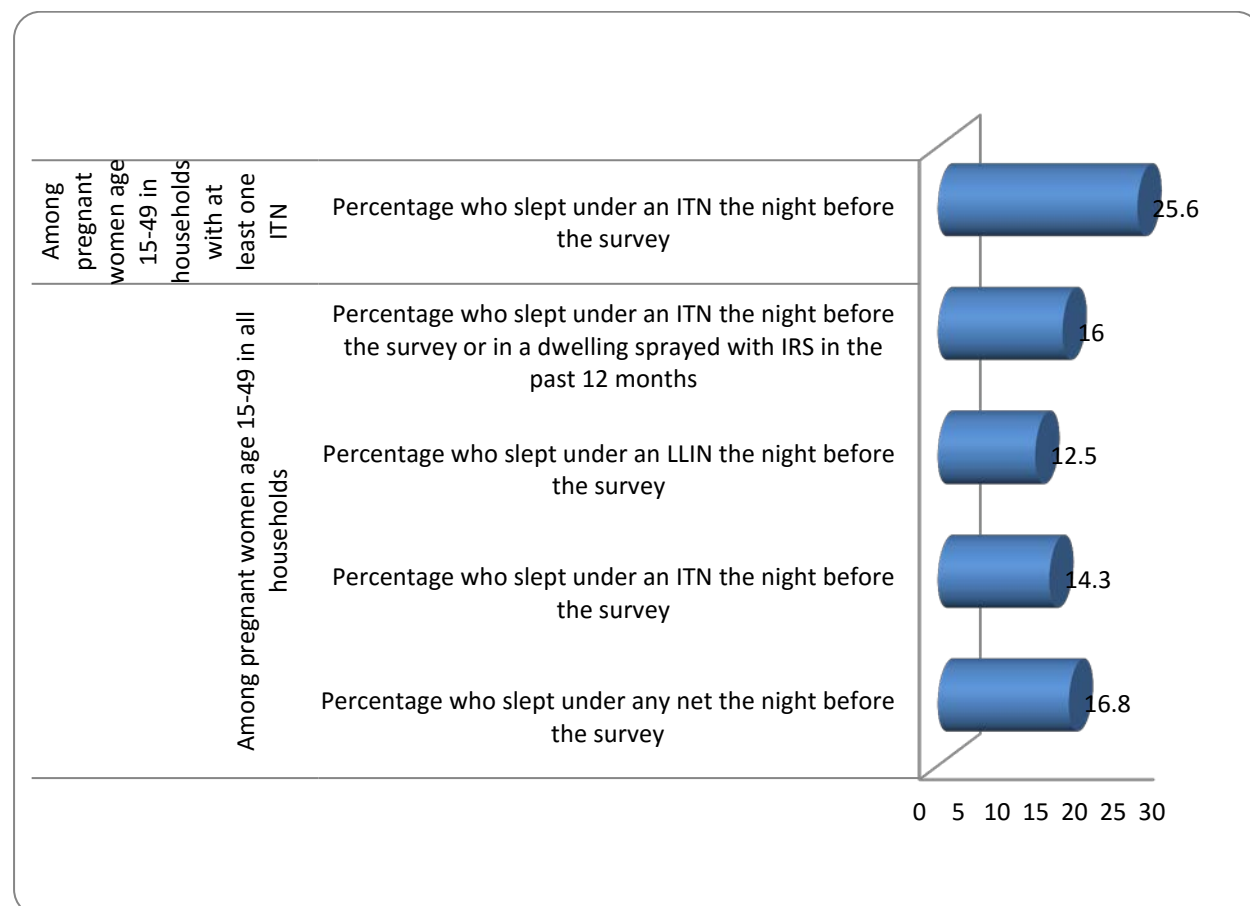
Percentage of children under age 5 who, the night before the survey, slept under a mosquito net (treated or untreated), under an insecticide- treated net (ITN), under a long-lasting insecticidal net (LLIN), and under an ITN or in a dwelling in which the interior walls have been sprayed against mosquitoes (IRS) in the past 12 months, and among children under age 5 in households with at least one ITN, the percentage who slept under an ITN the night before the survey, by background characteristics.



It was recorded that the Percentage Who Slept Under an ITN the Night Before the Survey among the Children Under Age 5 In Households With at Least One ITN was 31.5%. The Percentage of Children Under Age 5 in all Households who Slept Under: any Net the Night Before the Survey reads 21.5%, an ITN the Night Before the Survey reads 19.4%, an LLIN the Night Before the Survey reads 18% and an ITN the Night Before the Survey or in a Dwelling Sprayed with IRS2 in the Past 12 months reads 22%.

USE OF MOSQUITO NETS BY ALL WOMEN AND PREGNANT WOMEN AGE 15-49

Percentages of pregnant women age 15-49 who, the night before the survey, slept under a mosquito net (treated or untreated), under an insecticide- treated net (ITN), under a long-lasting insecticidal net (LLIN), and under an ITN or in a dwelling in which the interior walls have been sprayed against mosquitoes (IRS) in the past 12 months, and among pregnant women age 15-49 in households with at least one ITN, the percentage who slept under an ITN the night before the survey, by background characteristics.



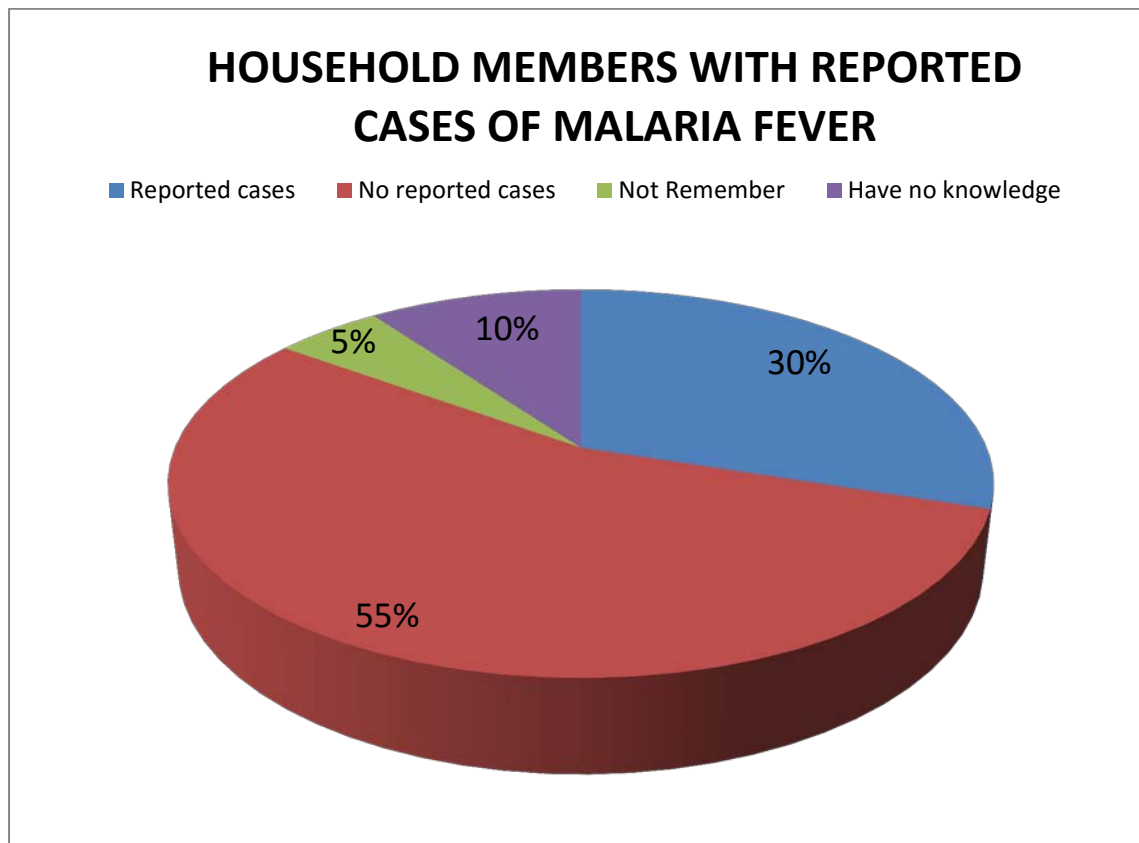
Use of mosquito nets by pregnant women is an important strategy to prevent malaria morbidity and to reduce the negative effects of malaria on pregnancy and pregnancy outcomes.

The percentage that slept under any net the night before the survey among pregnant women age 15-49 in households with at least one ITN reads 25.6%. The Percentage, among pregnant women age 15-49 in all households, that slept under: any net the night before the survey records 16.8%, an ITN the night before the survey reads 14.3%, an LLIN the night before the survey reads 12.5% and ITN the night before the survey or in a dwelling sprayed with IRS in the past 12 months recorded 16%.

REPORTED CASES OF MALARIA FEVER

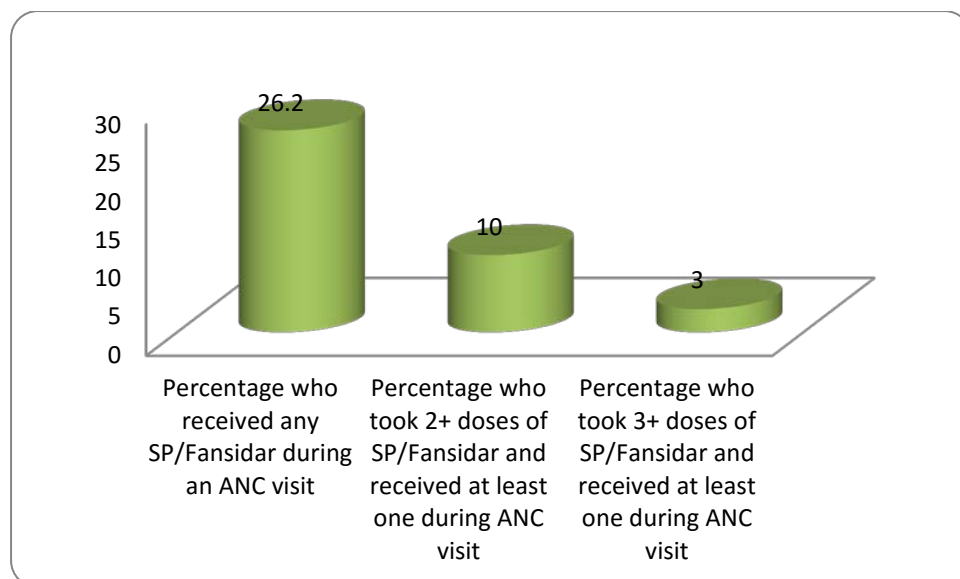
Roll Back Malaria (RBM) is an international initiative World Health Organisation (WHO) to comprehensively tackle the scourge of malaria fever in the Sub-Sahara Africa. Accordingly, the State has expended a great deal of fund towards ensuring malaria control and eradication. In view of this, the prevalence rate of malaria in the

state was examined and the analysis showed that 30% of the household members reported cases of Malaria, 55% had no fever in the last 1 year, 5% of the respondents claimed that they could not remember when last they had malaria and 10% said they had no knowledge of the fever.



USE OF INTERMITTENT PREVENTIVE TREATMENT BY WOMEN DURING PREGNANCY

Percentage of women age 15-49 with a live birth in the two years preceding the survey who, during the pregnancy preceding the last birth, received any SP/Fansidar during an ANC visit and who took at least two doses of SP/Fansidar and received at least one dose during an ANC visit, by background characteristics.

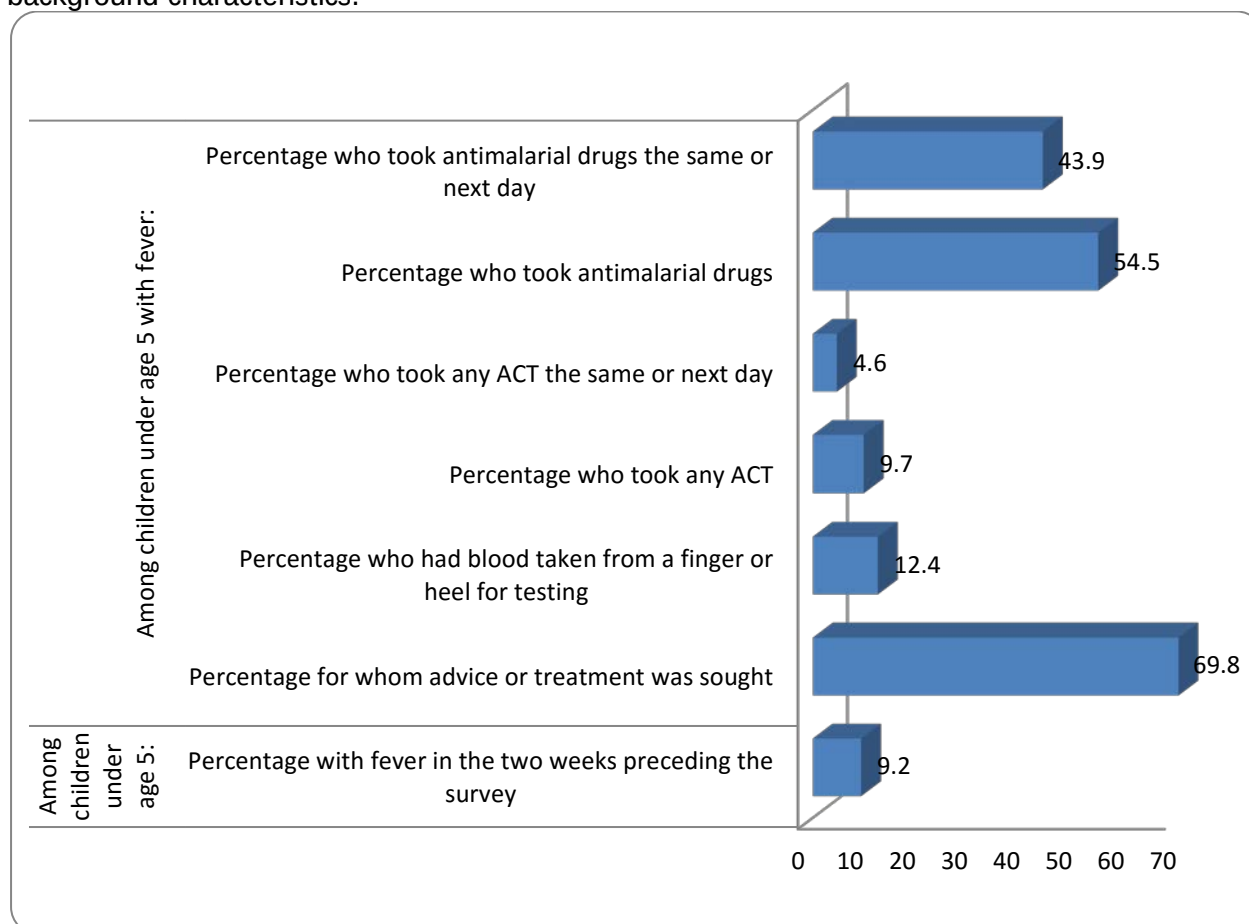


Pregnant women who carry the malaria parasite may be at risk for serious problems that jeopardise their own health, compromise the health of the foetus, and increase the likelihood of adverse pregnancy outcomes such as stillbirth, spontaneous abortion, and low birth weight.

In this survey, the Percentage who received any SP/Fansidar during an ANC visit was 26.2%, the Percentage who took 2+ doses of SP/Fansidar and received at least one during ANC visit was 10% and Percentage who took 3+ doses of SP/Fansidar and received at least one during ANC visit was 3%.

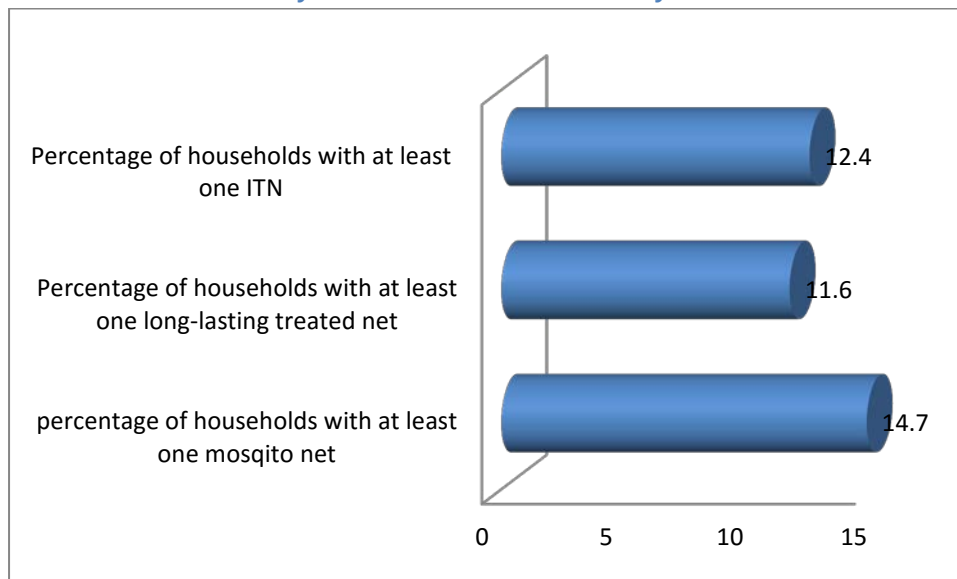
PREVALENCE, DIAGNOSIS, AND PROMPT TREATMENT OF CHILDREN WITH FEVER

Percentage of children under age 5 with a fever in the two weeks preceding the survey, and among children under age 5 with fever, the percentage for whom advice or treatment was sought, the percentage who had blood taken from a finger or heel, the percentage who took any artemisinin-based combination therapy (ACT), the percentage who took ACT the same or next day following the onset of fever, the percentage who took antimalarial drugs, and the percentage who took the drugs the same or next day following the onset of fever, by background characteristics.



Following a period of continuous increases in the resistance of *Plasmodium falciparum* to the commonly used antimalarial medicines, the artemisinin-based combination therapy (ACT) was introduced in 2005 with artemether-lumefantrine as the first-line treatment for uncomplicated malaria and artesunate plus amodiaquine (co-packaged) as an alternative. The Percentage with fever in the two weeks preceding the survey among children under age 5 was 9.2. Among children under age 5 with fever which include: Percentage for whom advice or treatment was sought was 69.8, Percentage who had blood taken from a finger or heel for testing was 12.4, Percentage who took any ACT was 9.7, Percentage who took any ACT the same or next day was 4.6, Percentage who took antimalarial drugs was 54.5 while the Percentage who took antimalarial drugs the same or next day was 43.9.

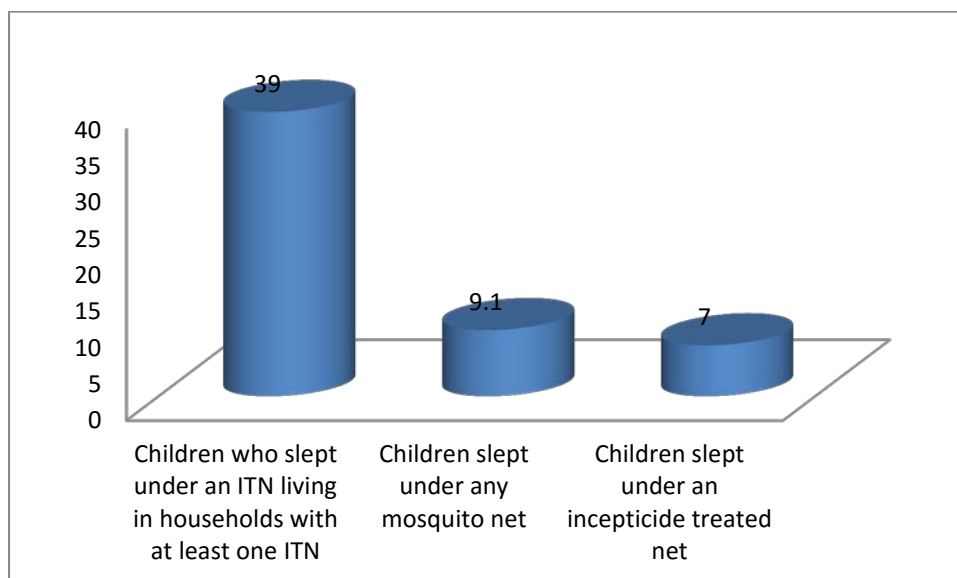
Household Availability of ITN and Protection by a Vector Controlled Method



Malaria is a leading cause of death of children under age five in Nigeria. It also contributes to anemia in children and is a common cause of school absenteeism. Preventive measures, especially the use of mosquito nets treated with insecticide (ITNs), can dramatically reduce malaria mortality rates among children.

The percentage of Households with at least one ITN is 12.4, the percentage of households with at least one long lasting treated net is 11.6 and the percentage of households with at least one mosquito net is 14.7.

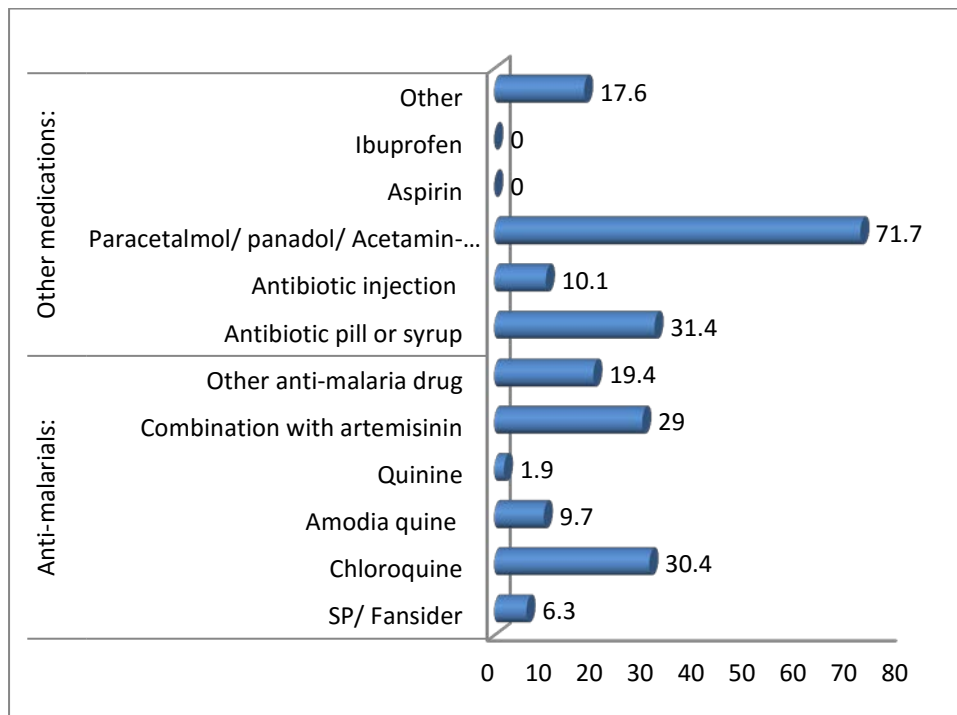
Children Sleeping Under Mosquito Nets



Questions on availability and use of bed net were incorporated into the questionnaires both at household level and among the children under five years of age, as well as anti malaria treatment, and intermittent preventive therapy for malaria.

