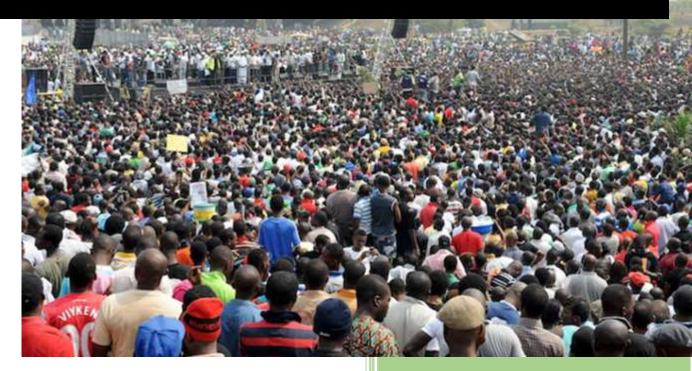


2017

DEMOGRAPHIC STATISTICS BULLETIN



MAY 2018

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PREFACE

This Demographic Statistics Bulletin is the third in the series. The Bulletin focuses on selected demographic indicators namely population, fertility, mortality, reproductive health issues, health records of births, deaths and marriages from 2013-2016 which are of public interest in Nigeria. As such, this Bulletin is not exhaustive. The data was collected from both State and Federal Ministries, Departments and Agencies (SFMDAs) across the country.

In this edition, users will find statistical information showing how available data measure the reality of Nigeria's demographic situation. It also highlights the need for proper record keeping at all Federal and States Ministries, Departments and Agencies (MDA) nationwide, the need for strengthening the capacity of all record-keepers and creating statistical synergy between Federal and States Ministries, Departments and Agencies (MDA) and National Bureau of Statistics. While a number of States responded positively to NBS' data requests, others are being encouraged to make updated submissions for the periods under review.

The Bureau remains committed to promoting the general use of statistical data and information on demographic statistics in particular for development planning and decision-making.

EXECUTIVE SUMMARY

The purpose of the demographic bulletin is to analyze some demographic issues in the country and provide information for policy makers and researchers.

Data was collected through secondary sources. Templates on selected demographic issues were sent to relevant ministries, departments and agencies by NBS and they were completed by the MDA desk officers responsible for the information. Furthermore, information domiciled in Federal ministries, departments and agencies were collected by staff at NBS headquarters using relevant templates.

Information derived from the Nigeria population pyramid shows that majority of the population lies between ages 0–14, depicting a young population, high fertility rate and dependency. It also implies a large population of adolescents entering the labor force in the near future. A sudden economic shock can lead to higher unemployment unless new job opportunities are urgently created. Demographic dividend is the accelerated economic growth which can happen as the population age structure changes with investment in health, education, economic policy and good governance. Harnessing demographic dividend will lead to decline in mortality rate, desire for smaller family size and increase investment in family planning which will enable a decline in fertility among women of child bearing age. If Nigeria is able to make substantial investments in reproductive health and family planning particularly in parts of the country with poor health indicators, then fertility levels may begin to decline more significantly and with improved investment in child survival and better implementation of universal health coverage, the proportion of the population at working ages will increase relative to the dependent population who earn little or no income.

Another demographic issue considered in the bulletin is maternal survival through utilization of maternal health care. A strong indicator of maternal health care is antenatal care visit. Antenatal care is known as the care given to a pregnant woman from the first trimester through the third trimester till delivery of the baby. The standard is that a pregnant woman should at least visit a hospital or Primary Health Care (PHC) four times or more during the duration of the pregnancy. Lagos state has the highest (94.2 per cent) number of pregnant women who made four or more visits to antenatal care in the country while Sokoto State showed the least (24.9 per cent). Lagos state also recorded the highest proportion of pregnant women (42.5 per cent) who received ANC in their first trimester, while Edo state recorded the highest proportion of women receiving ANC at 8 months or more of pregnancy.

On the use of contraceptives among women of child bearing ages, it was shown that most women who are currently married or in a union (86.6 per cent) were not using any contraceptive method to prevent unwanted pregnancy. It further showed that Ebonyi state had the highest proportion (97.0 per cent) of women who are married without using any contraceptive methods to space their children while Oyo state had the least (65.7 per cent).

Birth Registration is the process by which a child's birth is recorded in the civil register by the government authority. It provides the first legal recognition of the child and is generally required for the child to obtain a birth certificate. Nationally, 7,742,488 births were registered in 2016, out of which 33.09 percent of the births were registered before age one, 31.19 percent were registered between age one and four, and 35.72 percent were registered at 5 years of age or later.

Kogi State recorded the highest level of under one-year registration (54.89 percent) of total birth registration in the state while Anambra State recorded the least (19.83 percent). Late registration may be attributed to poor attitude of parents to early birth registration. Increasing awareness about its benefits may help to improve birth registration shortly after birth, rather than waiting till after 5 years of age.

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Cover page image: Guardian Nespapers, www.guardian.ng

Chapter 1

1.0 Population Projection

Population projections are used for the calculations of future birth rate, death rate and migration of population based on their past and present conditions. They are in general purely formal calculations, developing the implications of the assumptions that are made. Projections made for the whole country are called total projections. But when projections are made for a region, state or province, district or ethnic group, they are called regional or sectoral projections.