Children who slept under an ITN living in households with at least one ITN records 39%, Children who slept under any mosquito net is 9.1% and Children who slept under an insecticide treated net records 7%.

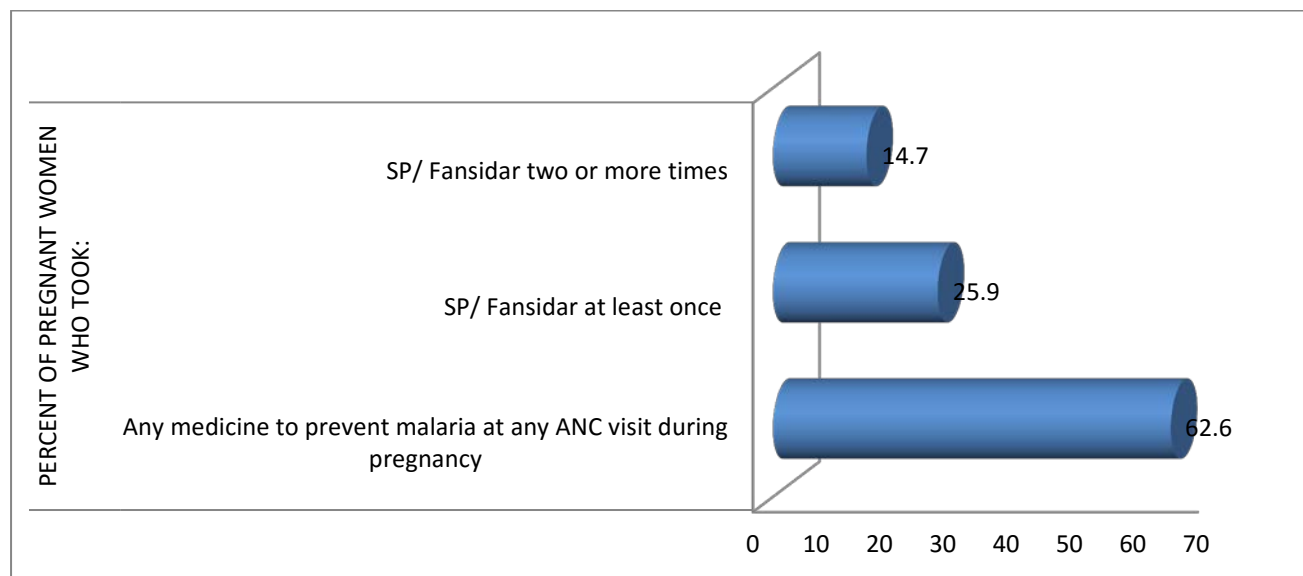
Anti-Malaria Treatment of Children with Anti-Malaria Drugs



Universal use of diagnostic testing to confirm malaria infection and apply appropriate treatment based on the results is highly recommended so as to give appropriate treatment and track trends in the treatment.

Treatment of malaria using Other Anti-Malaria recorded 19.4%, using Combination with Artemisinin is 29%, using Quinine is 1.9%, using Amodiaquine records 9.7%, using Chloroquine is 30.4% and using SP/ Fansider is 6.3%.

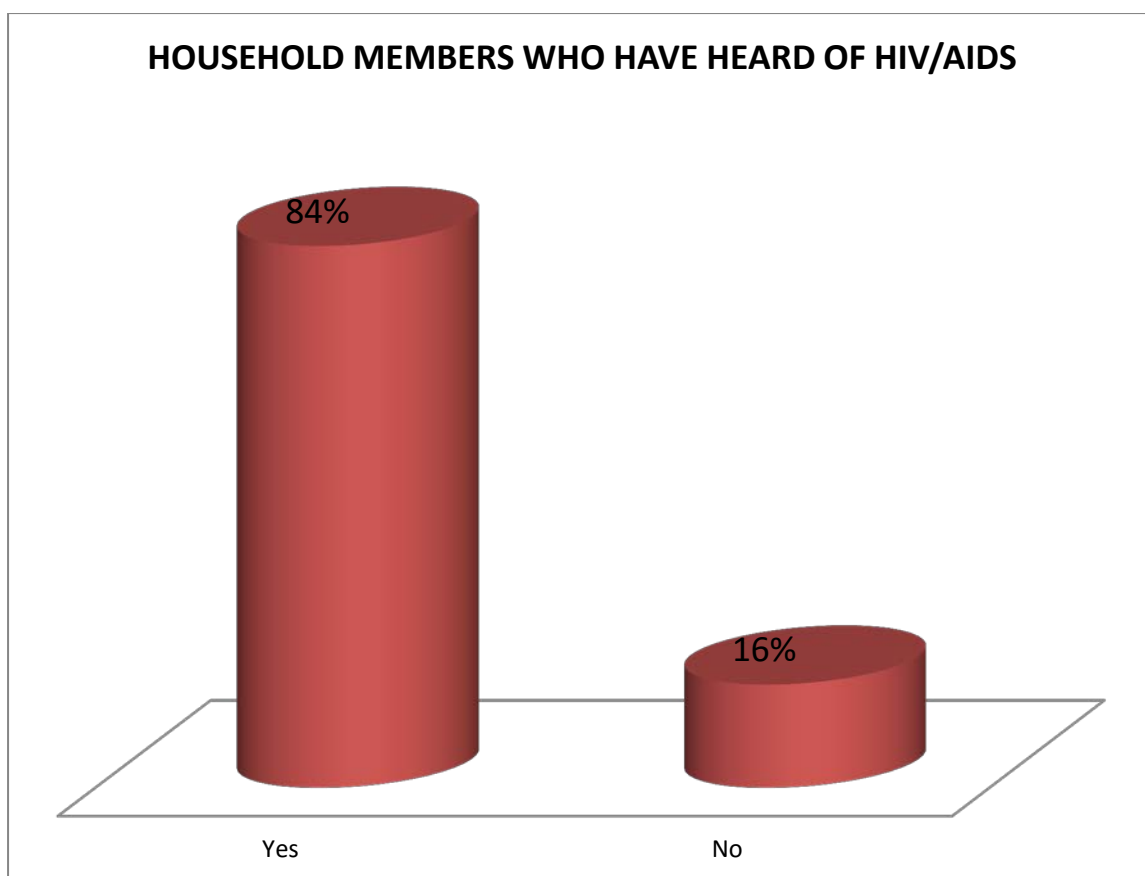
Intermittent Preventive Treatment for Malaria



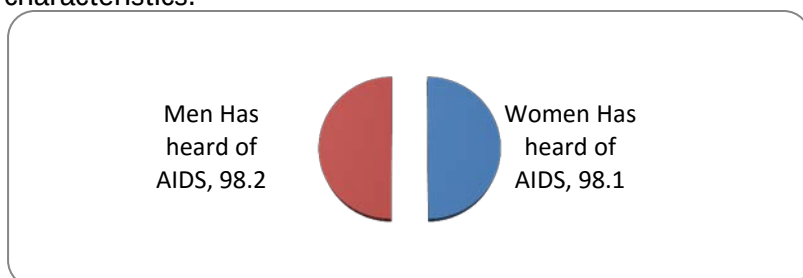
Intermittent preventive treatment for malaria in pregnant women who gave birth in the two years preceding the survey shows that pregnant women who took SP/ Fansidar two or more times recorded 14.7, pregnant women who took SP/ Fansidar at least once records 25.9 while pregnant women who took any medicine to prevent malaria at any ANC visit during pregnancy.

HOUSEHOLD MEMBERS WHO HAVE HEARD OF HIV/AIDS

Enlightenment campaigns on HIV/AIDS have been frequently carried out by Government and Non-governmental Organisations (NGOs) to educate the people on this deadly disease. In order for the State Government to ascertain the level of awareness of its citizens on this disease, a portion of the survey was designated to examine the level of awareness of household members across the State about HIV/AIDS. The empirical analysis disclosed that majority (84%) of the household members, State - wide, affirmed that they were aware of HIV/AIDS while 16% were to the contrary.



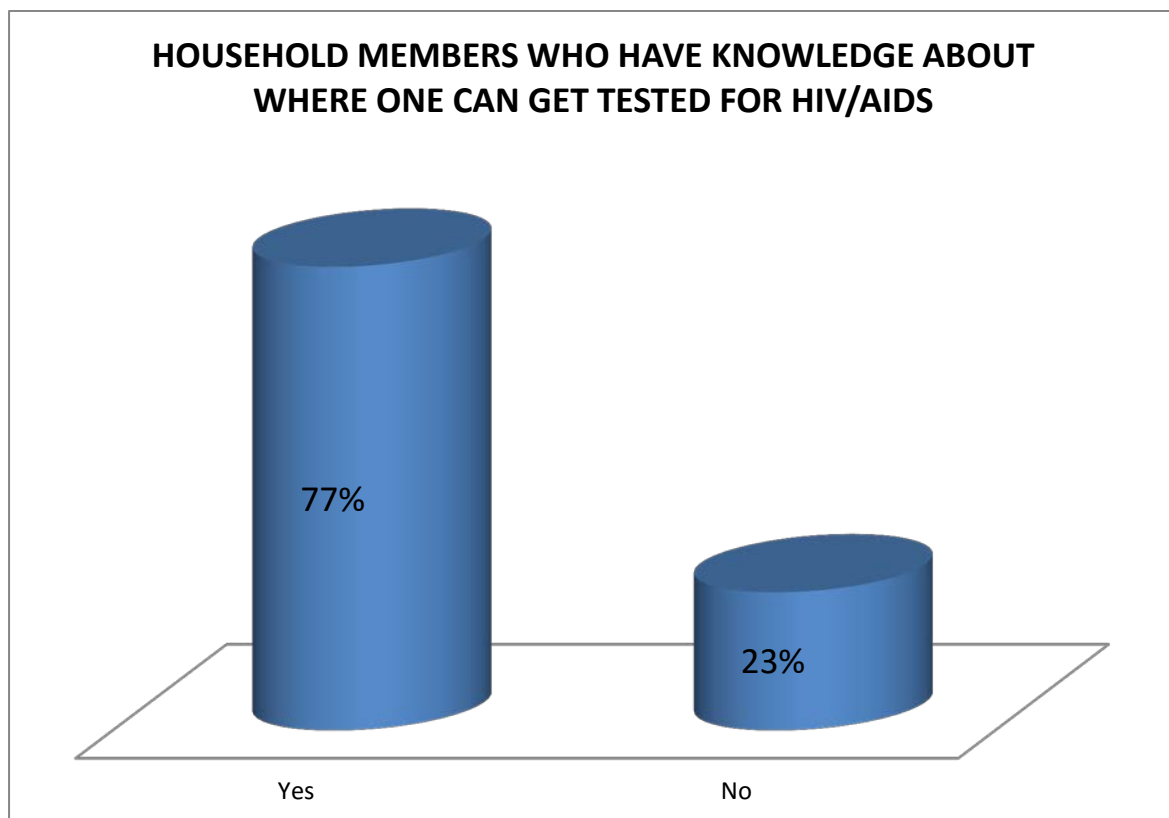
Percentage of women and men age 15-49 who have heard of AIDS, by background characteristics.



Awareness about AIDS is almost universal among women and men from the result of this survey. Awareness of HIV and AIDS was sought from respondents and it was recorded that 98.2% of Men are aware while that of Women was 98.1%.

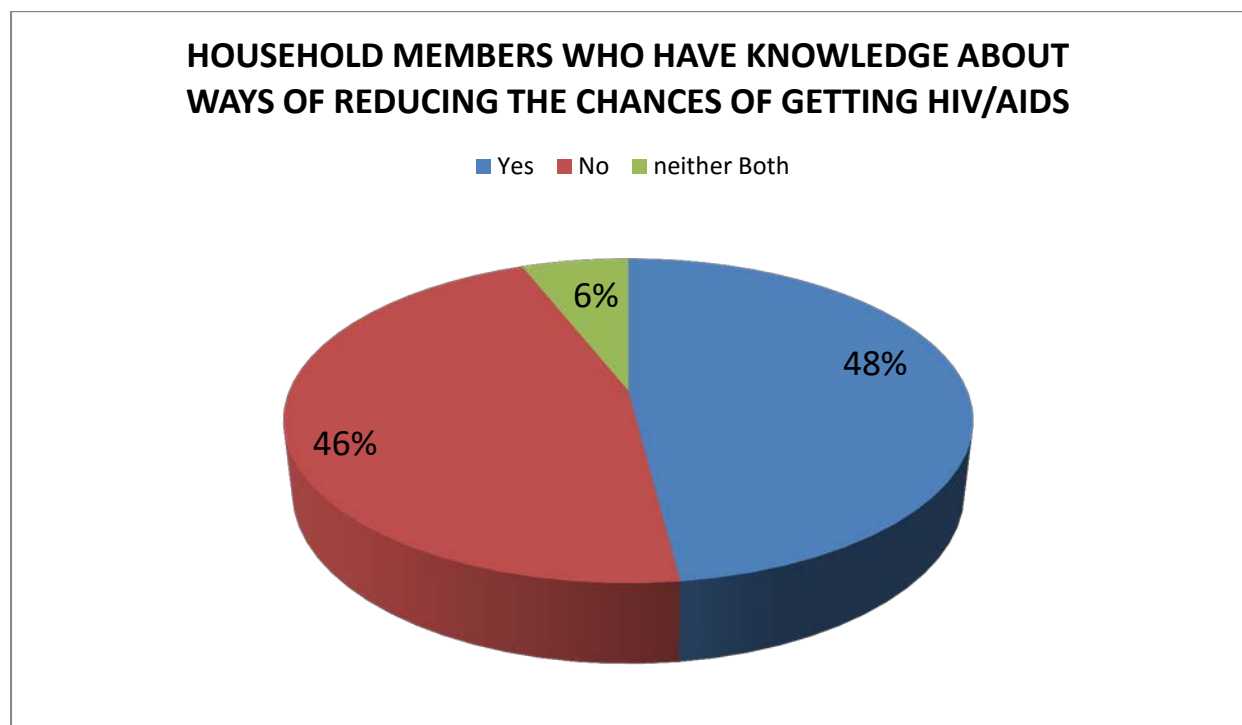
HOUSEHOLD MEMBERS WHO HAVE KNOWLEDGE ABOUT WHERE ONE CAN GET TESTED FOR HIV/AIDS

Further analysis also revealed that 77% of the households surveyed across the State claimed to have knowledge about where one could get tested for HIV/AIDS.



HOUSEHOLD MEMBERS WHO HAVE KNOWLEDGE ABOUT WAYS OF REDUCING THE CHANCES OF GETTING HIV/AIDS

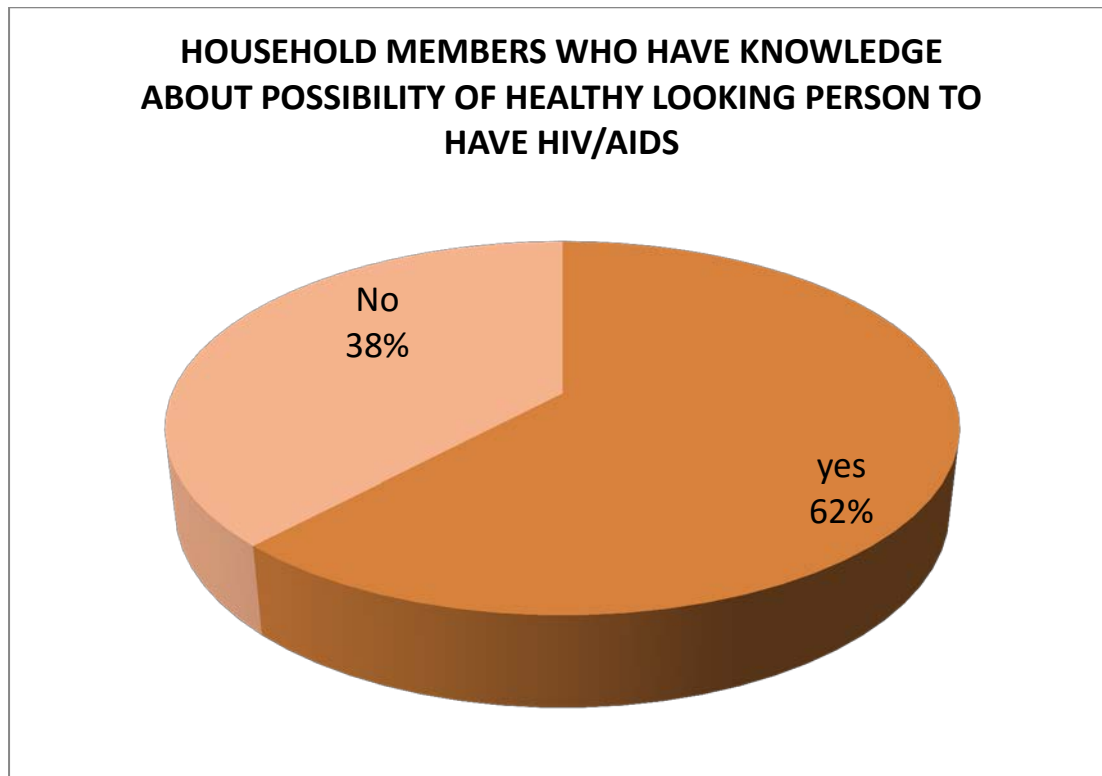
Appropriate Family planning/methods reduce the risks of getting HIV/AIDS from women or men living with the disease. In addition, male and female condoms provide dual protection against unintended pregnancies and against STIs including HIV/AIDS. Therefore, attempt was made to investigate whether the respondents have knowledge about ways of reducing the chances of contracting diseases. The result of the survey showed that 48% of the households across the State indicated that they have knowledge of ways of reducing the chances of contracting HIV/AIDS by having just one uninfected sex partner who had no other sex partner, 46% said that they had knowledge of condom use as a way of preventing/contracting HIV/AIDS while the remaining 6% reportedly affirmed that their knowledge about ways of reducing the chances of contacting the disease is by not having sexual intercourse at all.



HOUSEHOLD MEMBERS WHO HAVE KNOWLEDGE ABOUT POSSIBILITY OF

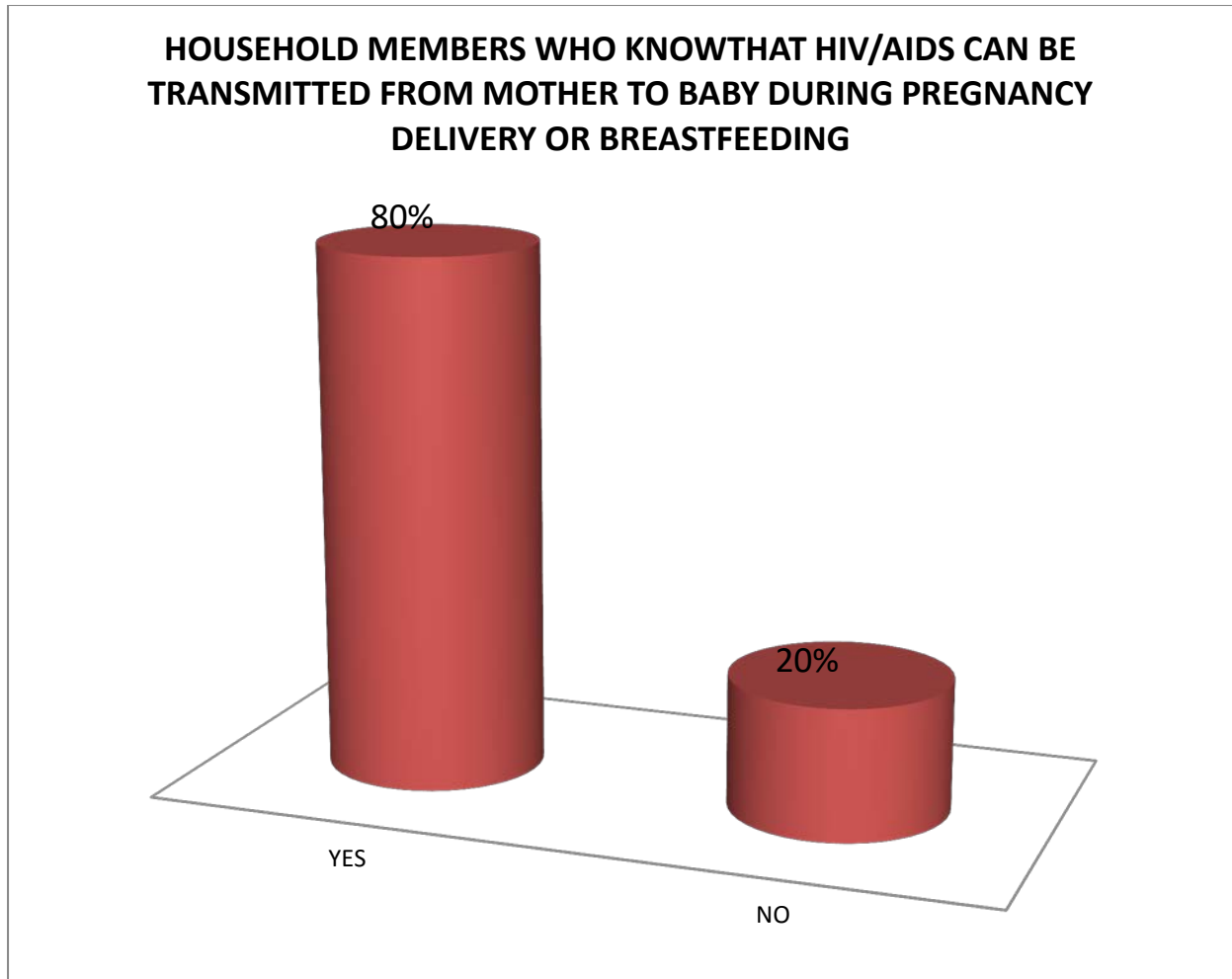
HEALTHY LOOKING PERSON TO HAVE HIV/AIDS

The study revealed further that 62% of the household members across the State have e knowledge about the possibility of healthy looking person to have HIV/AIDS while the remaining 38% had no such knowledge.

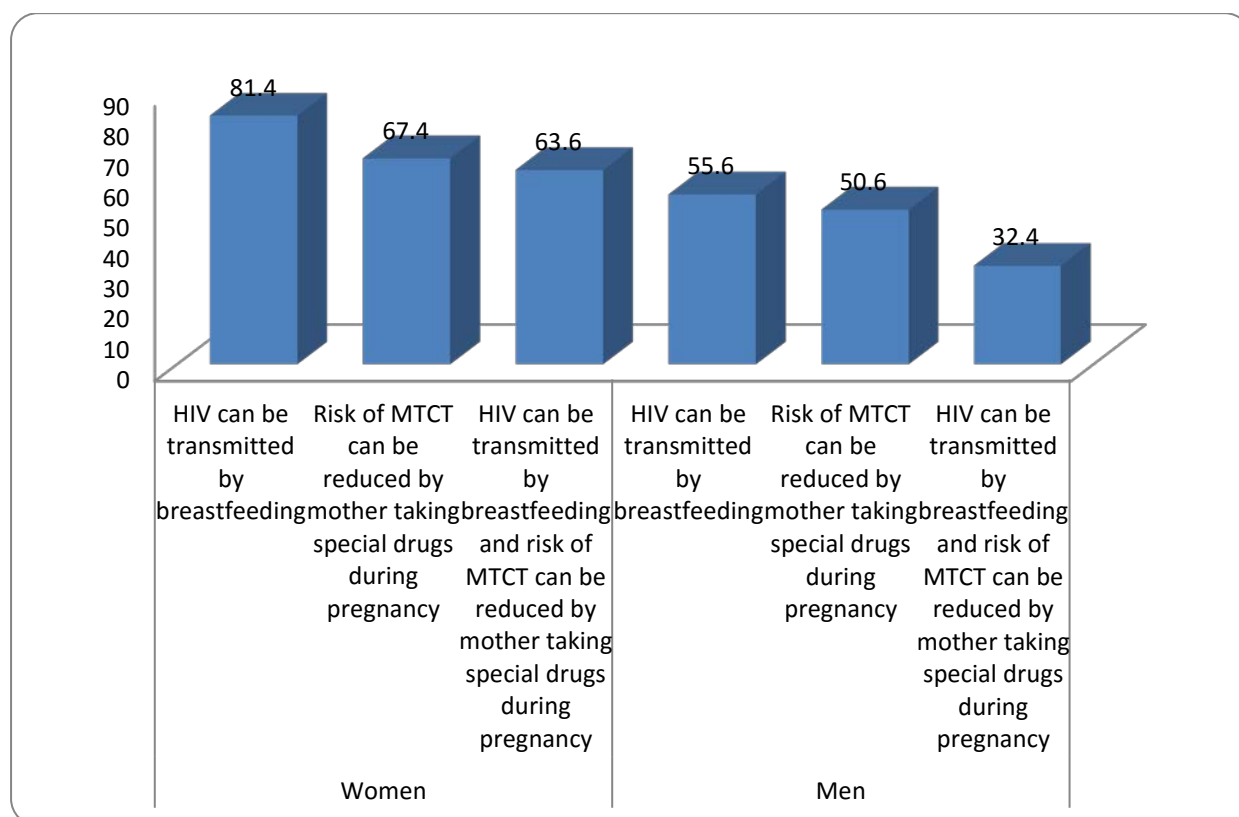


KNOWLEDGE OF PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

The survey result revealed that 80% of the sampled household members had knowledge of HIV/AIDS transmission from mother to baby during pregnancy, delivery or breast feeding.



Percentage of women and men age 15-49 who know that HIV can be transmitted from mother to child by breastfeeding and that the risk of mother-to-child transmission (MTCT) of HIV can be reduced by the mother taking special drugs during pregnancy, by background characteristics.

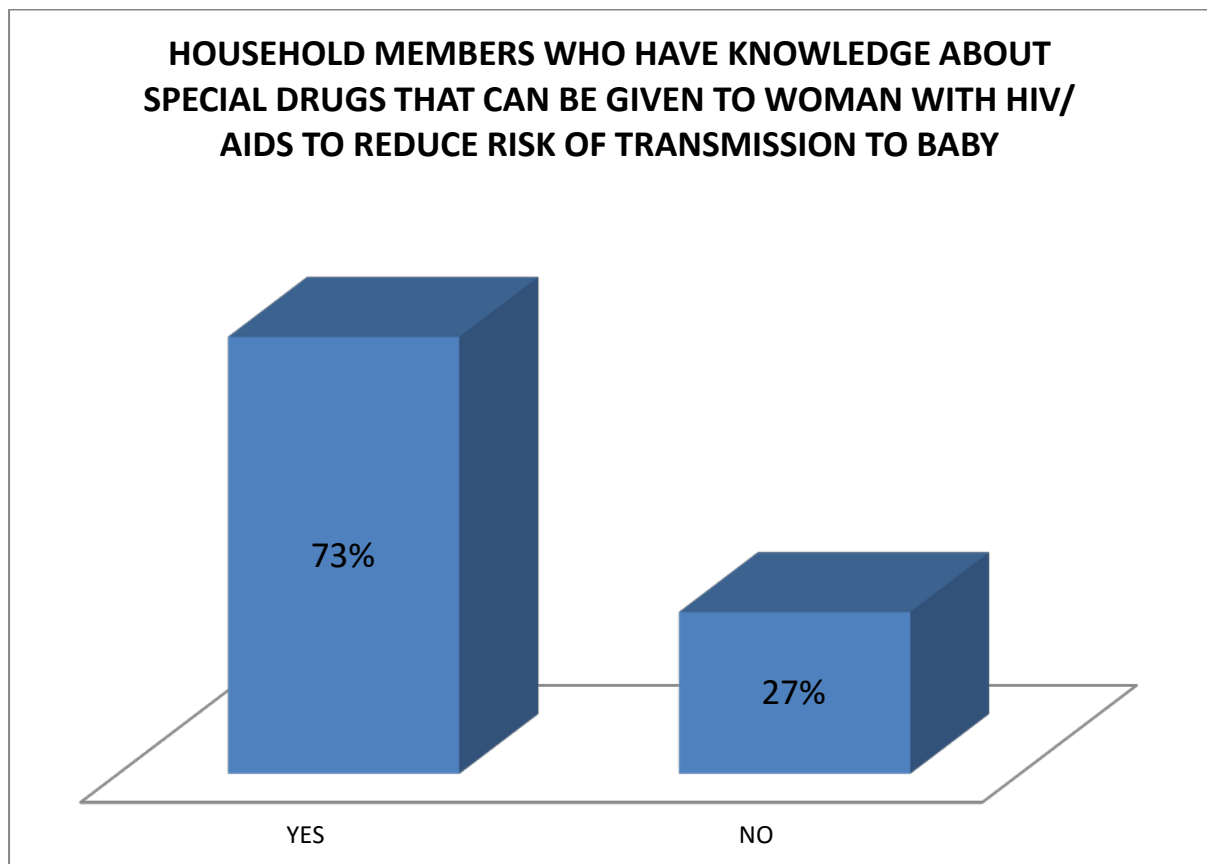


Increasing knowledge about prevention of mother-to-child transmission (PMTCT) of HIV and use of antiretroviral medication prior to delivery are critical in reducing mother-to-child transmission.

81.4% of Women agreed that HIV can be transmitted by breastfeeding as compared to 55.6% of Men. 67.4% of Women agreed that Risk of MTCT can be reduced by mother taking special drugs during pregnancy compared to 50.6% of Men and 63.6% of Women agreed that HIV can be transmitted by breastfeeding and risk of MTCT can be reduced by mother taking special drugs during pregnancy when compared to 32.4% of Men.

KNOWLEDGE ABOUT SPECIAL DRUGS THAT CAN BE GIVEN TO WOMAN WITH HIV/ AIDS TO REDUCE RISK OF TRANSMISSION TO BABY

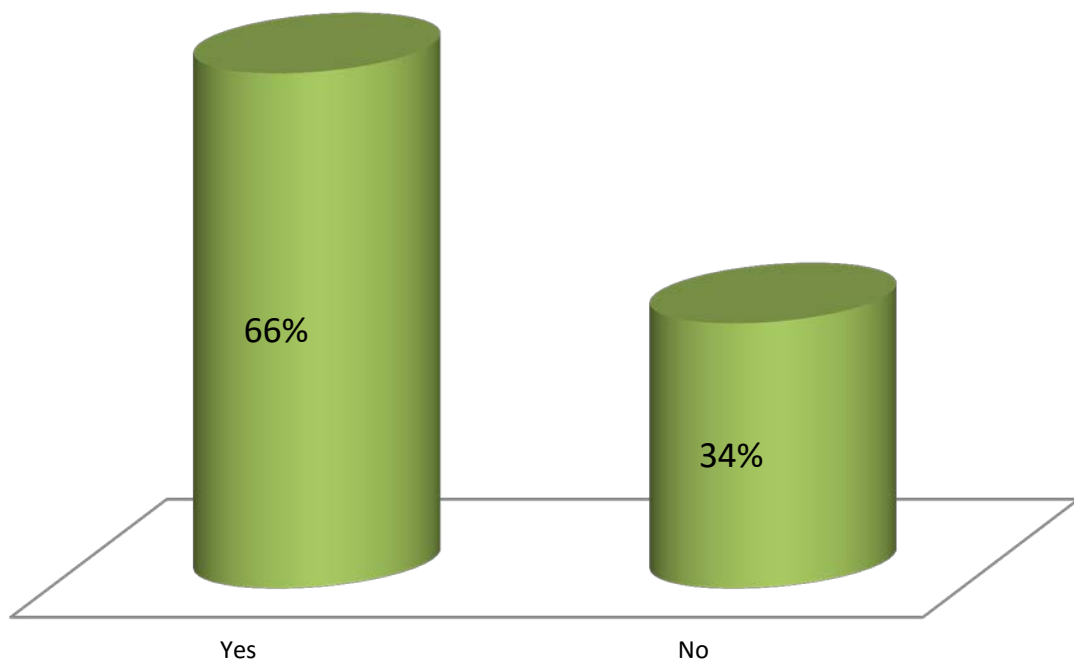
The analysis also showed that 73% of the sampled households claim that they have knowledge about special drugs that can be given to pregnant woman with HIV/AIDS to reduce risk of transmission to baby while only 27% were not knowledgeable about such things.



KNOWLEDGE ABOUT SPECIAL ANTIRETROVIRAL DRUGS THAT PEOPLE INFECTED WITH HIV/AIDS CAN GET TO HELP THEM LIVE LONGER

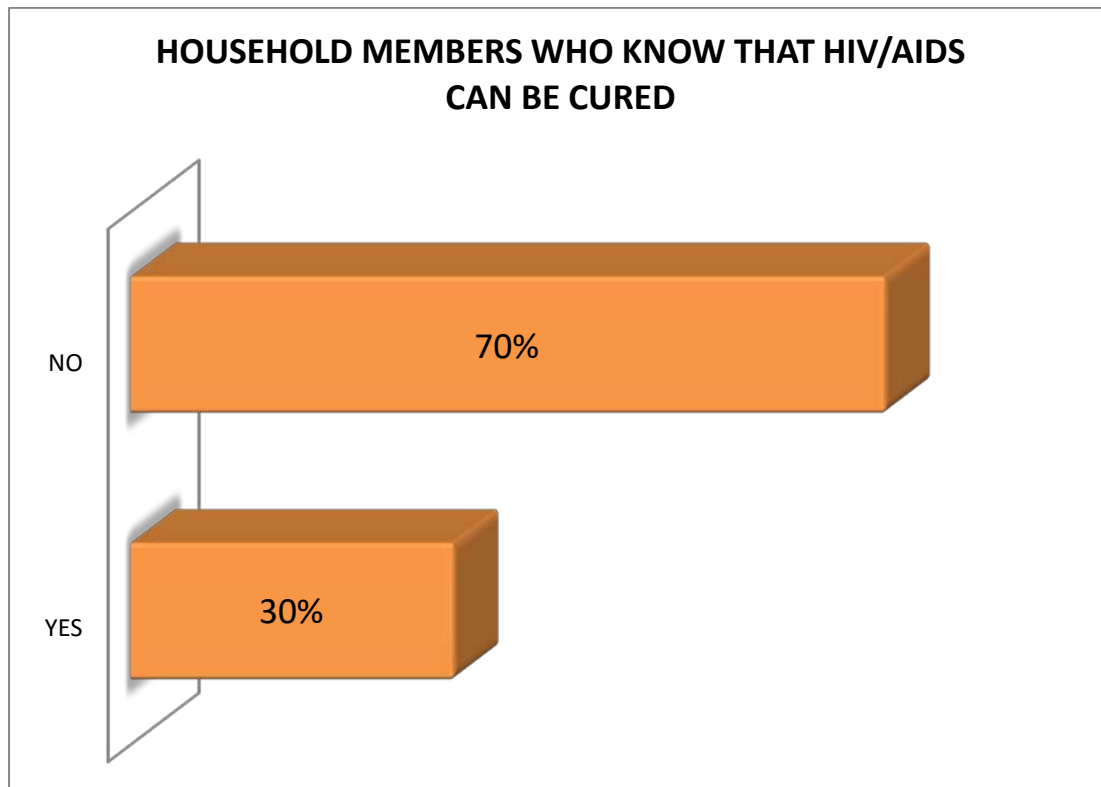
The survey also investigated whether household members Statewide had knowledge about antiretroviral drugs that people infected with HIV/AIDS can get to help them live longer. The result of the survey revealed that 66% of the household members across the State reportedly claim that they have knowledge about the special antiretroviral drugs while 34% reportedly have no knowledge about the drugs.

**HOUSEHOLD MEMBERS WHO HAVE KNOWLEDGE ABOUT
SPECIAL ANTIRETROVIRAL DRUGS THAT PEOPLE INFECTED
WITH HIV/AIDS CAN GET TO HELP THEM LIVE LONGER**



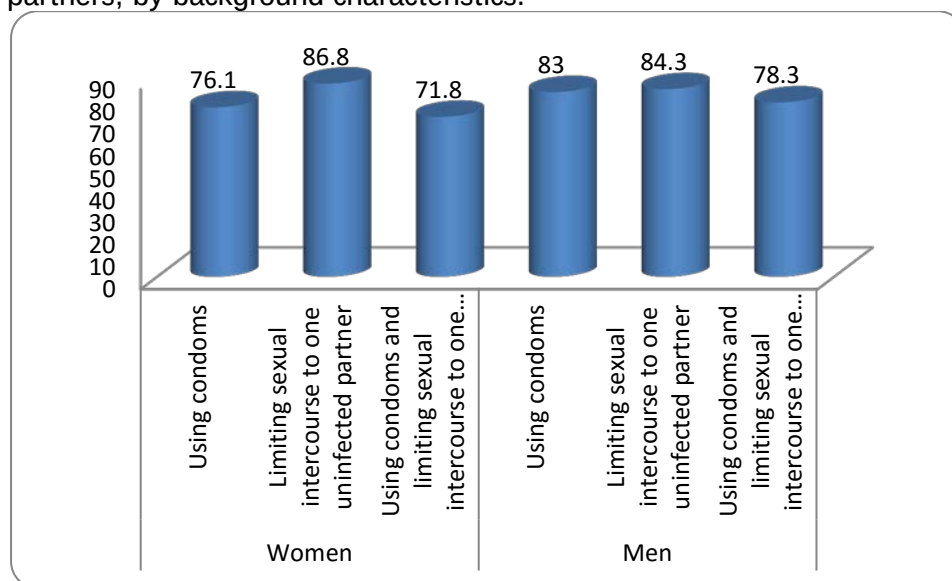
KNOWLEDGE THAT HIV/AIDS CAN BE CURED

From the analysis of the survey, only 30% of the sampled household members disclosed that they know that HIV/AIDS could be cured while majority of the sampled respondents representing 70% were of the opinion that HIV/AIDS were incurable.



KNOWLEDGE OF HIV PREVENTION METHODS

Percentage of women and men age 15-49 who, in response to prompted questions, say that people can reduce the risk of getting the AIDS virus by using condoms every time they have sexual intercourse and by having one sex partner who is not infected and has no other partners, by background characteristics.

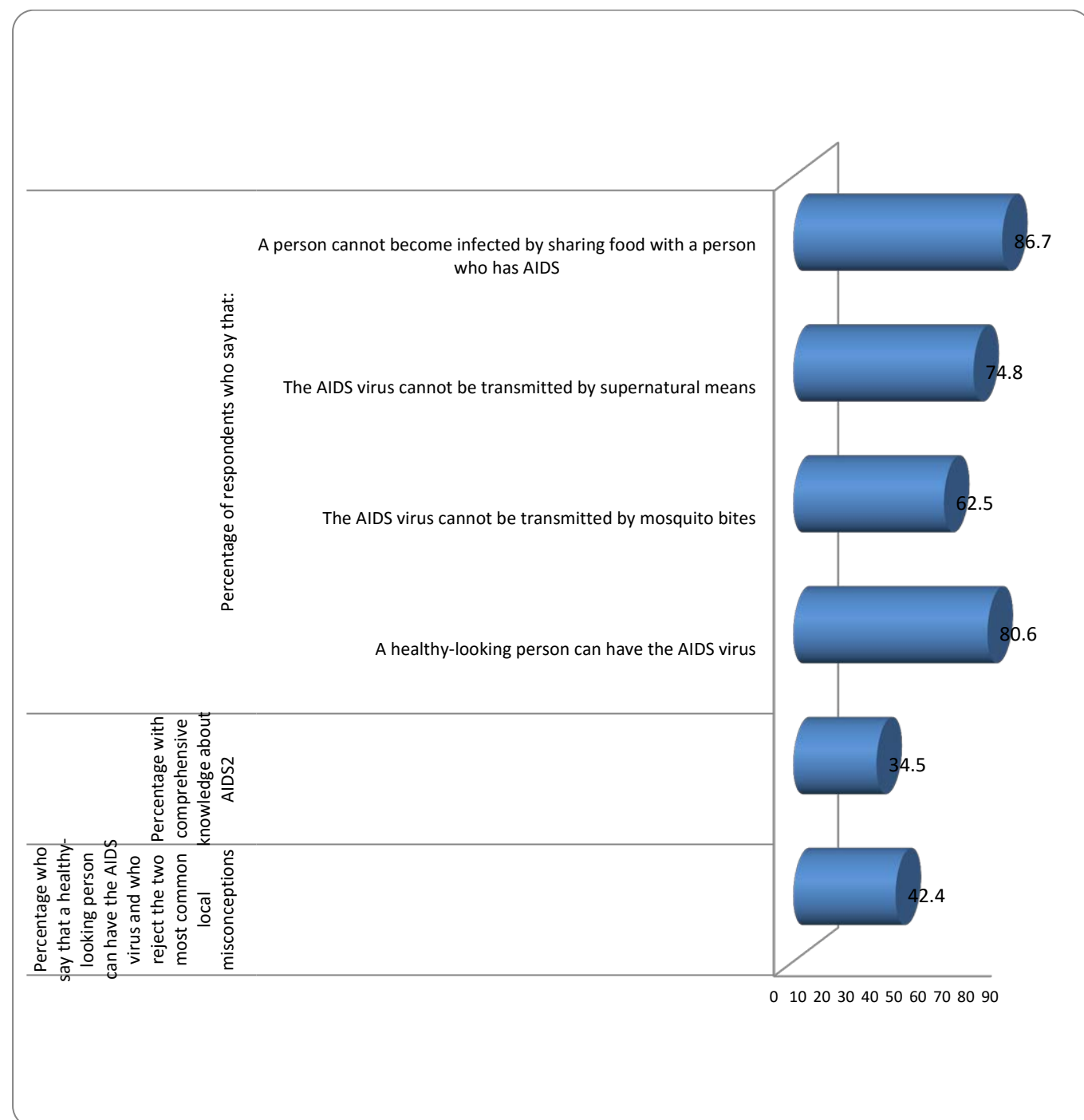


HIV is mainly transmitted through heterosexual contact. HIV prevention programme has sought to promote behaviour change strategies that focus on sexual abstinence, mutually faithful monogamy between HIV-negative partners, and condom use as the primary ways of avoiding HIV infection among sexually active women and men.

Among the women, Using condoms, Limiting sexual intercourse to one uninfected partner and Using condoms and limiting sexual intercourse to one uninfected partner were 76.1%, 86.8% and 71.8% respectively. While among the men, Using condoms, Limiting sexual intercourse to one uninfected partner and Using condoms and limiting sexual intercourse to one uninfected partner were 83%, 84.3% and 78.3% respectively.

COMPREHENSIVE KNOWLEDGE ABOUT AIDS: WOMEN

Percentage of women age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about transmission or prevention of the AIDS virus, and the percentage with a comprehensive knowledge about AIDS, by background characteristics.