STATE	2012	2013	2014	2015	2016
ABIA	3,345,769	3,437,336	3,531,408	3,628,055	3,727,347
ADAMAWA	3,783,127	3,894,444	4,009,037	4,127,001	4,248,436
AKWA IBOM	4,785,078	4,950,568	5,121,781	5,298,916	5,482,177
ANAMBRA	4,942,106	5,082,440	5,226,760	5,375,177	5,527,809
BAUCHI	5,706,046	5,903,388	6,107,554	6,318,781	6,537,314
BAYELSA	2,028,468	2,088,154	2,149,597	2,212,849	2,277,961
BENUE	5,092,533	5,247,624	5,407,438	5,572,118	5,741,815
BORNO	5,115,017	5,291,918	5,474,937	5,664,285	5,860,183
CROSS RIVER	3,442,816	3,544,120	3,648,404	3,755,757	3,866,269
DELTA	4,982,928	5,144,961	5,312,262	5,485,004	5,663,362
EBONYI	2,575,190	2,648,315	2,723,515	2,800,851	2,880,383
EDO	3,801,987	3,906,039	4,012,938	4,122,764	4,235,595
EKITI	2,889,357	2,980,330	3,074,167	3,170,959	3,270,798
ENUGU	3,912,311	4,031,459	4,154,235	4,280,750	4,411,119
GOMBE	2,865,649	2,958,833	3,055,047	3,154,389	3,256,962
IMO	4,758,912	4,913,660	5,073,440	5,238,416	5,408,756
JIGAWA	5,189,835	5,342,543	5,499,746	5,661,573	5,828,163
KADUNA	7,319,192	7,542,095	7,771,785	8,008,472	8,252,366
KANO	11,459,817	11,844,300	12,241,682	12,652,397	13,076,892
KATSINA	6,945,757	7,157,287	7,375,259	7,599,869	7,831,319
KEBBI	3,922,250	4,045,745	4,173,127	4,304,520	4,440,050
KOGI	3,967,630	4,088,462	4,212,974	4,341,279	4,473,490
KWARA	2,831,842	2,918,084	3,006,953	3,098,528	3,192,893
LAGOS	11,042,686	11,401,767	11,772,524	12,155,337	12,550,598
NASSARAWA	2,238,051	2,306,209	2,376,444	2,448,817	2,523,395
NIGER	4,849,730	5,017,456	5,190,982	5,370,510	5,556,247
OGUN	4,572,499	4,725,908	4,884,465	5,048,342	5,217,716
ONDO	4,143,422	4,269,608	4,399,637	4,533,626	4,671,695
OSUN	4,140,228	4,274,858	4,413,866	4,557,394	4,705,589

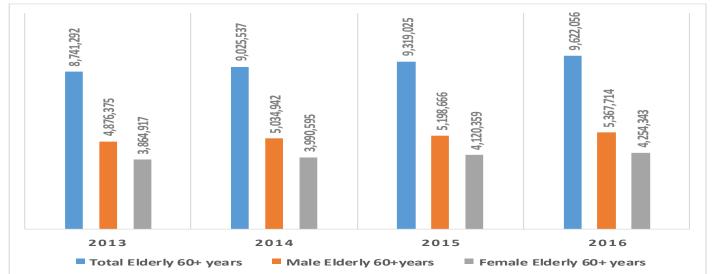
Table 1: Projected Population by State (2012-2016)

STATE	2012	2013	2014	2015	2016
ΟΥΟ	6,843,840	7,080,532	7,325,409	7,578,755	7,840,864
PLATEAU	3,770,432	3,873,621	3,979,633	4,088,547	4,200,442
RIVERS	6,375,176	6,595,659	6,823,767	7,059,764	7,303,924
ѕокото	4,432,908	4,567,910	4,707,024	4,850,374	4,998,090
TARABA	2,730,940	2,811,296	2,894,018	2,979,173	3,066,834
YOBE	2,863,785	2,965,792	3,071,433	3,180,836	3,294,137
ZAMFARA	3,972,914	4,102,103	4,235,493	4,373,221	4,515,427
FCT ABUJA	2,456,945	2,696,403	2,959,199	3,247,608	3,564,126
NIGERIA	170,157,060	175,690,143	181,403,148	187,301,926	193,392,517

Source: National Population Commission

1.1. Elderly Population

Ageing is defined simply as continued increase in age; it is one important demographic indicator that has no specific or easily adoptable definition. In Nigeria, both women and men are regarded and treated as elderly on getting to age 60 years and above. Great transformations usually occur in societies where there is preponderance of young, active and vibrant people but where older people are more in number, then significant challenges do exist, primarily, in ensuring that adequate living conditions throughout the extended life span are well managed. The total number of older people, that is, those aged 60 years and above went up slightly from 8,741,292 in 2013 to 9,622,056 in 2016. Figure 1 indicates 1.8 per cent increase in the male ageing population between 2013 and 2014 compared to 1.4 per cent increase in the female ageing population between 2013 and 2014.





Source: National Population Commission

1.2. Fertility

Fertility, as a demographic indicator is referred to as the actual reproduction performance in a population based on the number of live birth that occurs in a population. It indicates the actual number of children born alive. Child bearing, by itself, is dependent on so many factors including social circumstances such as culture, tradition, education and the overall level of development of a society or community. Also, the age of entry into a union and the availability of contraception are two key proximate determinants of fertility.

However, the most commonly used measure or indicator of fertility is the total fertility rate (TFR), which is, the number of children that a woman bears over her entire childbearing years, provided at each age during the childbearing years, she experiences the age-specific fertility rate (ASFR). The fertility age bracket for women is between ages 15 to 49 years. Age specific fertility rate, in turn, is the number of births given to by women of a specific age group per 1,000 women in that age group.

In 2015, total fertility rate was 5.5 births per woman but increased in 2016 to 5.8 (NDHS, 2013). This means that women in Nigeria will have on the average 5.8 children each during their entire childbearing years. Figure 2 shows fertility rate by States.