As part of the effort to assess HIV and AIDS knowledge, the 2013 NDHS collected information

on common misconceptions about HIV transmission. Respondents were asked whether they think it is possible for a healthy-looking person to have HIV and whether they believe HIV can be transmitted through mosquito bites, touching someone who has AIDS, or sharing food with a person who has HIV or AIDS. Comprehensive knowledge is defined as knowing

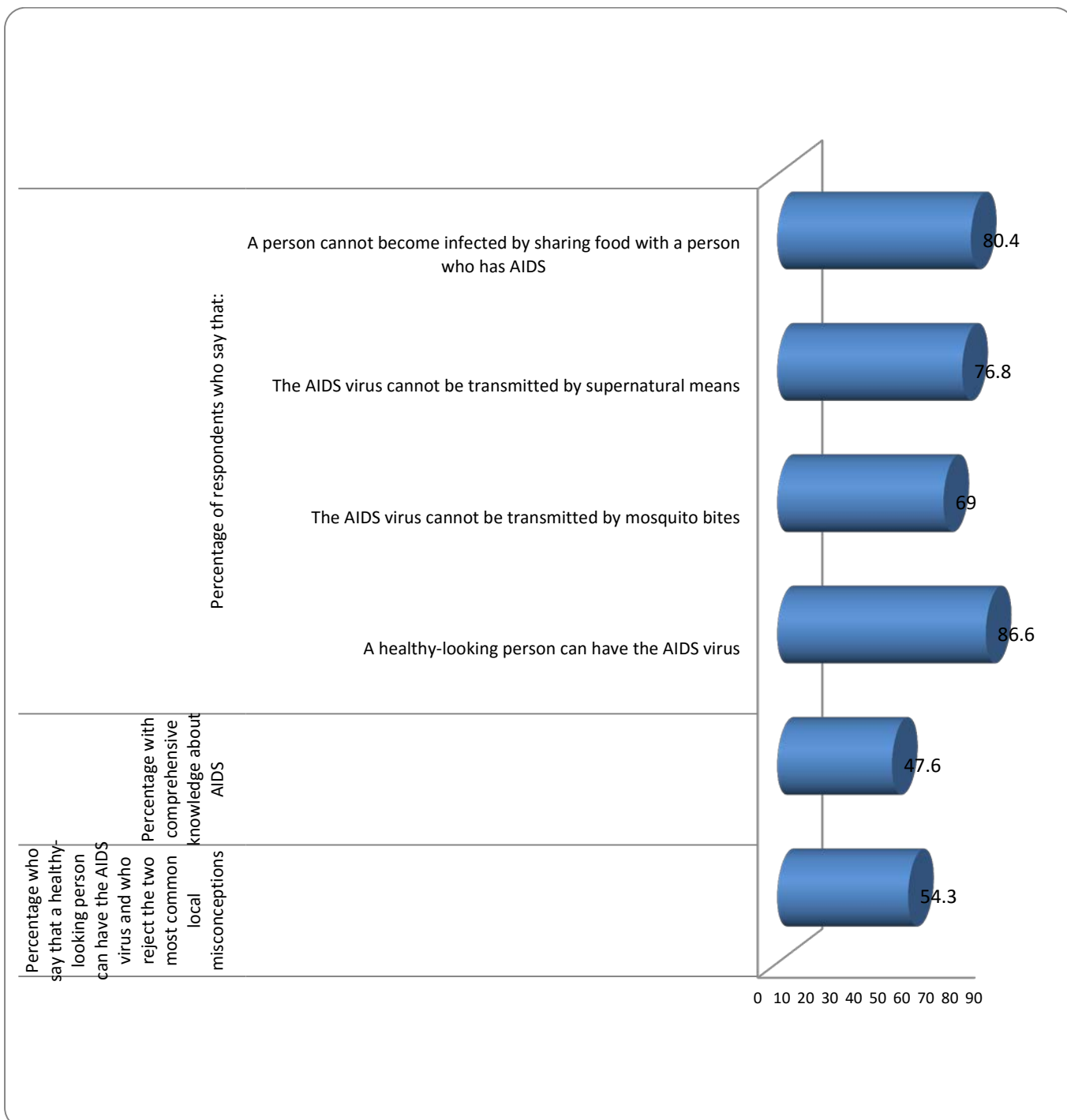
that consistent condom use during sexual intercourse and having just one HIV-negative and faithful partner can reduce the chances of getting the AIDS virus, knowing that a healthy-looking person can have the AIDS virus, and rejecting the two most common local misconceptions about AIDS transmission and prevention: that HIV can be transmitted by mosquito bites and by supernatural means.

The Percentage who say that a healthy-looking person can have the AIDS virus and who reject the two most common local misconceptions was 42.4. The Percentage with comprehensive knowledge about AIDS² was 34.5.

Respondents who said that: A healthy-looking person can have the AIDS virus was 80.6%, The AIDS virus cannot be transmitted by mosquito bites was 62.5%, The AIDS virus cannot be transmitted by supernatural means 74.8% while those that said A person cannot become infected by sharing food with a person who has AIDS was 86.7%.

COMPREHENSIVE KNOWLEDGE ABOUT AIDS: MEN

Percentage of men age 15-49 who say that a healthy-looking person can have the AIDS virus and who, in response to prompted questions, correctly reject local misconceptions about transmission or prevention of the AIDS virus, and the percentage with a comprehensive knowledge about AIDS, by background characteristics.

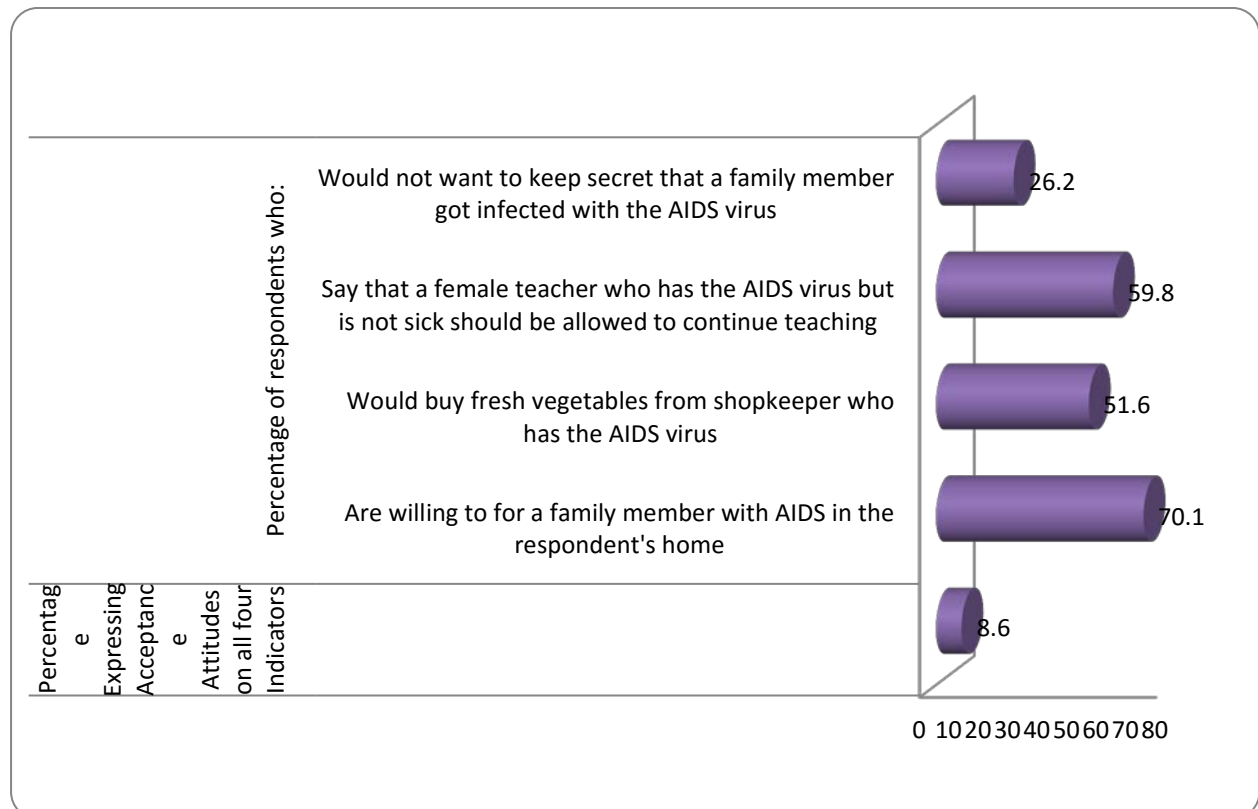


Comprehensive knowledge of AIDS by men age 15-49 reveals that Percentage that said that a healthy-looking person can have the AIDS virus and who reject the two most common local misconceptions was 54.3. Those that were in agreeable with comprehensive knowledge about AIDS were 47.6%.

The Respondents that said: A healthy-looking person can have the AIDS virus was 86.6%, The AIDS virus cannot be transmitted by mosquito bites was 69%, The AIDS virus cannot be transmitted by supernatural means was 76.8% and A person cannot become infected by sharing food with a person who has AIDS recorded 80.4%.

ACCEPTING ATTITUDES TOWARD THOSE LIVING WITH HIV/AIDS: WOMEN

Among women age 15-49 who have heard of AIDS, percentage expressing specific accepting attitudes toward people with HIV/AIDS, by background characteristics.

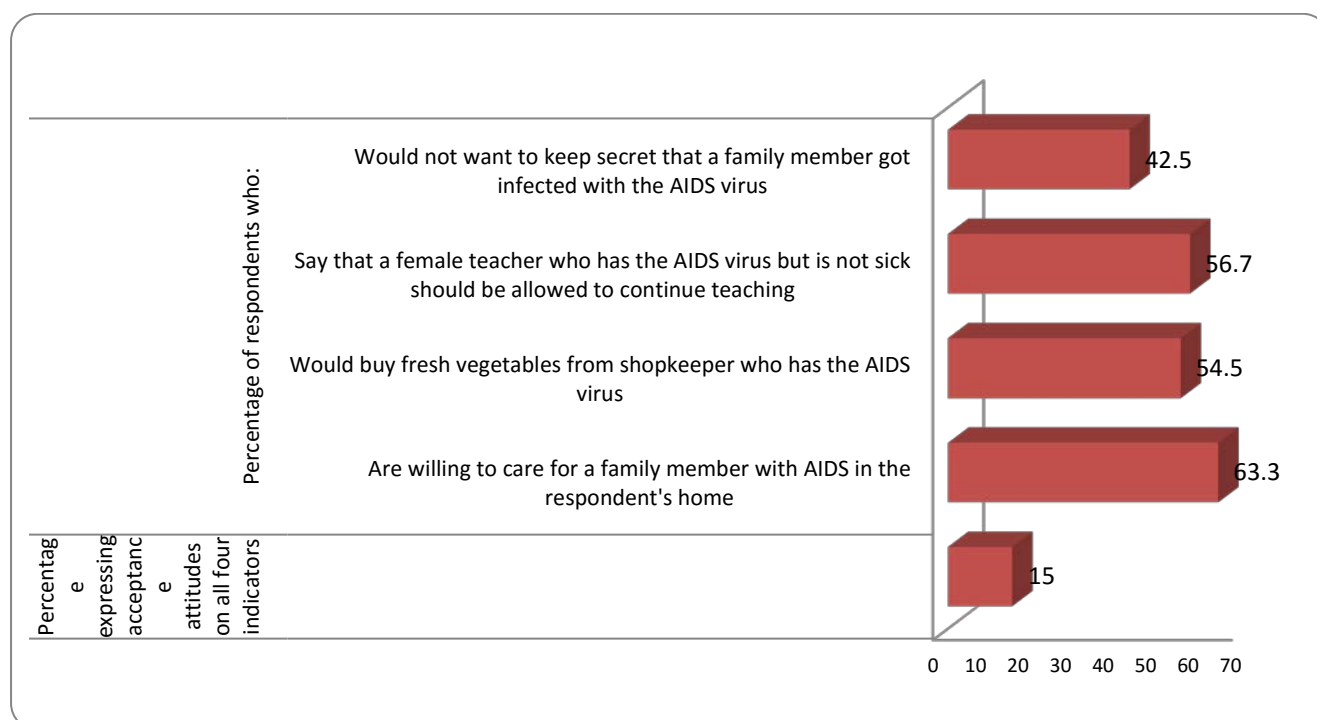


The HIV/AIDS epidemic has generated fear, anxiety, and prejudice against people living with HIV and AIDS, and people who are HIV positive face widespread stigma and discrimination. These societal attitudes can adversely affect both people's willingness to be tested for HIV and their adherence to antiretroviral therapy. Reducing stigma and discrimination is therefore an important factor in the prevention, management, and control of the HIV epidemic.

The Percentage Expressing Acceptance Attitudes on all four Indicators was 8.6. The Respondents who: Are willing to for a family member with AIDS in the respondent's home was 70.1%, Would buy fresh vegetables from shopkeeper who has the AIDS virus (51.6%), Say that a female teacher who has the AIDS virus but is not sick should be allowed to continue teaching (59.8%) and Would not want to keep secret that a family member got infected with the AIDS virus recorded 26.2%.

ACCEPTING ATTITUDES TOWARD THOSE LIVING WITH HIV/AIDS: MEN

Among men age 15-49 who have heard of HIV/AIDS, percentage expressing specific accepting attitudes toward people with HIV/AIDS, by background characteristics

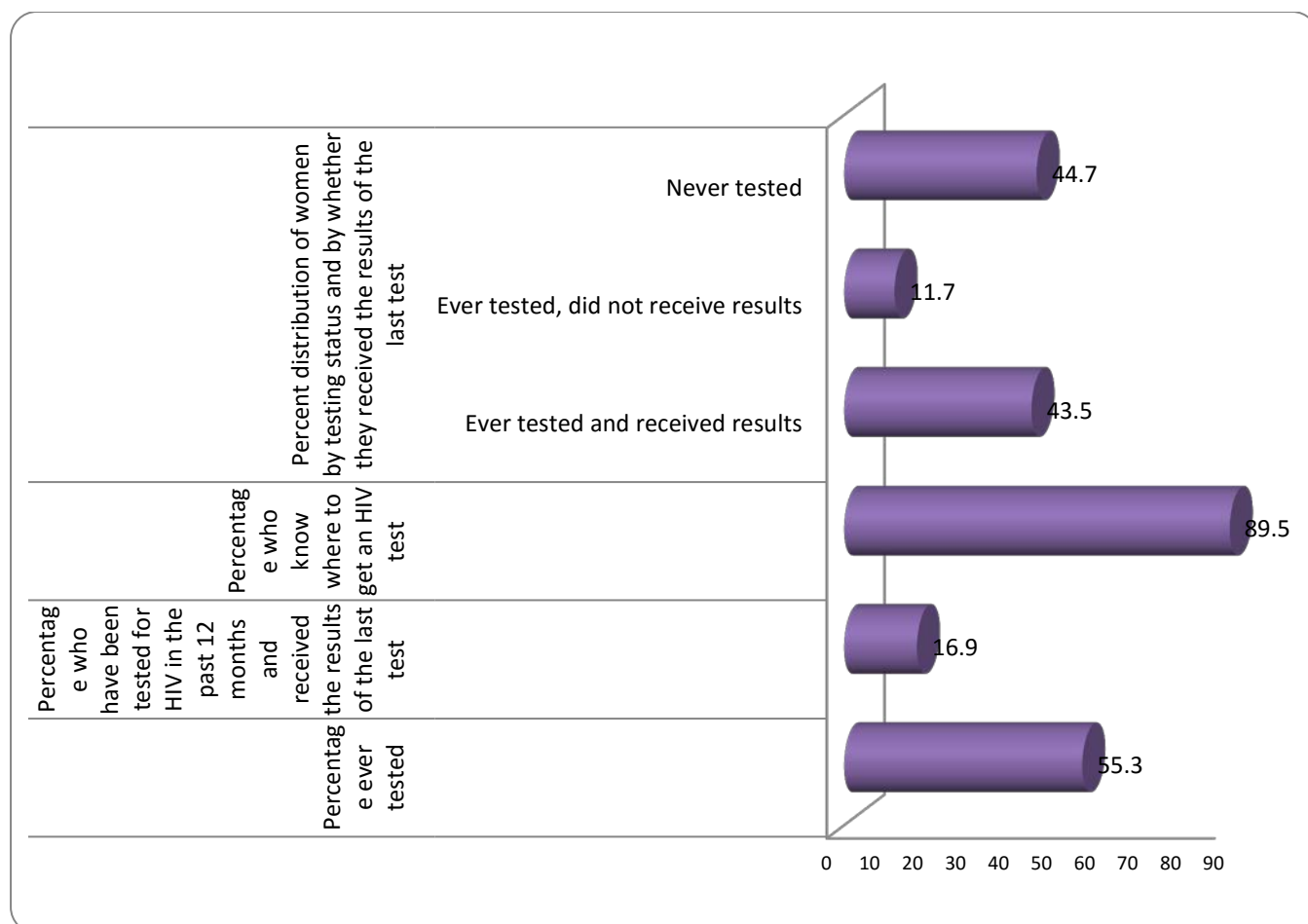


The HIV/AIDS epidemic has generated fear, anxiety, and prejudice against people living with HIV and AIDS, and people who are HIV positive face widespread stigma and discrimination. These societal attitudes can adversely affect both people's willingness to be tested for HIV and their adherence to antiretroviral therapy. Reducing stigma and discrimination is therefore an important factor in the prevention, management, and control of the HIV epidemic.

In this survey, the Percentage expressing acceptance attitudes on all four indicators was 15. Respondents men age 15 to 49 who: Are willing to care for a family member with AIDS in the respondent's home (63.3%), Would buy fresh vegetables from shopkeeper who has the AIDS virus (54.5%), Say that a female teacher who has the AIDS virus but is not sick should be allowed to continue teaching (56.7%) and Would not want to keep secret that a family member got infected with the AIDS virus was 42.5%.

COVERAGE OF PRIOR HIV TESTING: WOMEN

Percentage of women age 15-49 who know where to get an HIV test, percent distribution of women age 15-49 by testing status and by whether they received the results of the last test, the percentage of women ever tested, and the percentage of women age 15-49 who were tested in the past 12 months and received the results of the last test, according to background characteristics.



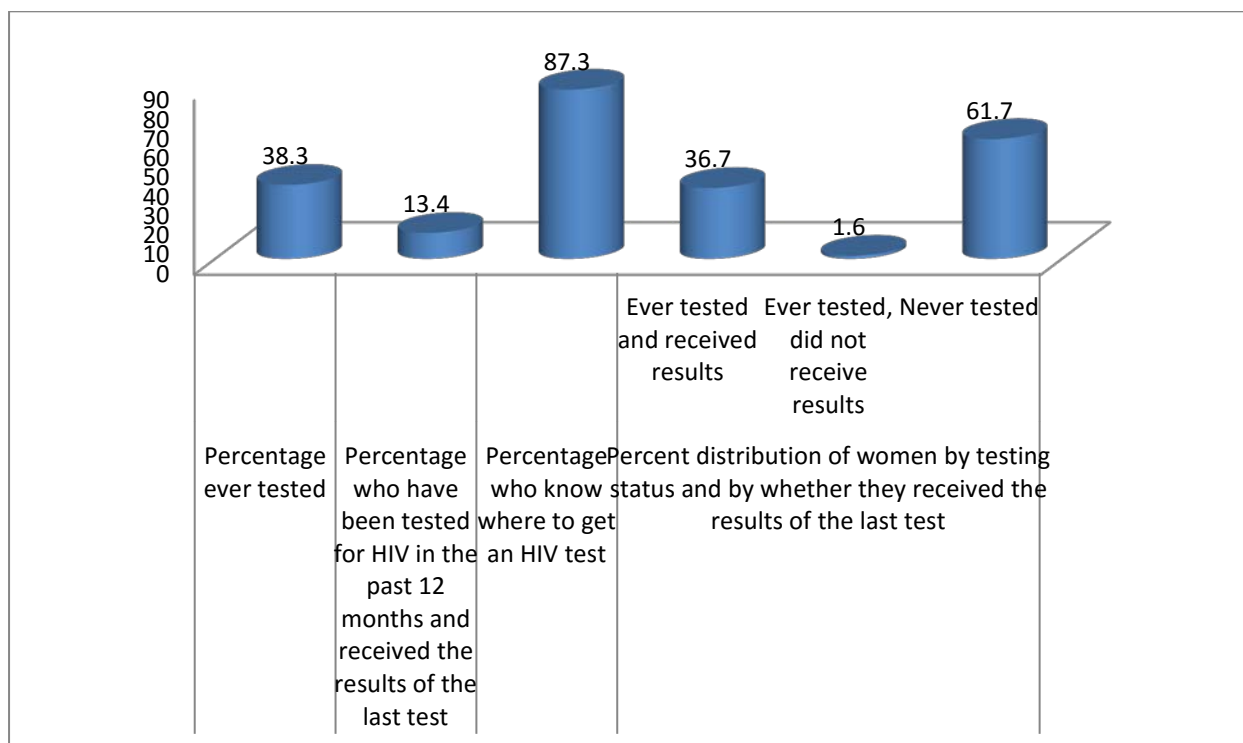
Knowledge of HIV status is important for helping individuals make specific decisions about adopting safer sex practices to reduce their risk of contracting or transmitting HIV. For those who are HIV positive, knowledge of their HIV status allows them to take actions to protect their sexual partners and to access treatment services.

The Percentage ever tested was 55.3. The Percentage who have been tested for HIV in the past 12 months and received the results of the last test was 16.9. The Percentage who know where to get an HIV test was 89.5%.

The Percent distribution of women by testing status and by whether they received the results of the last test which include: Ever tested and received results were 43.5, Ever tested, did not receive results was 11.7 and Never tested was 44.7.

COVERAGE OF PRIOR HIV TESTING: MEN

Percentage of men age 15-49 who know where to get an HIV test, percent distribution of men age 15-49 by testing status and by whether they received the results of the last test, the percentage of men ever tested, and the percentage of men age 15-49 who were tested in the past 12 months and received the results of the last test, according to background characteristics.

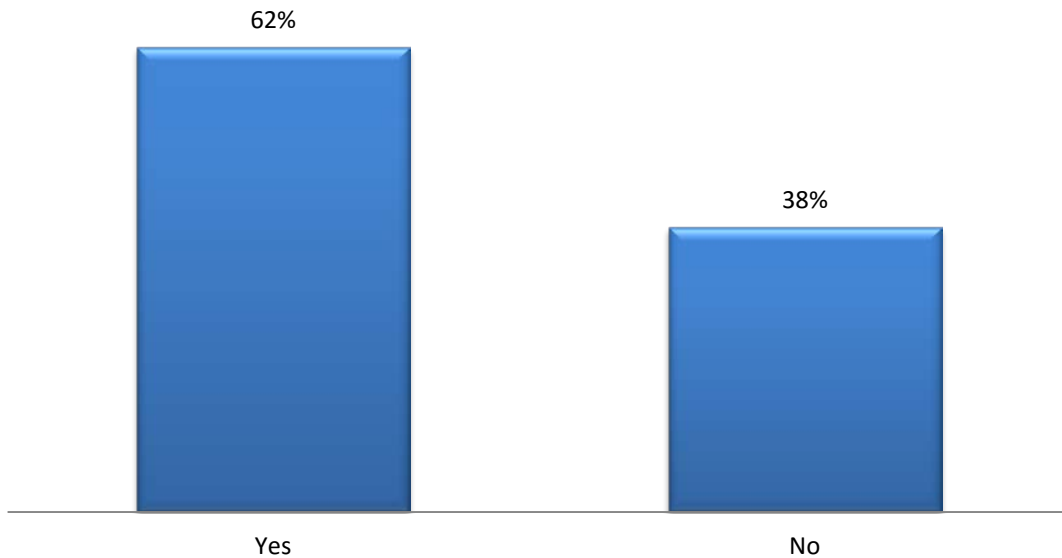


In the Male category, The Percentage ever tested was 38.3. The Percentage who have been tested for HIV in the past 12 months and received the results of the last test was 13.4. The Percentage who know where to get an HIV test was 87.3%. The Percent distribution of Men by testing status and by whether they received the results of the last test which include: Ever tested and received results were 36.7, Ever tested, did not receive results was 1.6 and Never tested was 61.7.

HOUSEHOLD MEMBERS WHO WERE TESTED FOR HIV/AIDS

The analysis of the survey result also revealed that 62% of the household members across the state were tested for HIV/AIDS during antenatal period while the remaining 38% were not.

HOUSEHOLD MEMBERS WHO WERE TESTED FOR HIV/AIDS

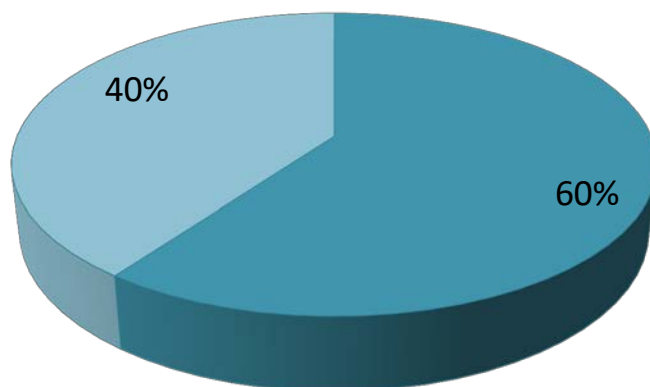


HOUSEHOLD MEMBERS WHO GOT TESTED FOR HIV/AIDS AND RECEIVED RESULT

The survey also sought to determine the household members in the state who got tested HIV/ AIDS and received result for the test. The analysis revealed that 60% of the sampled households asserted that they received the HIV/AIDS test result after being tested while 40% claimed that no results were received after being tested.

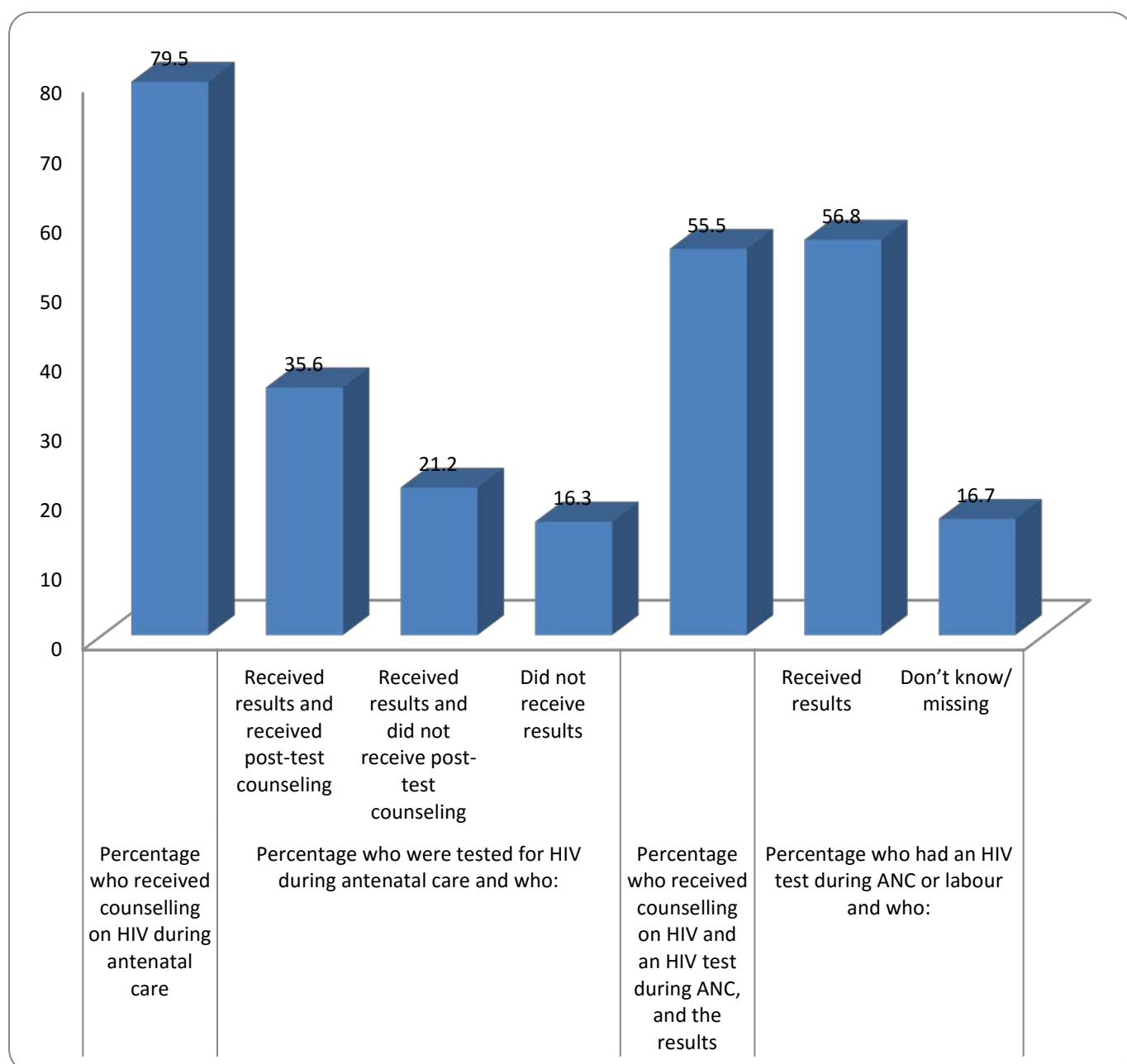
HOUSEHOLD MEMBERS WHO GOT TESTED FOR HIV/AIDS AND RECEIVED RESULT

■ YES ■ No



Pregnant women counselled and tested for HIV

Among all women age 15-49 who gave birth in the two years preceding the survey, the percentage who received HIV pretest counselling, the percentage who received an HIV test during antenatal care for their most recent birth by whether they received their results and post-test counselling, and percentage who received an HIV test at the time of ANC or labour for their most recent birth by whether they received their test results, according to background characteristics.



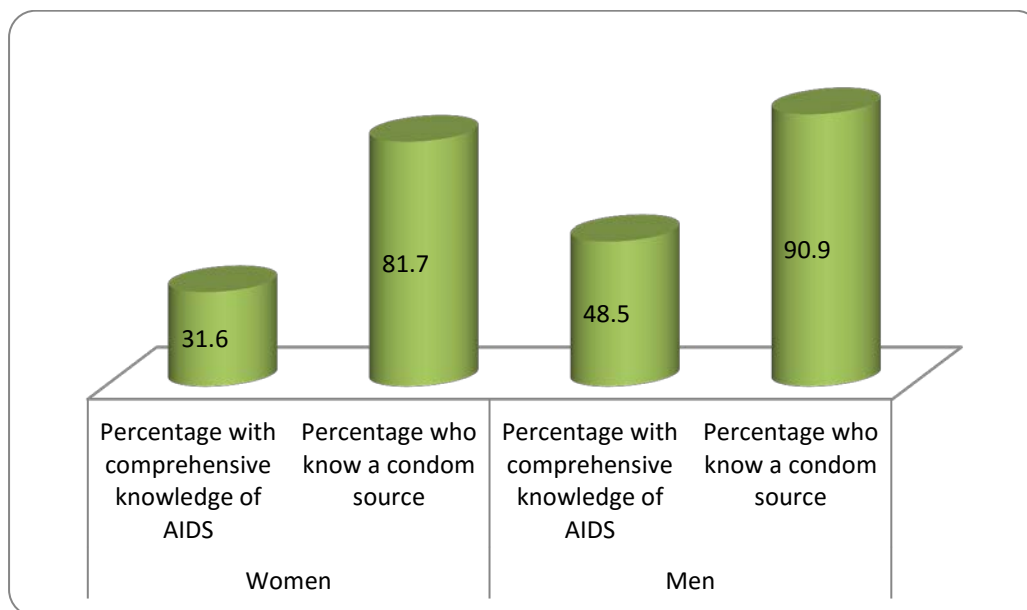
HIV screening is a key tool in the prevention of HIV transmission from mother to child. Among all women age 15-49 who gave birth in the two years preceding the survey, the Percentage who received counseling on HIV during antenatal care. Among all women age 15-49, the Percentage who received counseling on HIV during antenatal care was 79.5, the Percentage who received counseling on HIV and an HIV test during ANC, and the results was 55.5. The Percentage who was tested for HIV during antenatal care and that include: Received results and received post-test counseling was

35.6, Received results and did not receive post-test counseling was 21.2 and Did not receive results was 16.3.

Percentage who had an HIV test during ANC or labour and that include: Received results was 56.8 and Don't know/ missing was 16.7.

COMPREHENSIVE KNOWLEDGE ABOUT AIDS AND SOURCE OF CONDOMS AMONG YOUTH

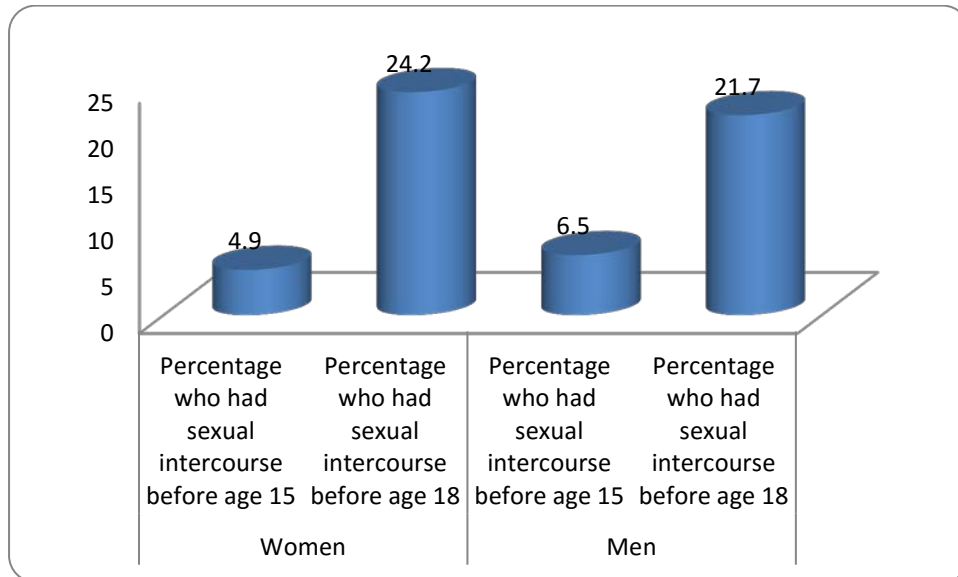
Percentage of young women and young men age 15-24 with comprehensive knowledge about AIDS and percentage with knowledge of a source of condoms, by background characteristics.



The knowledge of HIV/ AIDS related issues were examined in this survey. It was recorded that among young Women age 15-24 years, Percentage with comprehensive knowledge of AIDS was 31.6 while Men of same age group recorded 48. The Percentage who know a condom source among the young Women was 81.7 as against 90.9 for the men.

AGE AT FIRST SEXUAL INTERCOURSE AMONG YOUNG PEOPLE

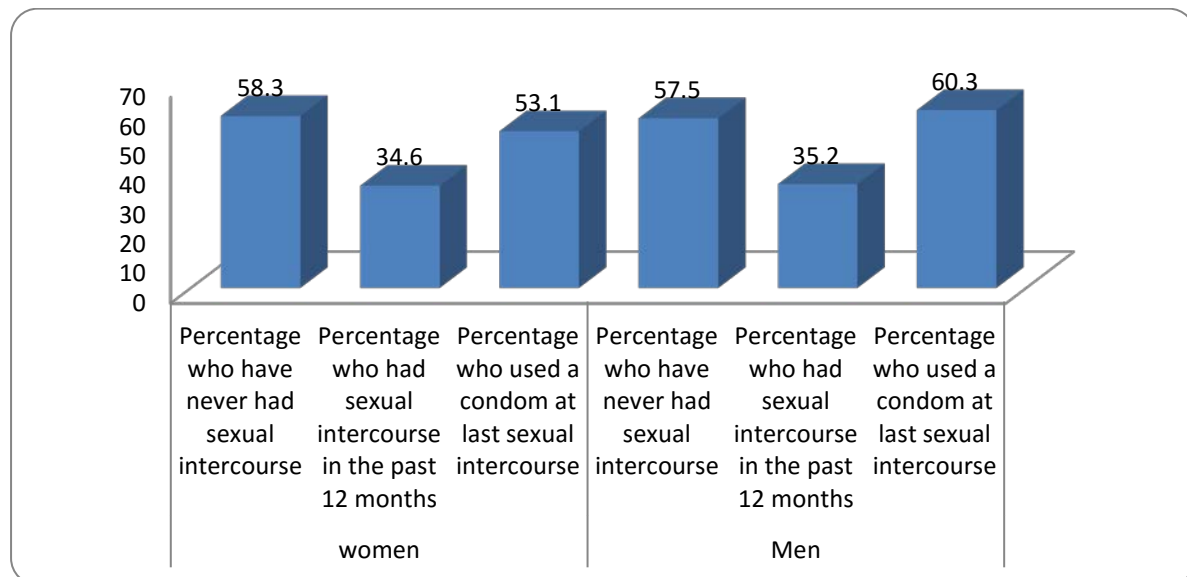
Percentage of young women and young men age 15-24 who had sexual intercourse before age 15 and percentage of young women and young men age 18-24 who had sexual intercourse before age 18, by background characteristics.



The age of first sexual intercourse among Women and Men of age 15-24 years was sought after in this survey. In the young women category, Percentage who had sexual intercourse before age 15 recorded 4.9 while Young Men was 6.5. The Percentage who had sexual intercourse among Young Women before age 18 was 24.2 compared to the young male of same category of 21.7.

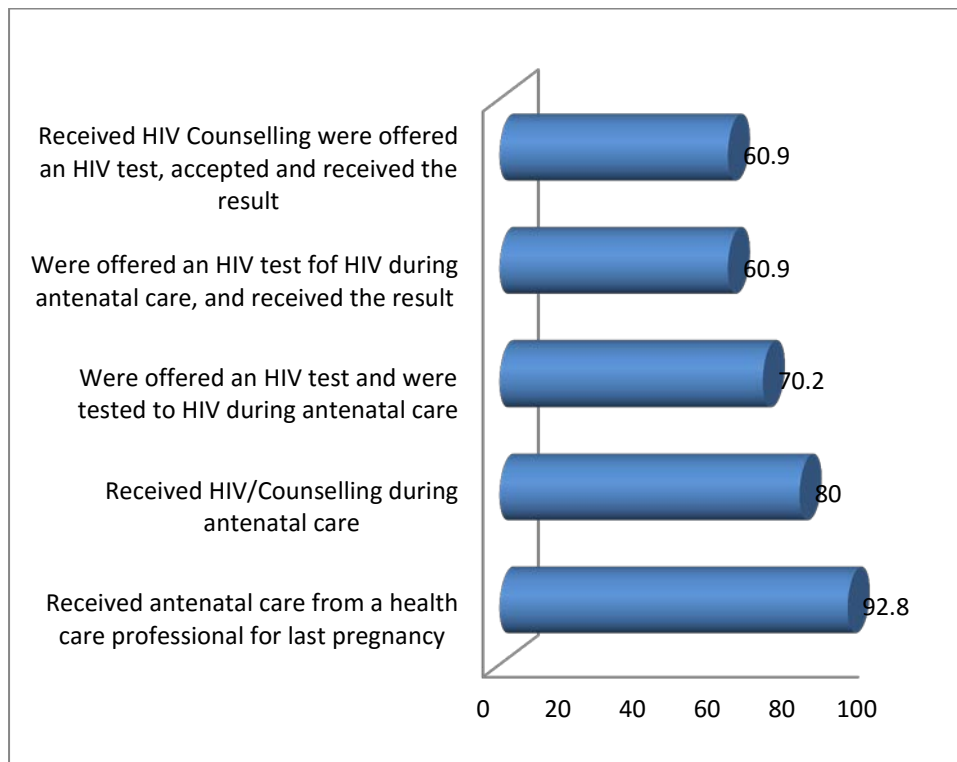
PREMARITAL SEXUAL INTERCOURSE AND CONDOM USE DURING PREMARITAL SEXUAL INTERCOURSE AMONG YOUTH

Among never-married women and men age 15-24, the percentage who have never had sexual intercourse, the percentage who had sexual intercourse in the past 12 months, and, among those who had premarital sexual intercourse in the past 12 months, the percentage who used a condom at the last sexual intercourse, by background characteristics.



Among never-married women and men age 15-24, the percentage who has never had sexual intercourse was 58.3 as against 57.5 for Men. The Percentage who had sexual intercourse in the past 12 months among Women was 34.6 while that of Male recorded 35.2. Furthermore, Percentage who used a condom at last sexual intercourse among the Women was 53.1 while that of the Men was 60.3

HIV TESTING AND COUNSELLING DURING ANTENATAL



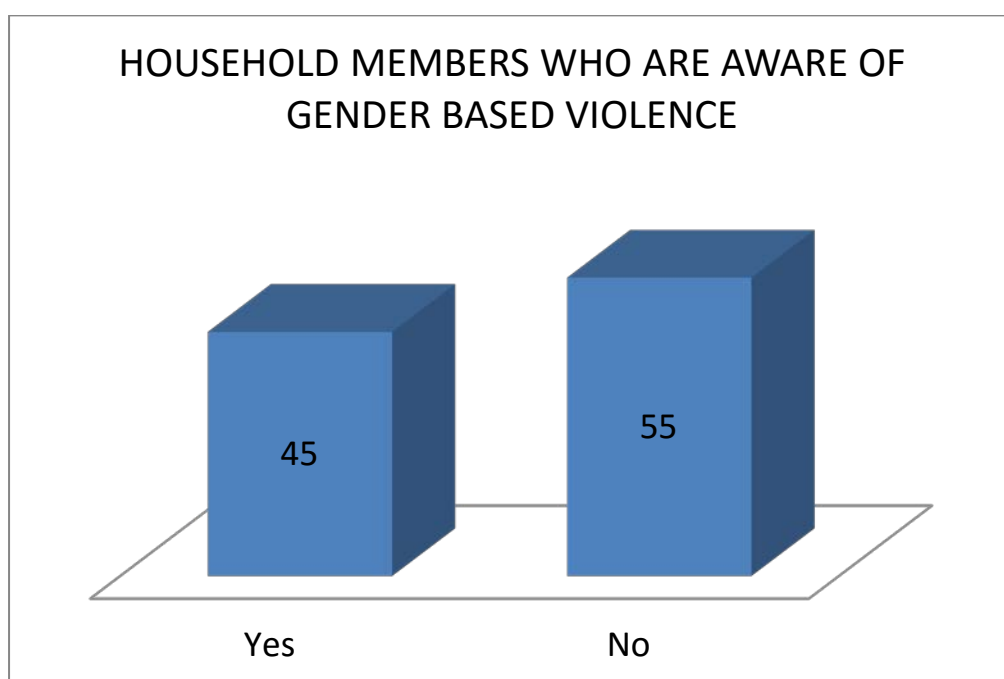
Proportion of women age 15-49 who gave birth in the last 2 years, percentage of women who received antenatal care from a health professional during the last pregnancy, percentage who received HIV Counseling, percentage who were offered and accepted an HIV test and received the result.

Those that Received Antenatal Care from a Health Care Professional for Last Pregnancy recorded 92.8%, those that Received HIV/ Counseling During Antenatal care is 80%, those that were Offered an HIV Test and were Tested to HIV During Antenatal Care is 70.2%, those that were Offered an HIV Test and were Tested to HIV During Antenatal care, and received the Result is 60.9% and those that Received HIV Counseling, were offered an HIV test, Accepted and Received the result is 60.9%.