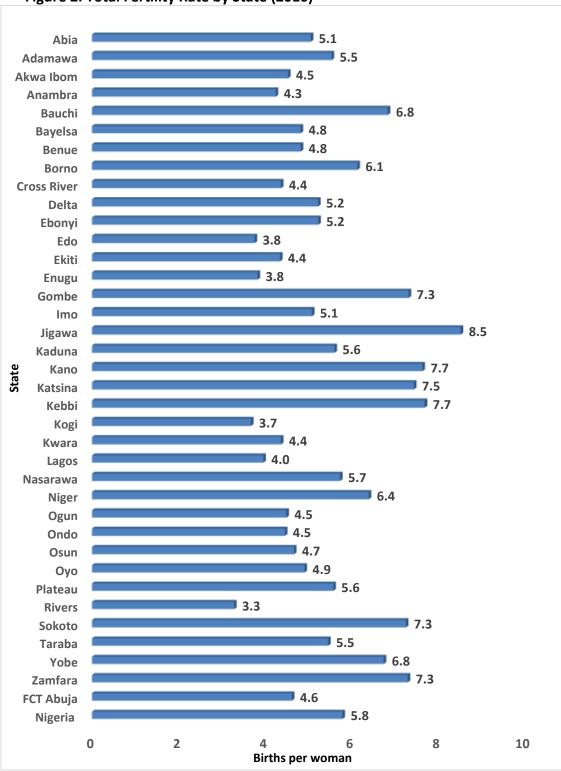


Figure 2: Total Fertility Rate by State (2016)

Source: NBS - Multiple Indicator Cluster Survey (MICS 2016/17)

Figure 2 shows total fertility rate (TFR) by states in Nigeria, the TFR for Nigeria in 2016 according to MICS 5 report was 5.8 compared to 5.7 in 2011 (MICS 4). This indicates a slight increase in the TFR in the country which might be due to poor use of contraception among women and men. In 2016, Jigawa state had the highest TFR of 8.5 while Kano and Kebbi states had TFR of 7.7 each (MICS 5). Rivers state had the lowest TFR of 3.3, followed by Kogi at 3.7 and Lagos at 4.0.

1.3 Nigeria Population Pyramid

A population pyramid, which can also be referred to "age pyramid" is a graphical illustration that represents the distribution of the various age groups in the population, the shape being in the form of a pyramid. Population pyramid often contains continuous stacked-histogram bars. The population size is depicted on the x-axis while the age-groups on y-axis. Males are conventionally shown on the left and females on the right, and they may be measured by raw number or as percentage of the total population. The essence of the population pyramid is to visualize sex and age composition of a given population. It is also used to determine the overall age distribution of a population for informed economic and social planning and decisions by policy makers

A great deal of information about the population of a country can be derived from the pyramid which can help shed light on the level of development and demographic characteristics of the population. The pyramid gives a clear picture of how a country transitions from high fertility to low fertility rate. The Nigeria population pyramid is shown in Figure 3 which shows that majority of the population lies between ages 0–14. This indicates that the fertility rate of the country is high and implies a high dependency. It also implies a large proportion of the population would soon be entering into the working age group. New jobs opportunities would therefore be required to meet up with the projected increase in labour force population.

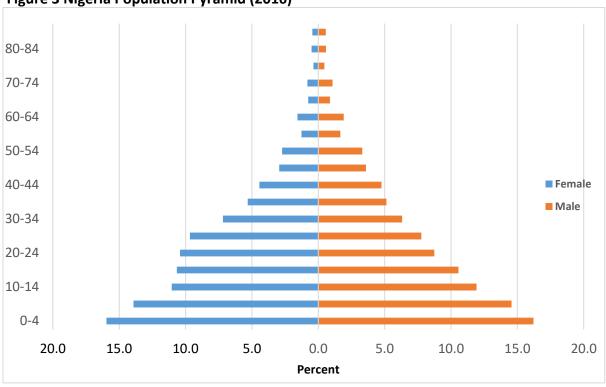


Figure 3 Nigeria Population Pyramid (2016)

Source: National Population Commission

Age 16-30 years is associated with high risks especially among the male population. It is called the youth bulge. To reverse the effects of youth bulges, specific policies such as creating more jobs, improving family planning programs, and reducing overall infant mortality rates should be a priority in policy formulation.

While the growth of the youth population imposes supply pressures on education systems and labour markets, it also means that a growing share of the overall population is made up of those considered to be of working age and thus not dependent on the economic activity of others. In turn, this declining dependency ratio can have a positive impact on overall economic growth, creating a demographic dividend. The ability of a particular economy to harness this dividend, however, is dependent on its ability to ensure the deployment of this growing working-age population towards productive economic activity, and to create the jobs necessary for the growing labour force.

1.4 Nigeria's population pyramid and implications for achieving the demographic dividend

According to the National Population Commission, as at 2016, Nigeria had an estimated population of over 193 million, annual population growth rate of 3.2%, and over 41% of Nigeria's population was under age 15. The Total Fertility Rate, or the average number of children per woman over the course of her lifetime, declined from 6.5 children in 1990 to 5.8 percent in 2016 (NDHS, 2013). According to the UN World Population Prospects (2017), the

country's population could reach 410million by 2050. To support broad-based and inclusive economic growth, Nigeria should prioritize improving access to and uptake of family planning. In addition, skills training and job creation is needed for the large number of young people who will be entering the workforce.