WOMEN EMPOWERMENT AND HEALTH

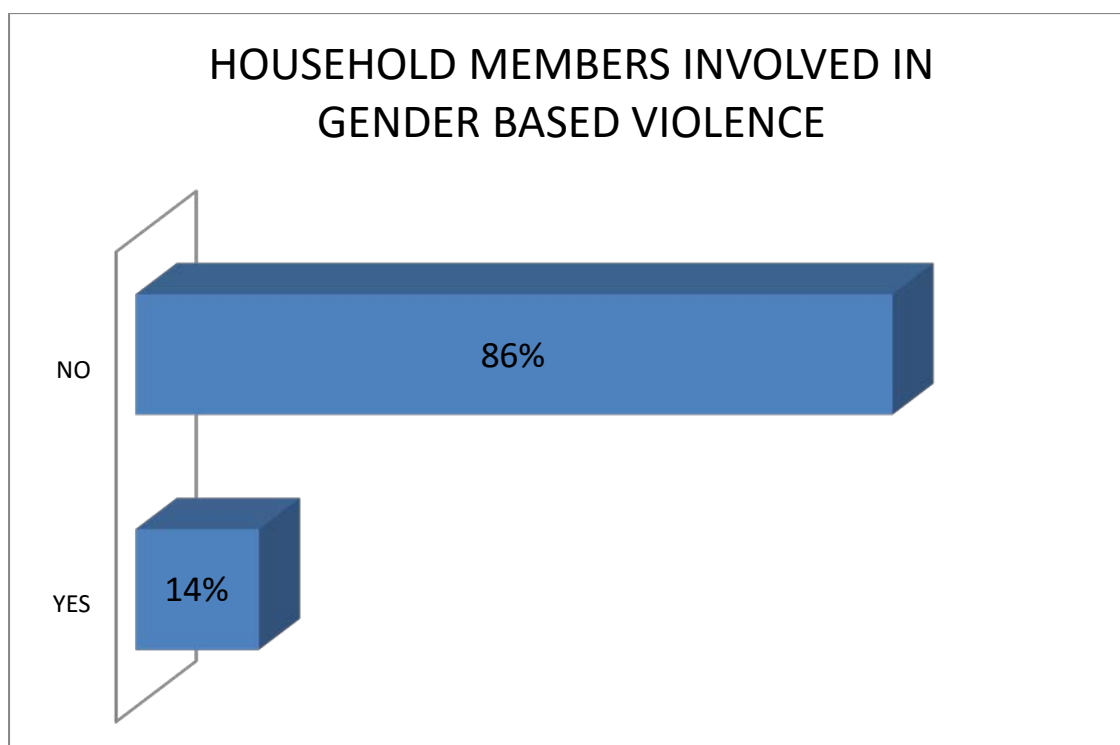
GENDER BASED VIOLENCE (GBV)

Gender-based violence is defined as any act of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivations of liberty, occurring in public or private life (United Nations, 1993 and 1995). It is a worldwide phenomenon that brings into fore in human treatment usually meted out to the opposite sex as a result of disagreements, differences in opinion as well as jealousy which often result to the physical harm, torture and ill treatment of the opposite sex - usually the partners. The survey result showed that 45% of the sampled households were aware of Gender Based Violence (GBV) across the State while 55% of them reported contrary.



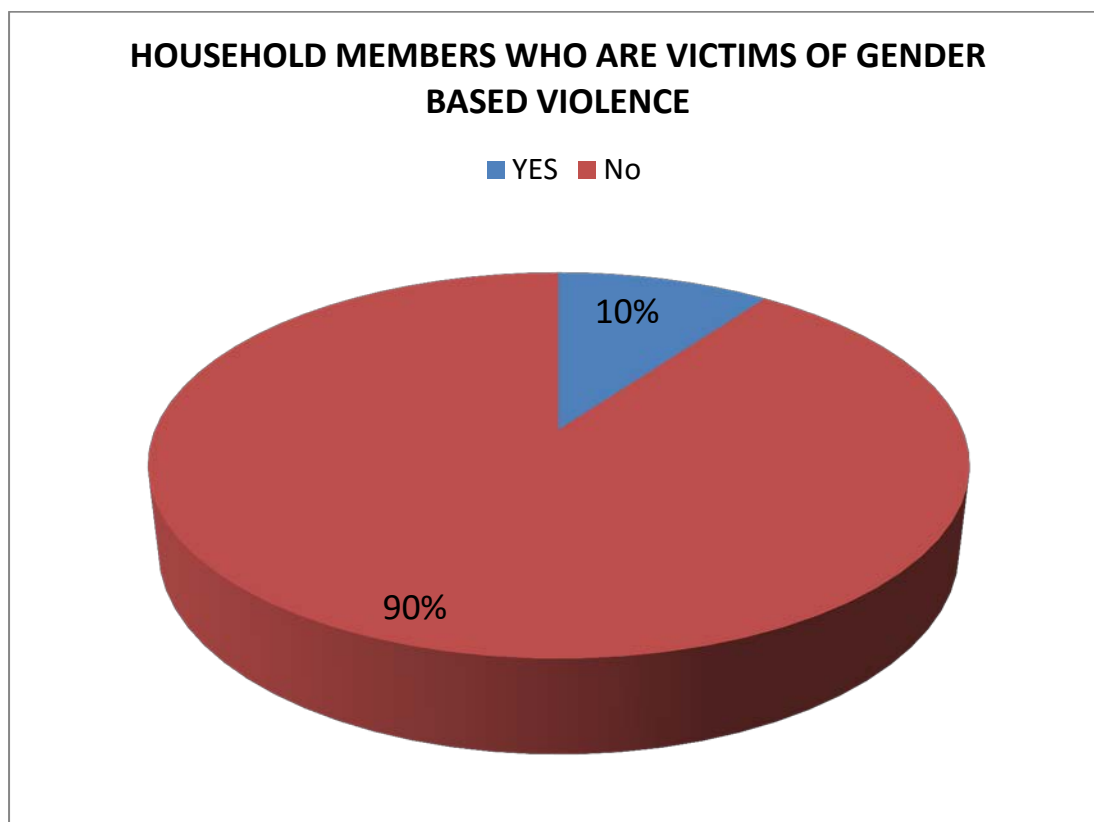
INVOLVEMENT OF HOUSEHOLD MEMBERS IN GENDER BASED VIOLENCE ON SPOUSE/PARTNER

In addition, the State indicator revealed that 14 % of the sampled households claimed to have been involved in violence against their spouses (i.e. practically hit, slapped, kicked or physically hurt their spouses/partners).



HOUSEHOLD MEMBERS WHO HAVE BEEN VICTIMS OF GENDER BASED VIOLENCE

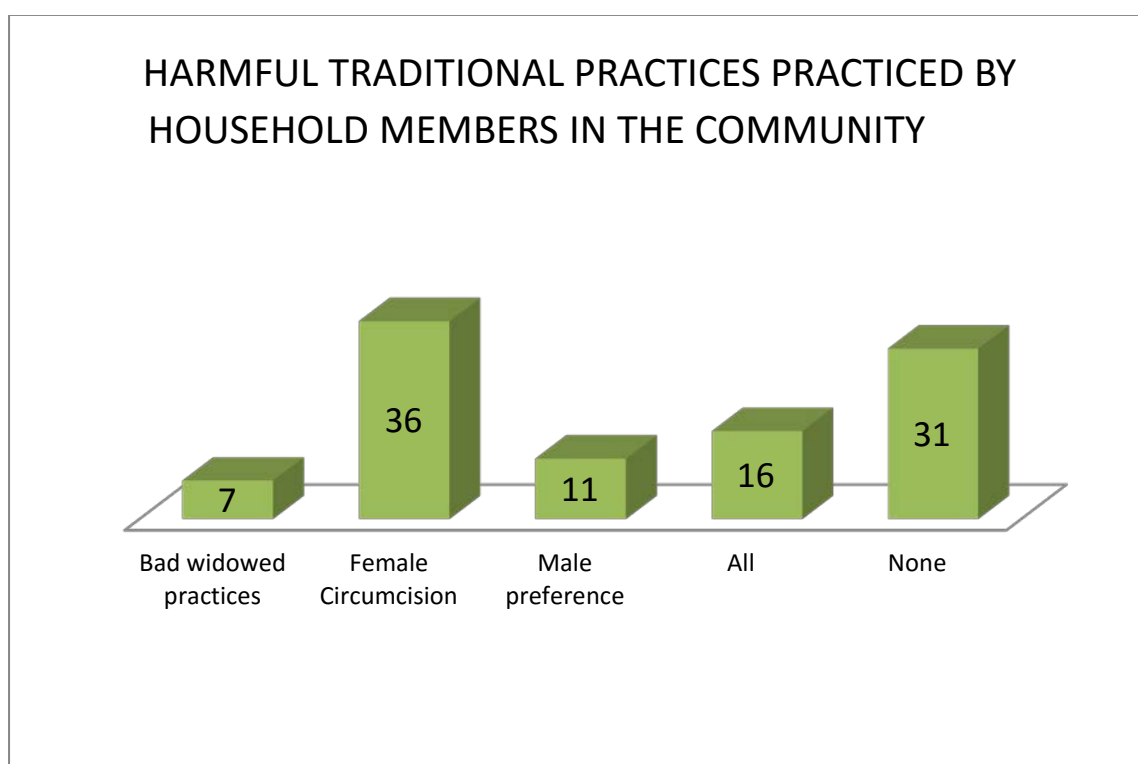
Protection of men and women as well as vulnerable populations against violence through appropriate education and enlightenment campaigns as well as punitive measures for offenders must be of general concern to all and sundry. Although the country is a signatory to the United Nation's Convention on the Elimination of all Forms of Discrimination against Women (CEDAW). The survey result showed that 10% of the sampled household members had been victims of Gender Based Violence at one time or the other.



HARMFUL TRADITIONAL PRACTISES (HTP)

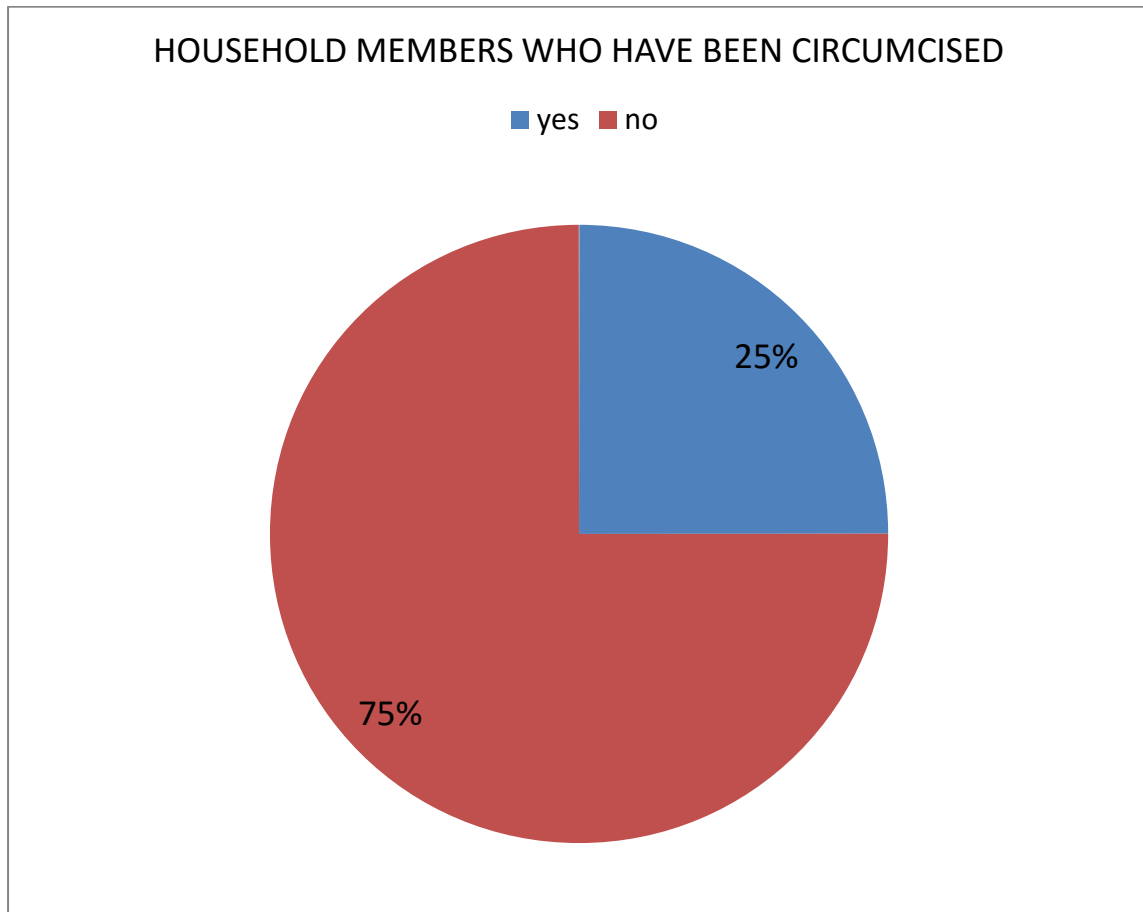
Harmful Traditional Practices are often referred to as communal and age-long practices that seem to impinge on the health and rights of the individual especially women and children. Such practices include Female Circumcision, (popularly known as Female Genital Cuttings (FGC), bad widowhood practice, and Male Preference among others.

The survey result showed that female circumcision were prominent among the sampled households as attested to by 36% of the respondents, 11% of them also confirmed male preference to female which often lead to uncontrolled number of pregnancies, 7% of the respondents chose bad widowhood, 16% of them regarded all the three as HTP while 31% of the households had no record of Harmful Traditional Practices.



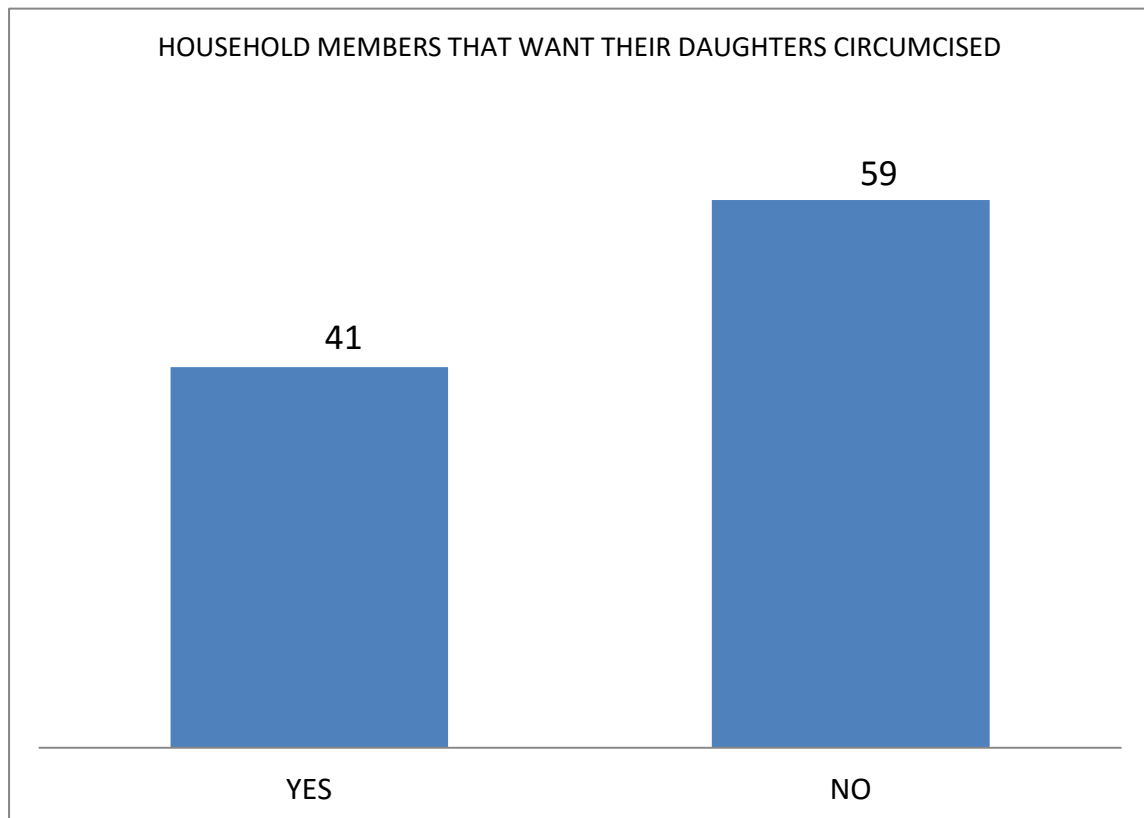
CIRCUMCISED HOUSEHOLD MEMBERS

In addition, the Survey further revealed that circumcised household members stood at 25% across the State.



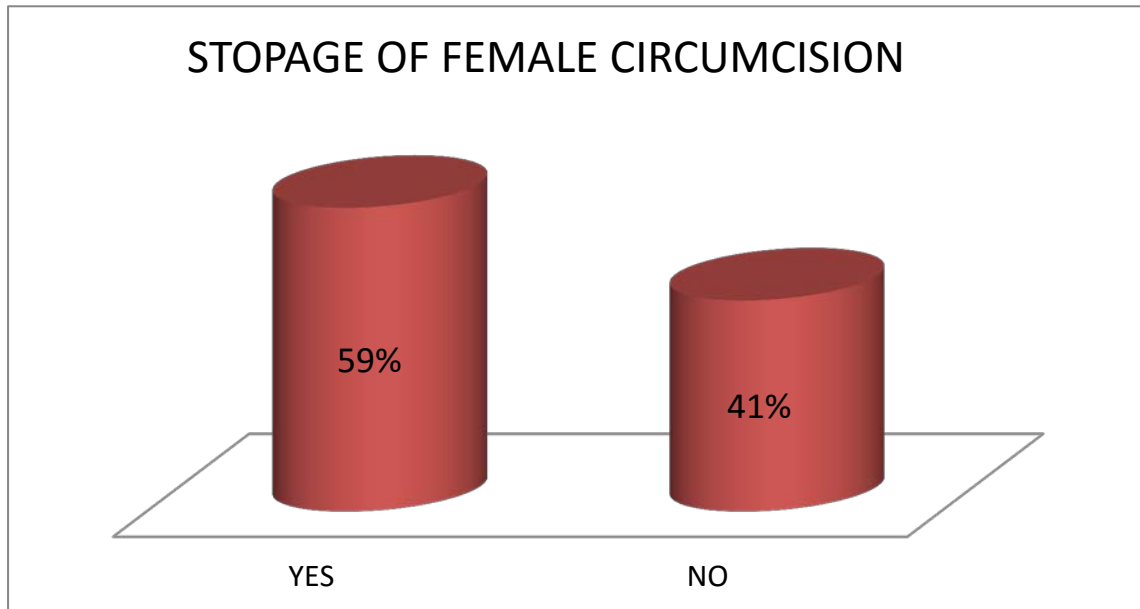
HOUSEHOLDS THAT WANT DAUGHTERS CIRCUMCISED

It is surprising to know that 41% of the household members would want their daughters circumcised.



STOPPAGE OF FEMALE CIRCUMCISION

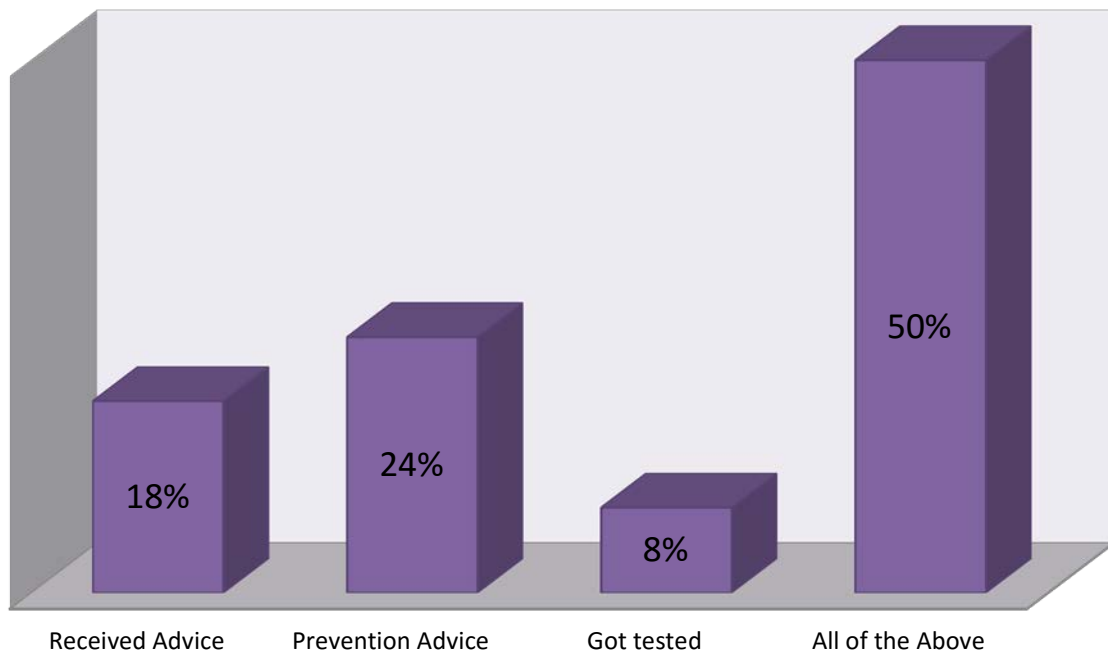
41% of the respondents supported the continuation of female circumcision in the communities while 59% of them would want to put a stop to such practices.



ADVICE RECEIVED DURING THE LAST ANTENATAL VISIT FOR THE LAST BIRTH OF THE HOUSEHOLD MEMBERS

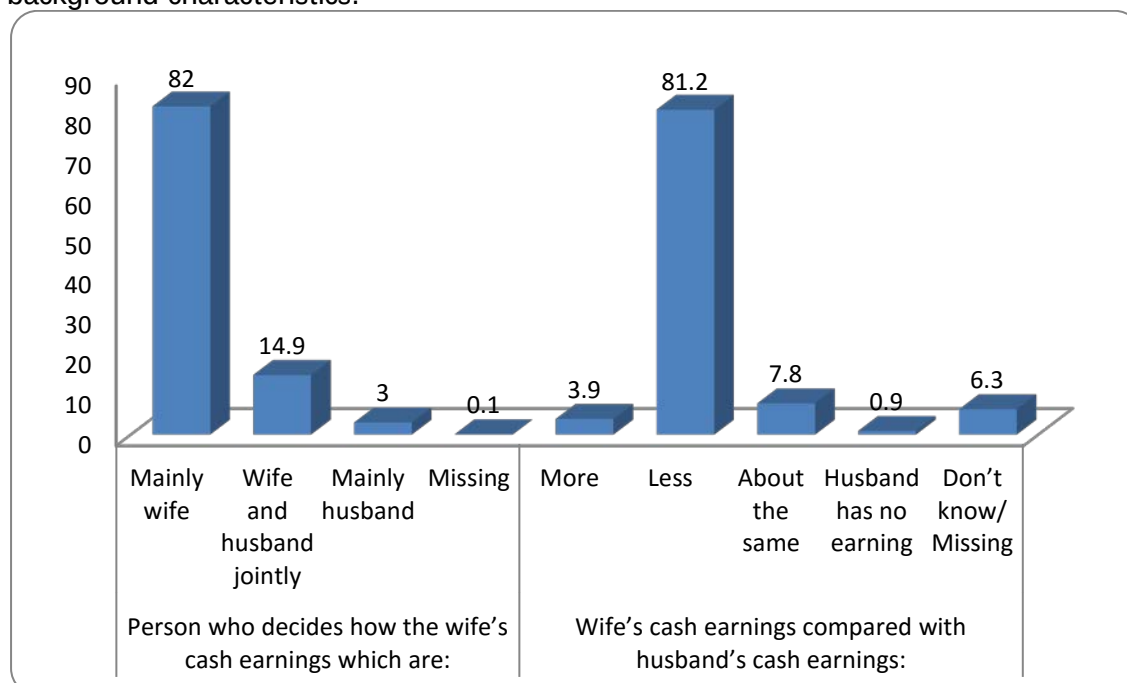
The study also tried to investigate what advice was received by the pregnant female household members during their last antenatal visits to the hospital/ clinic. (18%) said they received advice on babies getting AIDS virus from their mothers, 24% indicated that they received advice on things that one could do to prevent getting AIDS virus, 8% claimed that they received advice on getting tested for AIDS virus while 50% asserted that they received advice on all.