Demographic dividend is the accelerated economic growth which can happen as the population age structure changes with investment in health, education, economic policy and good governance. Harnessing demographic dividend will lead to decline in mortality rate, desire for smaller family size and increase investment in family planning which will enable a decline in fertility among women of child bearing age. For Nigeria to be able to achieve the dividend, the following demographic indicators need to be considered;

- Improve child survival; in many African countries 1 out of 10 children dies before age
 Improving child survival allows more children to survive and leads to couples desiring smaller family size
- Space birth and prevent unintended pregnancy; studies have shown that 50% of women who don't want to get pregnant are at risk of unintended pregnancy; increased investment in family planning will prevent unintended pregnancy leading to fewer birth per woman.
- Educate girl child; only 1 out of 3 African girls is enrolled in secondary school but when girls stay in school they are more likely to delay early marriage and child birth which leads to lower fertility among the women.

If Nigeria makes substantial investments in reproductive health and family planning, particularly in parts of the country with poor health indicators, then fertility levels may begin to decline more significantly, and with improved investment in child survival, through better implementation of universal health coverage, the proportion of the population at working ages will increase relative to the dependent population who earn little or no income. A larger working population, relative to the dependent population that requires support, is one important contributor to economic development. If Nigeria's large population of young adults can find productive employment, then the country will enjoy a first demographic dividend, raising the current standard of living and spurring the economy. If the resources generated by this first demographic dividend are invested in physical capital and in children's health and education, then Nigeria can achieve a second demographic dividend that will boost economic growth over a longer period. Therefore, with additional investments in health and education, and economic initiatives to facilitate job creation, Nigeria may be able to experience the rapid economic growth known as a demographic dividend.

1.5. Human Trafficking

Human trafficking can be described as the trade of humans for forced labour, sexual slavery, or commercial sexual exploitation for the trafficker. Prior to the abolition of slave trade in the early 19th century, human beings were sold as commodities to merchants by kings and warriors in exchange for goods. These merchants provide weapons and fuelled crises between communities to increase supply of slaves. The inhuman treatment meted out to these individuals gave rise to the abolition of slave trade. Unfortunately, in the past two or more decades this obnoxious trade and dehumanizing trade has resurfaced in a more dangerous and horrific manner known as the modern-day slavery.

Age group	2013	2014	2015	Total
0 – 5	12	54	39	105
6 – 15	507	573	322	1402
16 – 25	408	347	409	1164
26 – 35	55	49	103	207
36 & above	19	3	12	34
Total	1001	1026	885	2912

Table 2: Number of trafficked persons by age group and year

Source: NAPTIP

Table 2 shows that younger persons are trafficked more than persons of older ages. The table indicates that persons between age 6 to 15 years old were victims of trafficking in person more than any other age groups in 2013-2014 followed by persons aged 16 to 25 years old with 1,164 trafficked persons between 2013-2015. The table further shows that older persons from 36 years and above were the least victims from the reported cases. Table 2 clearly shows that while there was a slight increase in number of trafficked persons from 1001 in 2013 to 1026 in 2014, there was a significant decline between 2014 and 2015 accounted for by a sharp fall in trafficked persons aged 6 - 15 year old.

Chapter 2

2.0. Reproductive Health

2.1. Maternal Health

The reproductive years of women begin at puberty through menopause, and these years are when most women experience important life events such as entry into sexual union, marriage and child-bearing. It is also at these times that health risks, especially as related to pregnancy and childbirth, cause ill-health and even death for many women of childbearing age. The reproductive age is within the bracket of 15-49 age group.

2.1.1 Antenatal

Antenatal care is known as the care given to a pregnant woman from the first trimester through the third trimester till delivery of the baby. The standard is that a pregnant woman should at least visit a hospital or PHC four times or more during the duration of the pregnancy. This is to improve the outcome of pregnancy and birth for both the mother and child. It not only monitors the health of the mother and fetus but also allow for the identification of potential complication. In addition, it provides women with information about needed nutrition during pregnancy and breastfeeding.

Table 3: Nu	mber of anten	atal car	re visits a	and timing	g of first	visit by Sta	nte			
	Percent	distribut	ion of wo	men who h	ad:	Percent distribution of women by number of months pregnant at the time of first antenatal care visit				
	No antenatal care visits	One visit	Two visits	Three visits	4 or more visits	No antenatal care visits	First trimester	4-5 months	6-7 months	8+ months
Total	31.6	4.6	4.9	8.6	49.1	32.0	18.4	29.8	17.3	2.0
State										
Abia	8.7	0.9	1.3	2.4	86.1	8.7	32.0	35.8	22.6	0.9
Adamawa	19.0	3.6	5.8	14.6	55.7	19.8	26.1	39.6	13.0	1.2
Akwa Ibom	13.2	2.0	7.2	10.8	66.7	13.2	14.2	41.9	29.4	1.2
Anambra	1.3	3.3	1.0	2.0	90.0	1.3	40.2	41.7	14.4	2.4
Bauchi	38.2	4.9	9.0	12.7	33.0	38.4	6.5	22.0	30.7	2.2
Bayelsa	23.1	1.3	8.0	4.8	62.9	23.1	26.1	27.4	21.0	2.2
Benue	31.4	3.4	6.3	9.7	48.2	31.4	29.6	23.7	12.1	2.7
Borno	10.9	3.4	4.6	19.2	61.9	10.9	12.0	50.1	22.8	4.1
Cross River	12.2	1.9	5.4	13.4	67.1	12.2	22.1	36.8	25.4	3.5
Delta	17.5	3.5	6.3	5.4	64.5	17.5	22.8	39.3	17.6	2.8
Ebonyi	21.6	2.1	2.2	11.5	57.7	22.3	26.1	32.6	16.5	1.4
Edo	5.4	3.1	1.6	6.3	83.7	5.4	34.9	32.4	16.6	10.1
Ekiti	8.3	2.4	1.1	1.5	86.1	9.6	27.8	44.4	15.1	3.1
Enugu Combo	5.1	10.4	0.9	2.9	76.7	5.1	41.9	38.5	14.1	0.0
Gombe Imo	27.9	10.2 9.1	9.3 3.0	17.8 1.9	34.1 81.9	29.8 3.4	14.9 31.3	38.1 39.2	<u>14.9</u> 24.6	1.3 1.4
Jigawa	42.3	9.1 7.6	5.7	7.2	36.3	45.0	16.3	20.4	15.4	2.6
Sigawa Kaduna	23.4	17.5	2.4	9.0	43.8	23.8	25.8	32.5	15.4	1.3
Kano	29.9	3.7	7.6	13.6	44.7	30.3	9.1	32.3	24.6	3.1
Katsina	54.6	3.3	4.3	3.3	33.4	55.1	4.7	20.3	18.1	1.2
Kebbi	52.9	7.0	7.5	8.3	20.9	53.3	15.9	14.1	6.7	5.3
Kogi	18.1	7.7	5.4	8.5	57.0	20.1	27.1	35.4	13.1	2.3
Kwara	20.3	0.6	3.0	8.9	66.6	20.3	21.4	45.5	11.5	1.2
Lagos	3.1	0.8	0.5	1.4	94.2	3.1	42.5	43.1	11.0	0.1
Nassarawa	30.7	6.7	3.4	8.7	50.2	31.6	28.5	26.9	11.6	1.1
Niger	49.1	4.1	5.7	8.5	32.6	49.1	18.6	20.6	9.4	2.3
Ogun	9.0	0.0	2.6	2.0	86.4	9.0	28.0	44.4	17.9	0.6
Ondo	12.8	2.2	3.3	4.5	76.1	12.8	22.9	36.1	25.4	2.7
Osun	2.4	0.0	3.3	2.1	92.2	2.4	32.9	42.5	21.1	1.2
Оуо	7.8	4.3	5.9	9.0	68.3	7.8	30.9	39.6	19.8	1.3
Plateau	38.7	2.1	4.9	7.8	46.5	38.7	20.7	26.2	13.5	0.9
Rivers	9.6	1.6	0.0	2.2	85.8	9.6	36.8	32.9	18.4	2.3
Sokoto	63.9	3.2	3.6	4.3	24.9	63.9	8.8	14.8	10.9	1.6
Taraba	50.9	3.7	4.9	7.4	31.6	50.9	15.2	23.3	9.9	0.7
Yobe	57.4	2.8	3.9	9.3	26.6	57.6	5.5	17.3	19.3	0.2
Zamfara	57.8	2.8	4.6	5.7	29.0	57.8	12.3	18.9	9.4	1.2
FCT Abuja	16.1 Multiple Indice	1.2	3.2	4.1	75.2	16.1	28.3	44.8	9.8	1.0

Source: NBS-Multiple Indicator Cluster Survey (MICS 2016/17)

Table 3 shows the percentage distribution of number of antenatal care visits and timing of first visit; Lagos state has the highest (94.2 per cent) number of four or more visit to antenatal care in the country while Sokoto State had the least (24.9 per cent). Higher number of antenatal care visits during pregnancy will help to prevent or identify conditions that may threaten the health of the newborn and the mother. Anambra State recorded the lowest (1.3 per cent) proportion of women who had no antenatal care visits while Sokoto State recorded the highest (63.9 per cent) proportion of pregnant women that had no antenatal care visit in the country. However, Lagos state recorded the highest proportion of pregnant women (42.5 per cent) who received ANC in their first trimester, while Edo state recorded the highest proportion of women receiving ANC at 8 months or more of pregnancy.

2.1.2 Contraceptive Use

Contraceptive use refers to a conscious effort by a person to limit or space the number of children he/she wants to have through birth control methods. Knowledge of contraceptive, accessibility and use of contraceptive for family planning purposes and prevention of pregnancy are key indicators used to measure the extent of use in a country. Table 4 indicates that most of Nigerian women who are currently married or in a union (86.6 per cent) are not using any contraceptive method to prevent unwanted pregnancy. It further shows that Ebonyi state had the highest (97.0 per cent) of women who are married and are not using any contraceptive methods to space their child while Oyo state had the least (65.7 per cent). The Federal Ministry of Health in her efforts to achieve the millennium development goals in 2011, distributed free contraceptives to states to enhance child spacing. This free distribution of contraceptives has continued to achieve the current sustainable development goals for all women in the reproductive age in Nigeria to space their children for healthy living. However from Table 4, attitudes of the people towards utilization of these modern methods of contraceptives still appears very poor.