**ADVICE RECEIVED DURING THE LAST ANTENATAL VISIT FOR
THE LAST BIRTH OF THE HOUSEHOLD MEMBERS**



CONTROL OVER WOMEN'S CASH EARNINGS AND RELATIVE MAGNITUDE OF WOMEN'S CASH EARNINGS

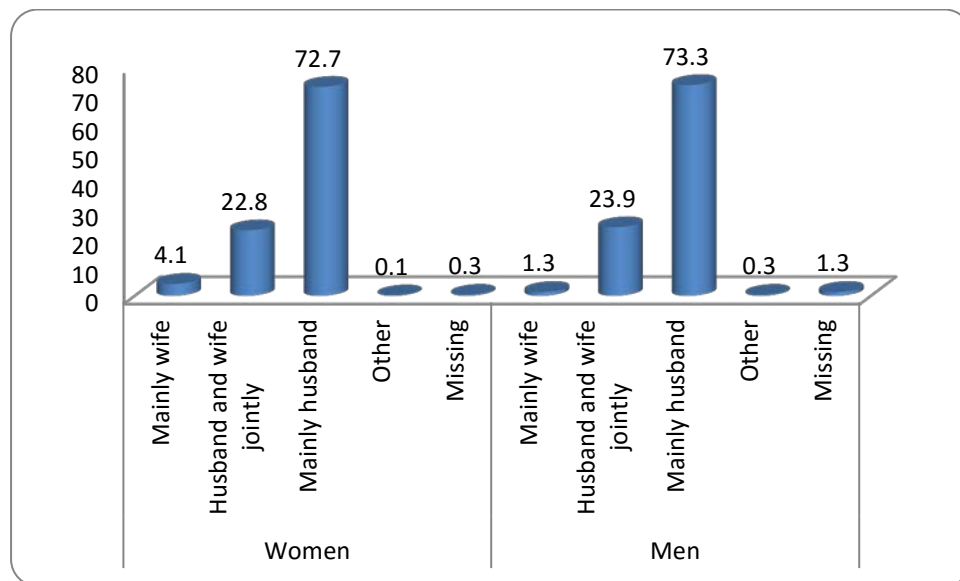
Percent distribution of currently married women age 15-49 who received cash earnings for employment in the 12 months preceding the survey by person who decides how wife's cash earnings are used and by whether she earned more or less than her husband, according to background characteristics.



In addition to having access to income, women need to have control over their earnings to be empowered. The percentage of Person who decides how the wife's cash earnings which are: Mainly Wife (82), Wife and Husband Jointly (14.9) Mainly Husband (3) and Missing recorded 0.1%. Examining the Wife's cash earnings compared with husband's cash earnings recorded: More (3.9%), Less (81.2%), About The Same (7.8%), Husband Has No Earnings (0.9%) and Don't/ Missing was 6.3%.

CONTROL OVER MEN'S CASH EARNINGS

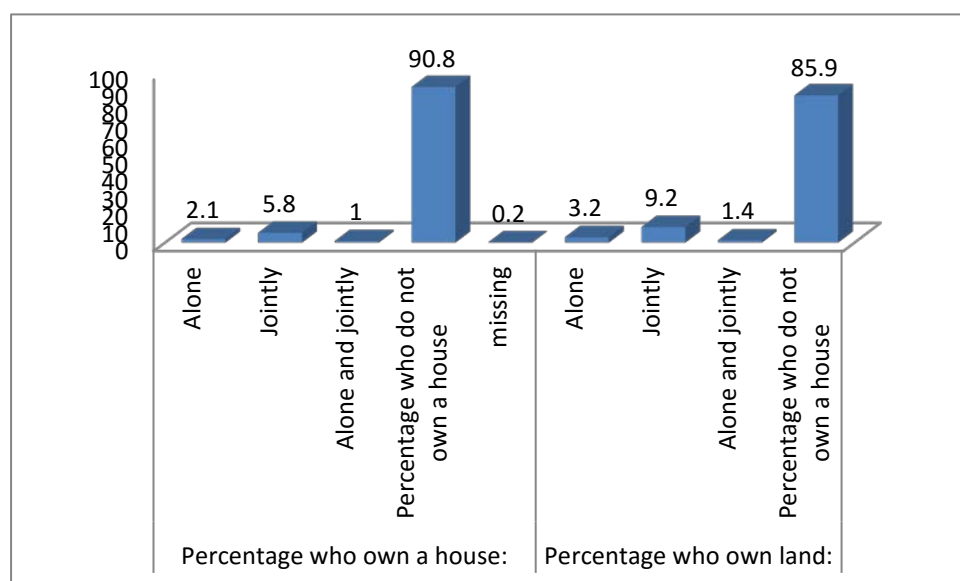
Percent distributions of currently married men age 15-49 who receive cash earnings and of currently married women age 15-49 whose husbands receive cash earnings, by person who decides how husband's cash earnings are used, according to background characteristics.



For the person in control over men's cash earnings, when Women were asked, those that recorded Mainly Wife were 1.3% as against 4.1 given by Men. Those recorded Husband and wife jointly from Women were 23.9% as against 22.8% for the Men. Those that recorded Mainly Husband among Women were 73.3% against the Men's 72.7%. Those that recorded Others among the Women were 0.3% against 0.1 for the Men while Missing among the women was 1.3 and 0.3 among the Men.

OWNERSHIP OF ASSETS: WOMEN

Percent distribution of women age 15-49 by ownership of housing and land, according to background characteristics.

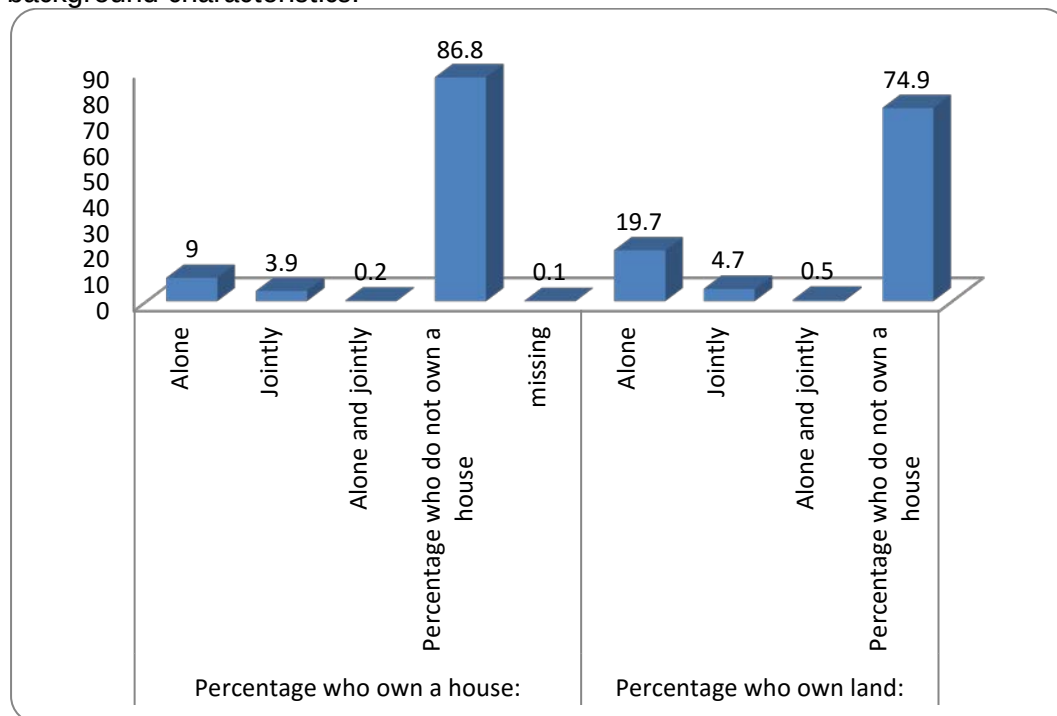


Lack of assets may make a woman vulnerable to various forms of violence and affects her decision-making power in the family. Although the Nigerian constitution gives equal property rights to women, tradition and women's low social and economic status limit their ownership of assets.

The Percentage distribution of women age 15-49 who own a house that can be rated as include: Alone was 2.1, Jointly was 5.8, Alone and Jointly was 1, Do not own a House was 90.8 and Missing was 0.2. The percentage who own land that that can be rated as include: Alone was 3.2, Jointly was 9.2, Alone and Jointly was 1.4 and Do not own a Land was 85.9.

OWNERSHIP OF ASSETS: MEN

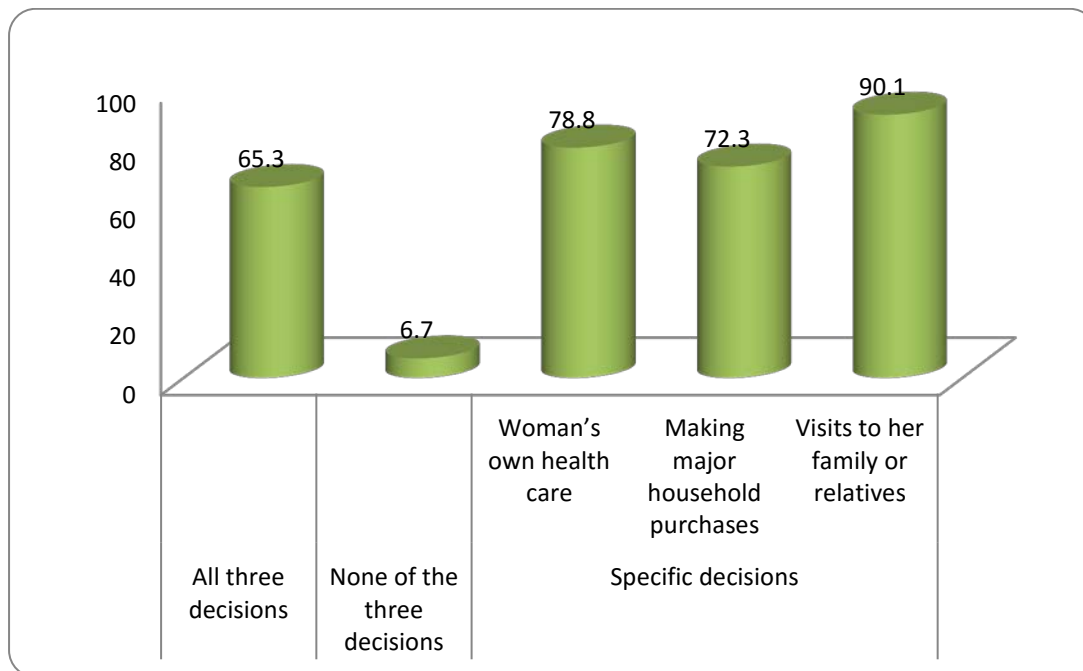
Percent distribution of men age 15-49 by ownership of housing and land, according to background characteristics.



In the male category, The Percentage distribution of Men age 15-49 who own a house that can be rated as include: Alone was 9, Jointly was 3.9, Alone and Jointly was 0.2, Do not own a House was 86.8 and Missing was 0.1. The percentage who own land that that can be rated as include: Alone was 19.7, Jointly was 4.7, Alone and Jointly was 0.5 and Do not own a Land was 74.9.

WOMEN'S PARTICIPATION IN DECISION MAKING BY BACKGROUND CHARACTERISTICS

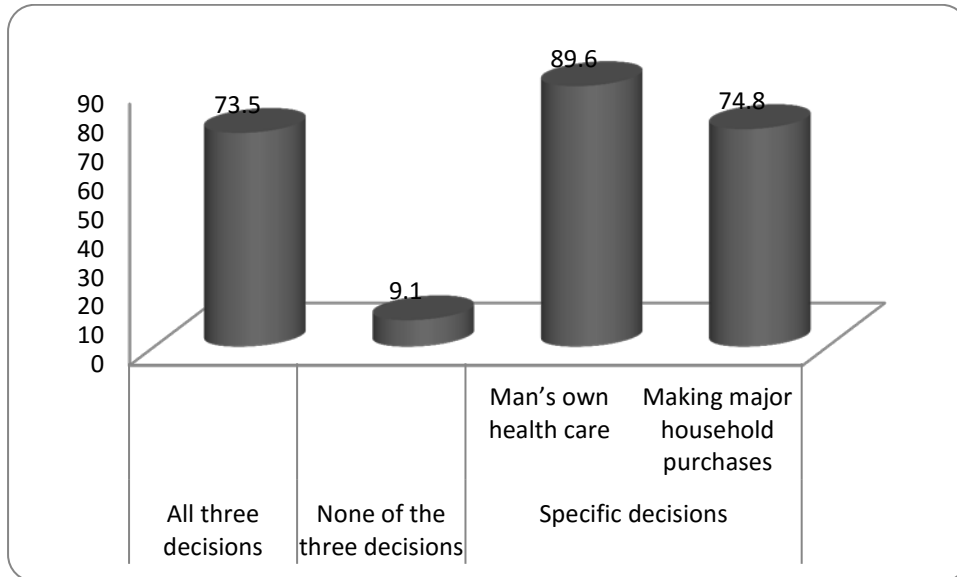
Percentage of currently married women age 15-49 who usually make specific decisions either by themselves or jointly with their husband, by background characteristics.



Decision making can be a complex process, and the ability of women to make decisions that affect their personal circumstances is an essential aspect of their empowerment. The Percentage of currently married women age 15-49 who participated in All Three Decisions (their own health care, making major household purchases, and visits to family or relatives) recorded 65.3, while that do Not participate in any of the decision recorded 6.7. The percentage that participated in Specific Decision such as: Woman's own health care (78.8), Making major household purchases (72.3) and Visits to her family or relatives (90.1).

MEN'S PARTICIPATION IN DECISION MAKING BY BACKGROUND CHARACTERISTICS

Percentage of currently married men age 15-49 who usually make specific decisions either alone or jointly with their wife, by background characteristics.

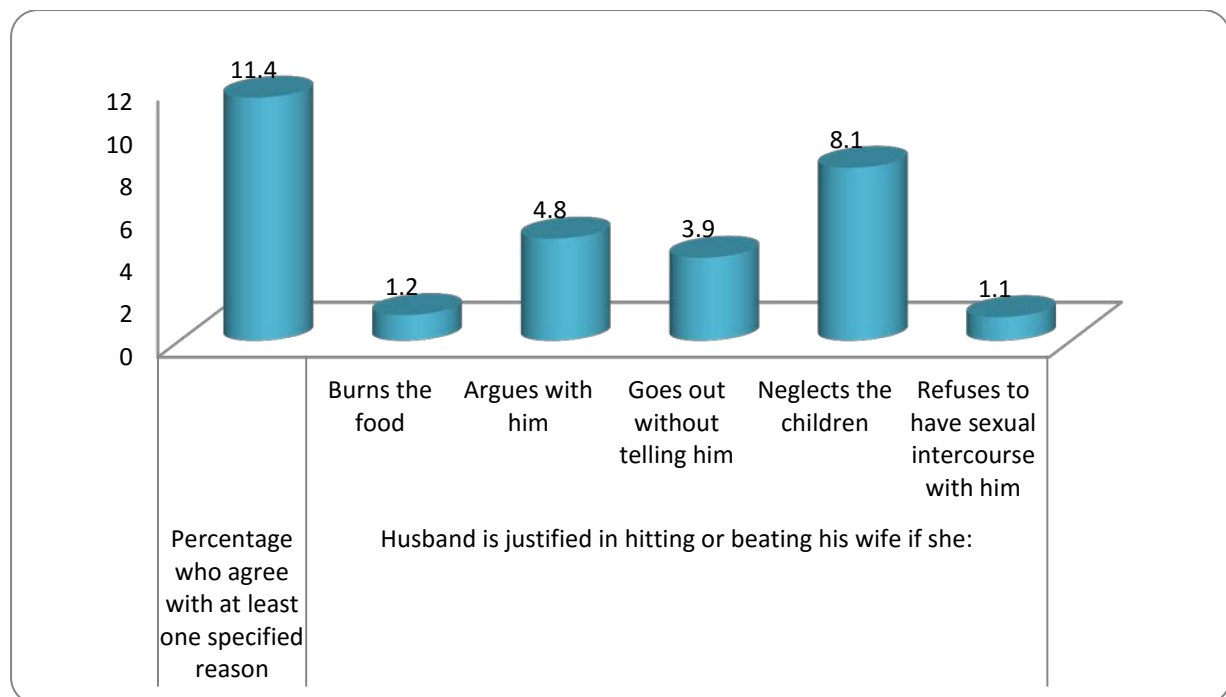


In the male category, The Percentage of currently married Men age 15-49 who participated in All Three Decisions (their own health care, making major household purchases, and visits to family or relatives) recorded 73.5, while that do Not participate at all in any of the decision recorded 9.1.

The percentage of Men that participated in Specific Decision such as: Man's own health care (89.6) and Making major household purchases (74.8).

ATTITUDES TOWARD WIFE BEATING: WOMEN

Percentage of all women age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics.

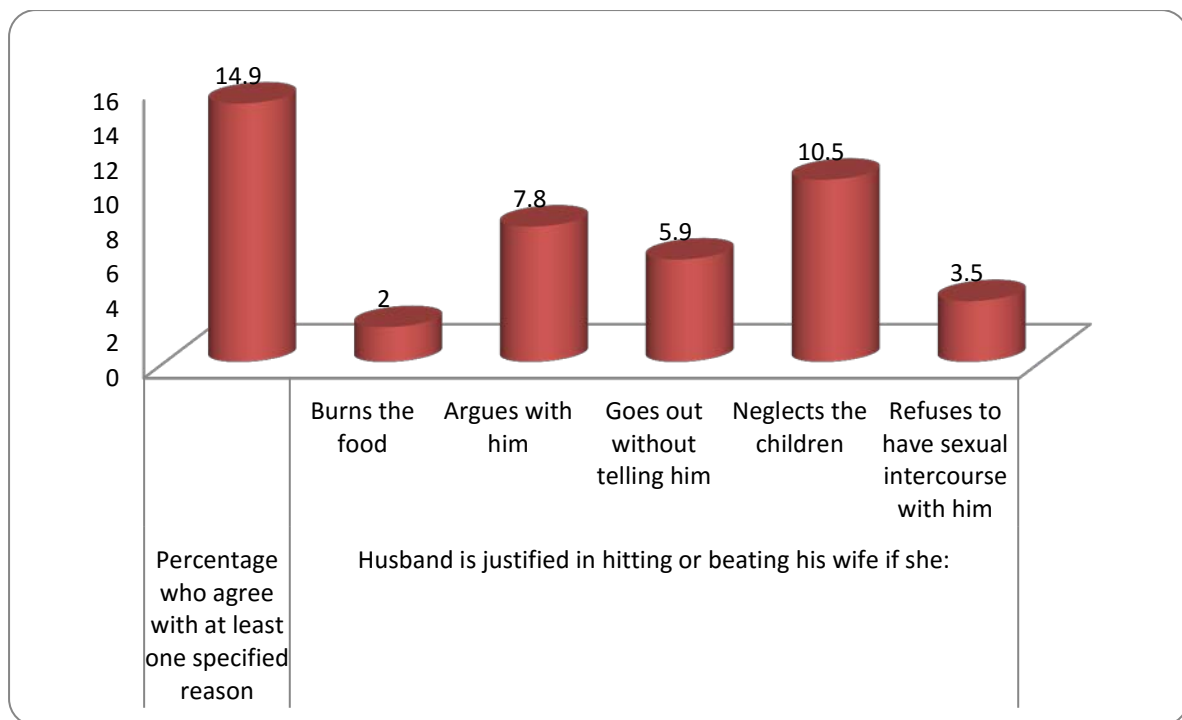


In Nigeria, generally “women are considered as tools to be used by men. They are regarded as

objects to be used for pleasure, temptation and elimination. In Nigeria, a man will beat his wife and nothing will happen, instead [he] will expect her to go on her knees and beg him” (Arisi&Oromareghake, 2011). Wife beating is a form of physical violence that particularly degrades women. It is also a violation of women’s human rights. Worldwide, abuse by a husband is one of the most common forms of violence against women (Heise et al., 1999). Acceptance of this practice reflects women’s low status and the perception that men are superior to women. In addition to adverse physical health outcomes, this form of violence lowers a woman’s self-esteem and her image in society, leading to her disempowerment. Percentage of women who agree with at least one specified reason was 11.4. Specifically, Husband is Justified in Hitting or Beating His Wife if She: Burns the Food (1.2), Argues with Him (4.8), Goes Out Without Telling Him (3.9), Neglects the Children (8.1) and Refusal to Have Sexual Intercourse with Him (1.1).