i ercentay		en age i	<u>J-45 year</u>							or whose par					tigona, 10			
		Female	Male	Pe	rcent of v	vomen curr	ently m	narried o Male	<u>r in union v</u>	who are using (or who:	se partner is	using) Contrac	:eptive	Any	Any tradi-	Any	Number of women age 15-49 years currently married
	No method	sterili- zation	sterili- zation	IUD	Injecta bles	Implants	Pill	cond om	Female condom	Diaphragm/F oam/Jelly	LAM	Periodic abstinence	Withdrawal	Other	modern method	tional method	metho d	or in union
Total	86.6	0.2	0.0	0.7	4.3	1.4	2.3	1.1	0.1	0.1	0.6	1.0	0.9	0.7	10.8	2.6	13.4	24,373
State			<u> </u>						<u> </u>		'							
bia	83.4	0.0	0.0	1.1	3.9	0.5	1.8	1.1	0.0	0.0	1.1	5.8	1.4	0.0	9.5	7.1	16.6	197
damawa	90.9	0.6	0.0	0.5	3.9	0.4	1.2	0.3	0.1	0.3	0.0	0.5	1.0	0.5	7.1	2.0	9.1	612
kwa Ibom	84.3	0.3	0.0	0.0	5.9	1.0	2.2	1.3	0.2	0.0	0.0	3.7	1.0	0.2	10.8	4.9	15.7	457
nambra	71.8	0.6	0.0	0.0	1.9	3.4	2.2	5.0	1.0	0.0	2.8	7.1	4.2	0.0	16.9	11.3	28.2	322
Bauchi	88.1	0.5	0.0	0.0	1.6	1.2	1.5	0.0	0.0	0.2	3.5	0.1	0.3	3.1	8.4	3.5	11.9	1,330
Bayelsa	85.4	0.0	0.0	0.5	1.2	2.0	3.2	1.0	0.2	0.0	1.9	2.6	0.7	1.3	10.0	4.6	14.6	143
Benue	81.9	0.7	0.0	0.0	3.3	5.5	1.1	3.3	0.1	0.0	0.0	1.9	1.7	0.7	13.9	4.2	18.1	650
Borno Cross River	94.2 77.0	0.0 0.6	0.0 0.2	0.2 0.6	2.4 4.7	1.0 5.9	1.7 2.1	0.0 1.8	0.0	0.0 0.0	0.0 0.2	0.0 4.9	0.4 1.1	0.1 0.9	5.3 16.1	0.5 7.0	5.8 23.0	1,240 391
Delta	89.1	0.0	0.0	0.8	3.5	0.8	2.6	0.3	0.0	0.0	0.0	1.5	1.0	0.4	8.0	2.9	10.9	354
Ebonyi	97.0	0.3	0.2	0.0	0.5	0.4	0.0	0.0	0.0	0.3	0.4	0.5	0.3	0.4	2.1	0.9	3.0	212
Edo	84.3	0.0	0.0	1.5	2.4	0.4	3.5	1.0	0.0	0.2	1.0	3.1	2.6	0.0	10.0	5.7	15.7	296
Ekiti	68.6	0.6	0.3	4.0	7.7	1.7	1.6	7.3	0.0	0.2	0.7	2.1	3.4	1.3	24.4	6.8	31.4	143
Enugu	77.9	0.5	0.0	0.2	8.2	2.7	1.4	2.8	0.0	0.9	1.4	3.7	0.2	0.2	18.0	4.1	22.1	232
Gombe	93.4	0.0	0.0	0.3	3.4	0.9	0.7	0.1	0.0	0.0	0.7	0.1	0.0	0.2	6.0	0.4	6.6	440
mo	64.2	0.2	0.0	1.5	4.4	1.7	3.3	6.4	0.0	1.1	2.6	6.3	7.9	0.2	21.3	14.5	35.8	345
Jigawa	98.7	0.0	0.0	0.4	0.4	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.2	1.1	0.2	1.3	1,110
Kaduna	75.9	0.0	0.0	0.7	9.5	3.4	6.7	1.1	0.1	0.1	0.3	0.2	1.9	0.1	21.9	2.2	24.1	1,475
Kano	93.7	0.0	0.0	0.4	2.2	0.7	2.2	0.0	0.0	0.1	0.2	0.2	0.0	0.4	5.7	0.6	6.3	1,862
Katsina	93.7	0.4	0.0	0.2	3.1	0.2	0.6	0.1	0.0	0.4	0.0	0.0	0.0	1.5	4.9	1.5	6.3	1,671
Kebbi	93.7	0.1	0.1	0.0	2.8	0.6	1.2	0.0	0.0	0.1	0.0	0.1	0.4	0.8	5.0	1.4	6.3	764
Kogi	93.3	0.3	0.0	0.0	3.5	0.3	2.0	0.1	0.0	0.0	0.0	0.0	0.0	0.3	6.2	0.3	6.7	357
Kwara	72.9	0.0	0.0	1.2	7.3	2.3	3.9	5.1	0.0	0.0	3.9	2.1	1.2	0.0	23.7	3.4	27.1	357
_agos	77.4	0.7	0.0	2.1	4.6	1.9	4.0	3.6	0.4	0.0	0.0	2.4	2.1	0.8	17.4	5.3	22.6	1,097
Vassarawa	83.0	0.0	0.0	1.0	7.2	4.0	1.3	0.3	0.0	0.0	0.0	1.1	0.9	1.2	13.8	3.2	17.0	530
Niger	88.8	0.0	0.0	1.0	2.9	0.0	2.2	0.6	0.1	0.0	1.3	1.2	0.1	1.9	8.1	3.2	11.2	1,227
Dgun	78.7	0.0	0.0	1.0	8.1	1.7	5.0	2.3	0.0	0.1	0.0	0.4	0.8	1.9	18.2	3.2	21.3	327
Ondo	78.2	0.0	0.0	3.0	5.5	1.7	3.0	3.6	0.3	0.0	1.6	0.5	2.6	0.0	18.8	3.1	21.8	404
Osun	75.4	0.2	0.0	3.3	11.2	1.5	3.8	2.7	0.0	0.2	0.0	0.5	0.7	0.6	22.9	1.7	24.6	382
Оуо	65.8	0.2	0.0	3.3	12.3	3.3	6.0	2.5	0.0	0.1	2.2	1.2	2.3	0.6	30.0	4.2	34.2	751
Plateau	79.9	0.3	0.1	1.0	12.1	1.6	3.1	0.4	0.1	0.2	0.4	0.2	0.4	0.3	19.2	0.9	20.1	894
Rivers	82.0	0.2	0.0	0.0	3.5	1.7	2.5	1.7	0.2	0.0	1.2	3.4	2.5	1.1	11.0	7.0	18.0	423
Sokoto	95.3	0.0	0.0	0.0	2.7	0.5	1.5	0.0	0.0	0.0	0.0	0.1	0.0	0.0	4.6	0.1	4.7	784
Taraba	93.3	0.1	0.0	0.2	4.3	0.2	0.5	0.1	0.0	0.1	0.0	0.7	0.0	0.4	5.6	1.1	6.7	364
(obe	96.5	0.0	0.0	0.0	1.8	0.2	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.2	3.3	0.2	3.5	866
Zamfara	94.4	0.0	0.0	0.4	1.8	1.2	1.1	0.2	0.0	0.1	0.1	0.2	0.2	0.2	5.0	0.6	5.6	1,149
CT Abuja	73.8	1.6	0.0	1.4	5.9	1.7	2.7	5.0	0.4	0.0	1.3	2.4	1.3	2.6	19.9	6.3	26.2	213