ATTITUDES TOWARD WIFE BEATING: MEN

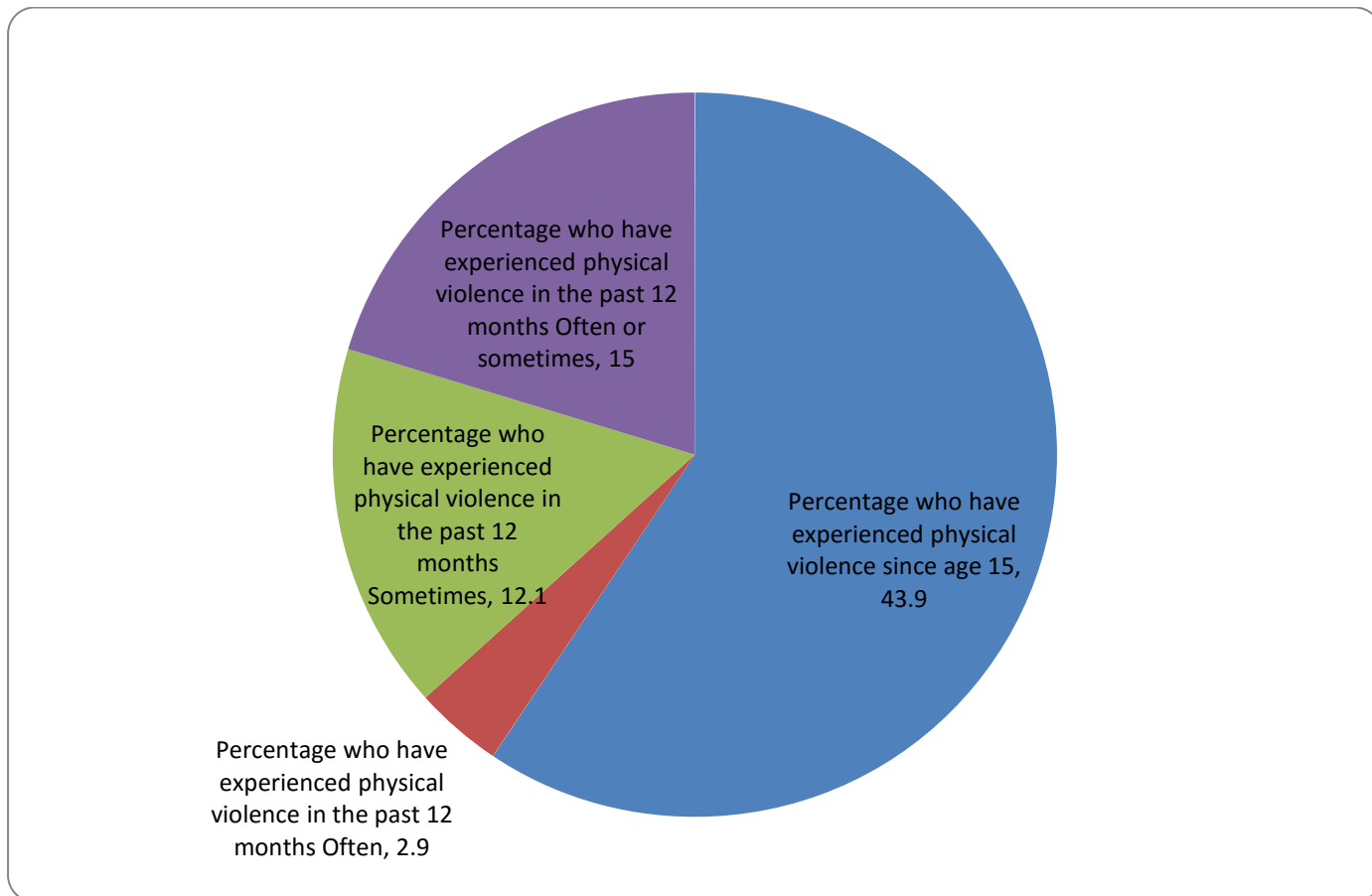
Percentage of all men age 15-49 who agree that a husband is justified in hitting or beating his wife for specific reasons, by background characteristics.



On the Men's side, Percentage of Men who agree with at least one specified reason was 14.9. Specifically, Husband is Justified in Hitting or Beating His Wife if She: Burns the Food (2.0), Argues with Him (7.8), Goes Out Without Telling Him (5.9), Neglects the Children (10.5) and Refusal to Have Sexual Intercourse with Him (3.5).

EXPERIENCE OF PHYSICAL VIOLENCE

Percentage of women age 15-49 who have experienced physical violence since age 15 and percentage who experienced violence during the 12 months preceding the survey, by background characteristics.

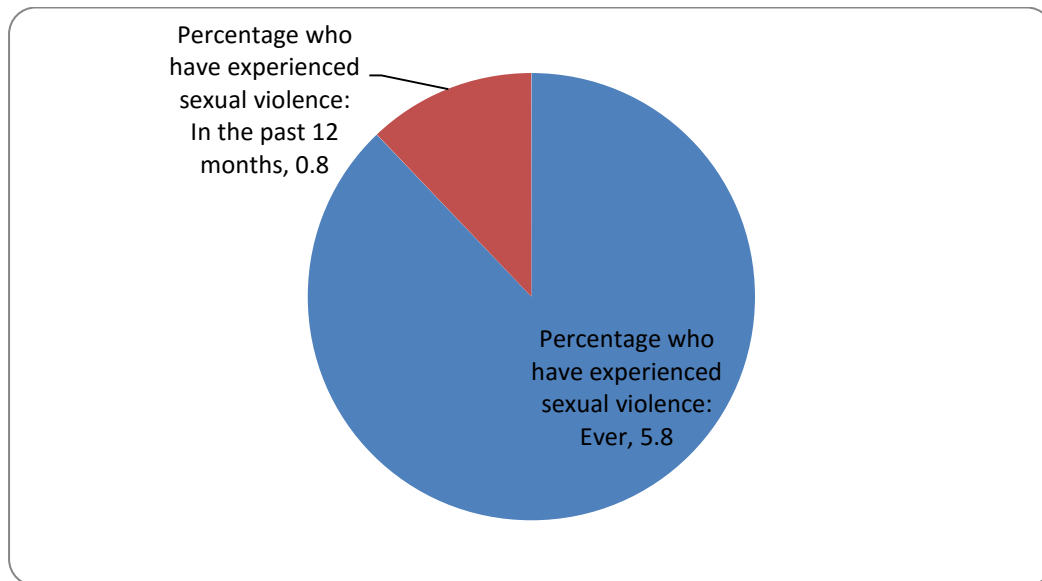


Domestic violence is a confrontation between family or household members that typically involves physical harm, sexual assault, or fear of physical harm. Family or household members include spouses, former spouses, those in (or formerly in) a dating relationship, adults related by blood or marriage, and those who have a biological or legal parent-child relationship. Domestic violence can include physical and sexual abuse, emotional abuse, economic abuse, coercion and threats, intimidation, isolation, jealousy, and blame.

The percentage of Women who have experienced physical violence since age 15 was 43.9% while the proportion of those who have experienced physical violence sometimes in the past 12 months was 2.9%. The Percentage who have experienced physical violence in the past 12 months Sometimes was 12.1% and the Percentage who have experienced physical violence in the past 12 months Often or sometimes was 15%.

EXPERIENCE OF SEXUAL VIOLENCE

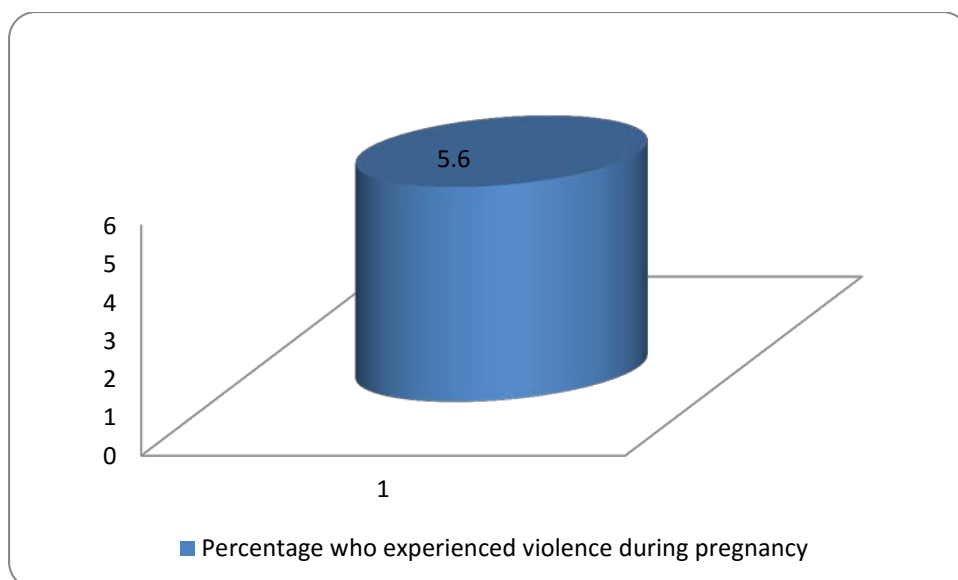
Percentage of women age 15-49 who have ever experienced sexual violence and percentage that experienced sexual violence in the 12 months preceding the survey, by background characteristics.



The Percentage who have experienced sexual violence Ever is 5.8% while the percentage that experienced sexual violence in the last 12 months recorded 0.8%.

EXPERIENCE OF VIOLENCE DURING PREGNANCY

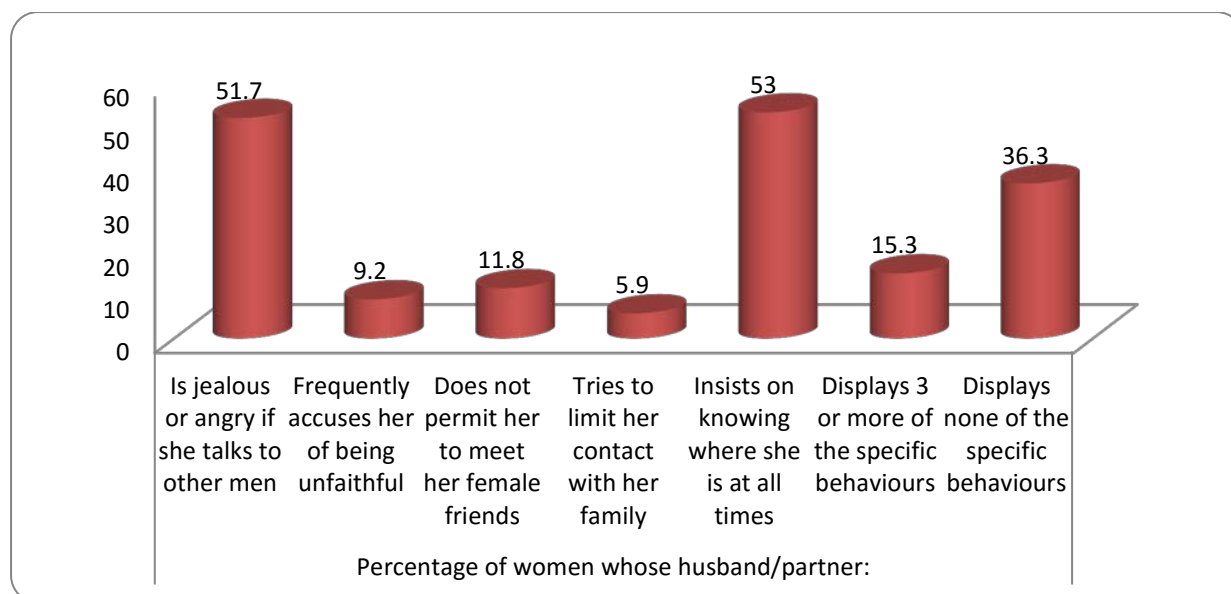
Among women age 15-49 who have ever been pregnant, percentage who have ever experienced physical violence during pregnancy, by background characteristics.



The percentage of women age 15-49 who have ever been pregnant and experienced physical violence during pregnancy recorded 5.6%.

Marital control exercised by husbands

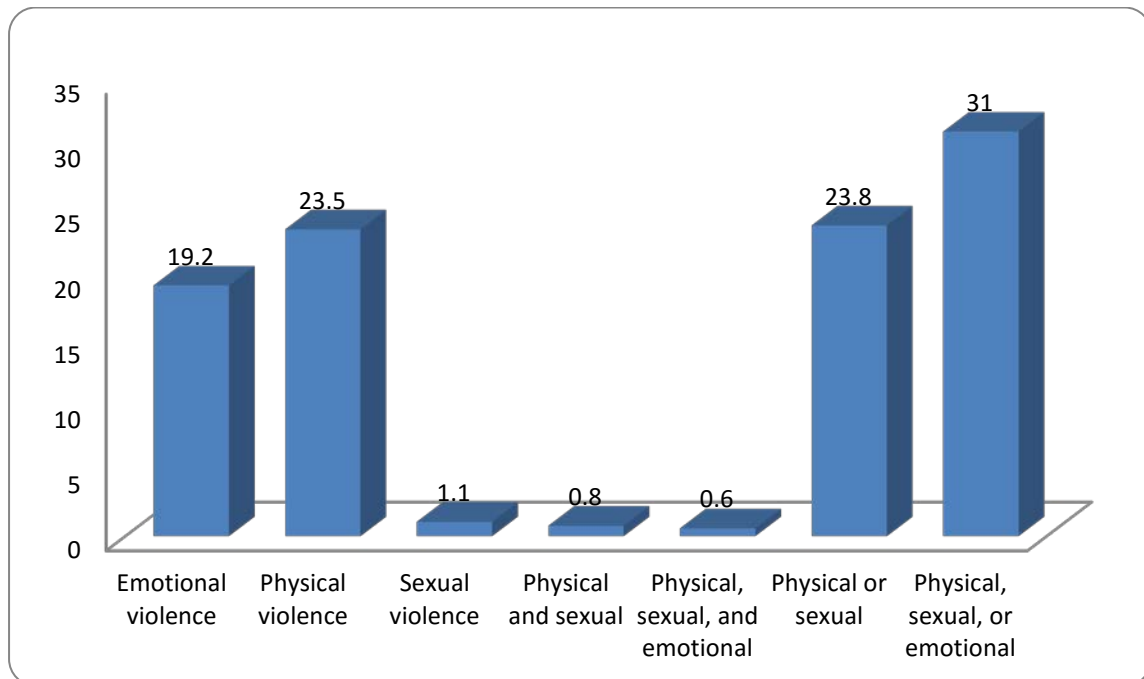
Percentage of ever-married women age 15-49 whose husbands/partners have ever demonstrated specific types of controlling behaviours, by background characteristics.



The percentage of Women whose Husband/Partner is jealous or angry if she talks to other men was 51.7%, Those whose Husband/Partner Frequently accuses her of being unfaithful was 9.2%, those whose Husband/Partner Does not permit her to meet her female friends was 11.8%, those whose Husband/Partner Tries to limit her contact with her family was 5.9%, those whose Husband/Partner, Insists on knowing where she is at all times 53%, those whose Husband/Partner Displays 3 or more of the specific behaviours while those whose Husband/Partner Display none of the specific behaviours recorded 36.3%.

SPOUSAL VIOLENCE BY BACKGROUND CHARACTERISTICS

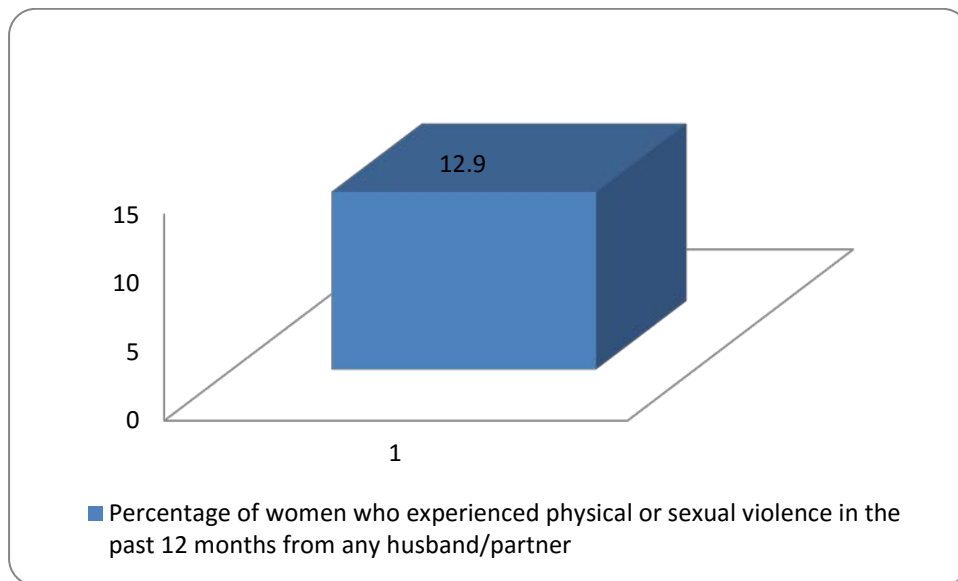
Percentage of ever-married women age 15-49 who have ever experienced emotional, physical, or sexual violence committed by their husband/partner, by background characteristics.



The percentage of ever-married women age 15-49 have experienced: Emotional Violence was 19.2%, Physical Violence was 23.5%, Sexual Violence was 1.1%, Physical and Sexual Violence was 0.8%, Physical, Sexual and Emotional Violence was 0.6%, Physical or Sexual was 23.8% while Physical Sexual or Emotional was 31%.

PHYSICAL OR SEXUAL VIOLENCE IN THE PAST 12 MONTHS BY ANY HUSBAND/PARTNER

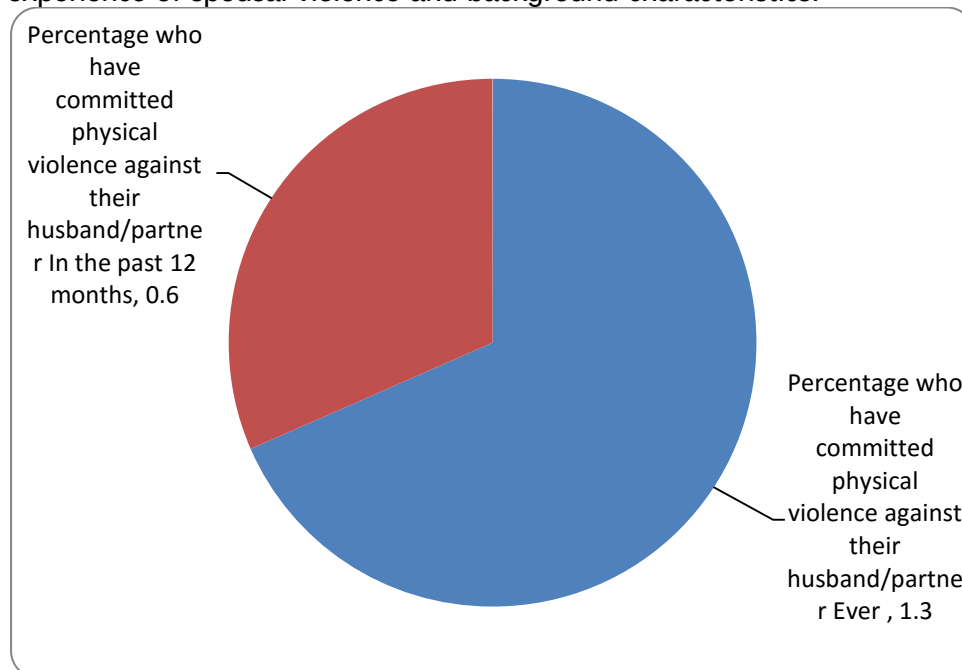
Percentage of ever-married women who experienced physical or sexual violence by any husband/partner in the past 12 months, by background characteristics.



The percentage of ever-married women that have experienced Sexual Violence in the past 12 months recorded 12.9%

WOMEN'S VIOLENCE AGAINST THEIR SPOUSE

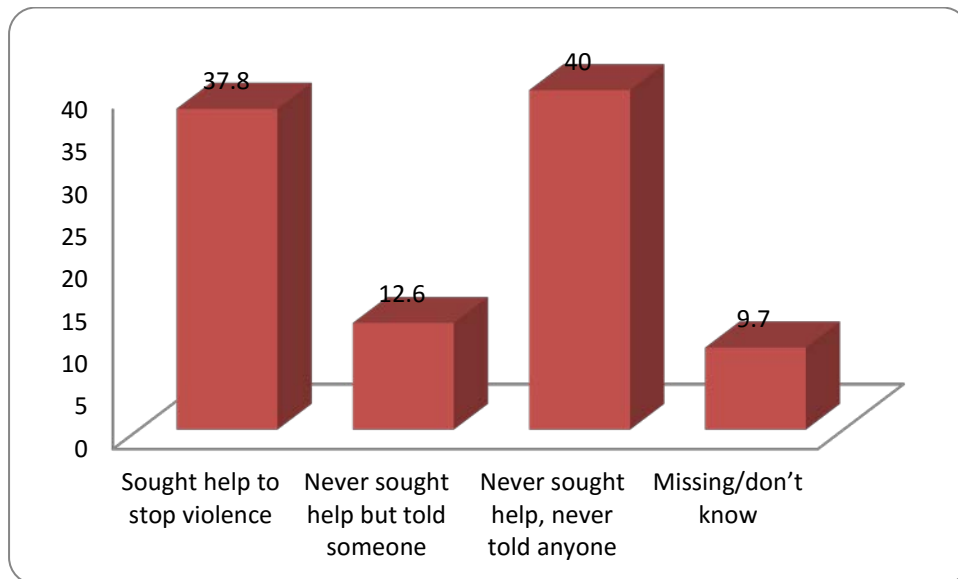
Percentage of ever-married women age 15-49 who have committed physical violence against their current or most recent husband/partner when he was not already beating or physically hurting them, ever and in the past 12 months, according to women's own experience of spousal violence and background characteristics.



Percentage of ever-married women age 15-49 who have Ever committed physical violence against their husband/partner recorded 1.3% while those have committed physical violence against their husband/partner in the past 12 months recorded 0.6%.

HELP SEEKING TO STOP VIOLENCE

Percentage distribution of women aged 15-49 who have ever experienced physical or sexual violence by their help-seeking behaviour, according to type of violence and background characteristics.



The percentage of women age 15-49 who have ever experienced physical or sexual violence and Sought Help to Stop Violence was 37.8%, Never sought help but told someone was 12.6%, Never sought help, never told anyone 40% and Missing/don't know was 9.7%.