Source: NBS - MICS (2016/2017

Chapter 3

3.0 Vital Statistics

3.1 Background Information

Vital Statistics are statistics on births, deaths, foetal deaths, marriages and divorces. Collecting information on these events is usually through vital registration. United Nations defines vital statistics "as the total process of collecting information by civil registration or enumeration on the frequency or occurrence of specified and defined vital events, as well as relevant characteristics of the events themselves and the person or persons concerned. Vital statistics provide crucial and critical information on the population in a country. A useful by-product of birth and death registration is official certificates of those events; these certificates serve as prima facie evidence of that event, the common components of vital statistics are Births, Deaths, Marriages and Divorces.

3.2. Birth Registration

Birth Registration is the process by which a child's birth is recorded in the civil register by the government authority.

State	State Under Age 1 1 (%) Age 1		Above Age 5 (%)	Total No of Birth Registration
Abia	27.12	32.87	40.01	204,847
Adamawa	24.98	42.88	32.13	849,702
Akwa-Ibom	27.36	29.64	43	157,121
Anambra	19.83	21.94	58.24	380,966
Bauchi	33.36	30.74	35.89	159,733
Bayelsa	22.37	30.67	46.96	76,443
Benue	39.73	26.5	33.77	99,765
Borno	29	26.28	44.72	140,421
Cross River	27.51	29.96	42.52	104,205
Delta	40.45	28.81	30.74	143,058

Table 5: Birth Registration by State and Age of Registration (2016)

State	Under Age 1 (%)	Age 1 to 4 (%)	Above Age 5 (%)	Total No of Birth Registration
Ebonyi	34.72	36.41	28.87	117,529
Edo	40.52	22.37	37.11	139,775
Ekiti	34.71	28.44	36.85	92,657
Enugu	34.26	28.48	37.26	166,738
FCT	46.21	20.76	33.03	146,668
Gombe	40.9	26.89	32.21	100,098
Imo	31.41	24.78	43.81	154,641
Jigawa	37.28	29.17	33.54	87,263
Kaduna	30.33	28.57	41.11	232,649
Kano	38.7	27.58	33.73	416,294
Katsina	34.91	27.62	37.46	355,298
Kebbi	25.7	45.27	29.03	595,273
Kogi	54.89	19.98	25.13	114,318
Kwara	48.08	26.4	25.52	146,222
Lagos	41.39	25.82	32.79	477,912
Nassarawa	32.53	25.05	42.42	108,064
Niger	34.61	25.61	39.78	127,809
Ogun	37.75	30.86	31.39	271,830
Ondo	31.68	28.44	39.88	152,045
Osun	32.17	39.9	27.92	227,270
Оуо	37.41	27.57	35.01	377,669
Plateau	37.64	22.98	39.38	111,752
Rivers	37.39	27.53	35.08	134,238
Sokoto	28.7	34.97	36.33	109,179
Taraba	45.8	19.95	34.25	100,452
Yobe	27.89	39.91	32.2	277,737
Zamfara	35.79	33.9	30.32	84,847
NATIONAL	33.09	31.19	35.72	7,742,488

Source: National Population Commission

It provides the first legal recognition of the child and is generally required for the child to obtain a birth certificate.

Nationally, 7,742,488 births were registered in 2016, out of which 33.09 percent of the births were registered before age one, 31.19 percent were registered between age one and four; and 35.72 percent were registered above age 5 years.

Kogi State recorded the highest level of under one-year registration (54.89 percent). Anambra State recorded the least under one-year birth registration (19.83 percent); this implies that over 80 percent of birth registration was done after the child's first birthday.

Anambra State accounted for the highest proportion (58.24 percent) of Birth Registration for children aged 5 years and above in 2016. Late registration of births in Anambra state may be attributed to poor attitude of the residents to early birth registration; as such the people can be sensitized on the importance and legal implication of birth registration.

Zone	Under 1	Age 1 to 4	Above Age 5
South East	29.47	28.90	41.64
South-South	32.60	28.16	39.23
South - West	35.85	30.17	33.97
North -Central	41.96	23.90	34.15
North - East	33.65	31.11	35.23
North - West	33.06	32.44	34.50

Table 6: Birth Registration by Zone and Age of Registration (2016), percent

Source: National Population Commission

Table 6 reveals the percentage of Birth Registration by zone and age of registration. The Zone with the highest percentage of under one-year registration was the North – Central (41.96), while the Zone with the lowest percentage of under one-year registration was the South – East (29.47).

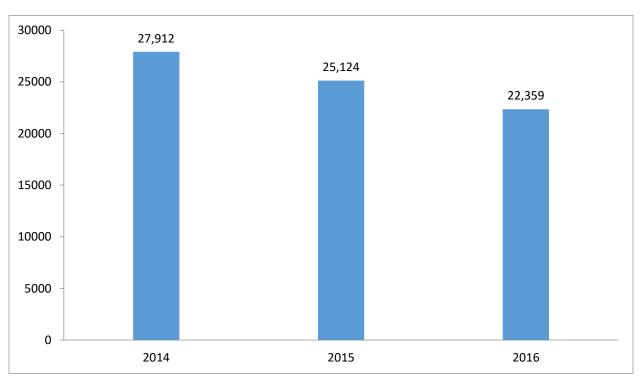
The table further reveals that the North – West (32.44 per cent) had the highest percentage of birth registration for children aged 1 to 4, but the North-Central

(23.90 per cent) had the least percentage of birth registration for children aged 1 to 4.

South – Eastern Zone had the highest percentage (41.64 per cent) of birth registration at age 5 years and above, while the South –West had the lowest percentage (33.97 per cent) of birth registration at age 5 years and above.

3.3. Deaths

Death refers to the permanent disappearance of all evidence of life at any time after live birth has taken place (United Nations, 2014). The information on deaths for this report was supplied by the State Ministries of Health.





Source: States Ministry of Health

Table 7: Distribution of reported death cases by State

STATE	2014	2015	2016
Abia	N/A	N/A	N/A
Adamawa	N/A	N/A	N/A
Akwa Ibom	N/A	N/A	N/A

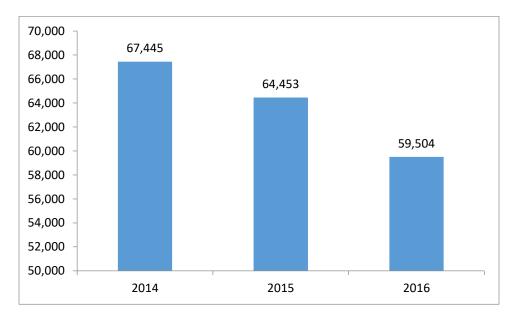
STATE	2014	2015	2016
Anambra	478	445	33
Bauchi	912	2,898	2,715
Bayelsa	189	278	172
Benue	1518	1554	1156
Borno	N/A	N/A	N/A
Cross River	2042	2204	1824
Delta	317	310	303
Ebonyi	N/A	N/A	N/A
Edo	N/A	N/A	N/A
Ekiti	610	144	135
Enugu	272	40	4
FCT	N/A	N/A	N/A
Gombe	1675	2029	1821
Imo	N/A	N/A	N/A
Jigawa	N/A	N/A	N/A
Kaduna	4527	3656	3948
Kano	1,003	342	313
Katsina	N/A	N/A	N/A
Kebbi	2806	453	488
Kogi	N/A	N/A	N/A
Kwara	N/A	N/A	N/A
Lagos	N/A	N/A	N/A
Nassarawa	N/A	N/A	N/A
Niger	1048	933	659
Ogun	1774	912	1402
Ondo	2043	2629	1704
Osun	159	116	118
Оуо	2994	2837	2720
Plateau	891	1035	1003
Rivers	479	496	903
Sokoto	N/A	N/A	N/A
Taraba	N/A	N/A	N/A
Yobe	1033	749	1155
Zamfara	988	930	833

Source: States' Ministry of Health/NPopC N/A-Not Available

The table above reveals the distribution of death by State and Year. Only 23 states out of the 36 States (including FCT) reported on the number of deaths that occurred in their state between 2014 and 2016.

3.4. Marriages

Marriage is the act, ceremony or process by which the legal relationship of spouses is constituted. The legality of the union may be established by civil, religious or other means as recognized by the laws of each country (United Nations, 2014). The marriage statistics computed was derived from the Marriage Registries of the states.





Source: States' Marriage Registry

State	2014	2015	2016
Abia	753	493	924
Adamawa	N/A	N/A	N/A
Akwa-Ibom	630	976	795
Anambra	480	599	500
Bauchi	211	183	174
Bayelsa	615	858	666

Stata	2014	2015	2016
State			
Benue	322	298	263
Borno	64	54	72
Cross River	N/A	N/A	N/A
Delta	487	264	389
Ebonyi	112	103	115
Edo	N/A	N/A	N/A
Ekiti	191	214	221
Enugu	1453	2286	2577
FCT	N/A	N/A	N/A
Gombe	N/A	N/A	N/A
Imo	110	213	141
Jigawa	N/A	N/A	N/A
Kaduna	693	423	646
Kano	140	151	128
Katsina	N/A	N/A	N/A
Kebbi	N/A	N/A	N/A
Kogi	N/A	N/A	N/A
Kwara	1029	1271	1233
Lagos	322	298	263
Nassarawa	33	18	27
Niger	264	231	274
Ogun	4530	3150	3363
Ondo	N/A	N/A	N/A
Osun	183	743	1815
Оуо	103	116	219
Plateau	2300	2462	2765
Rivers	N/A	N/A	N/A
Sokoto	N/A	N/A	N/A
Taraba	36	34	50
Yobe	N/A	N/A	N/A
Zamfara	N/A	N/A	N/A

Source: States Marriage Registry/ Local government Registry *N/A-Not Available

Table 8 shows the distribution of marriages by state and year. Among reporting states, Ogun state recorded the highest number of marriages while Nassarawa state had the lowest number of marriages in the year under review.

Conclusion

The findings in this report suggest that in the next three decades, Nigeria's projected population will make it a large country with a youthful population, mainly as a result of high fertility rates. Although a large and young workforce is beneficial to support the availability of labour, production and consumption of goods and services, it also calls for careful management in order to ensure that majority of the population do not fall or live in poverty. The high fertility rates may be as a result of still relatively low uptake of family planning methods. Improving access to education and family planning methods will contribute positively to lowering fertility rates and hence managing population growth in the near future.