

2021 Nigeria Multiple Indicator Cluster Survey (MICS) & National Immunization Coverage Survey (NICS)

Statistical Snapshots













Table of Contents

Background	II
Sample Design	iii
Acknowledgment	iv
Sample coverage and characteristics of respondents	1
Sample & survey characteristics	2
Mass media, communications & internet	5
Survive	
Child mortality	
Thrive - Reproductive and maternal health	15
Maternal & newborn health	16
Fertility & family planning	20
HIV & sexual behaviour	24
Thrive - Child health, nutrition and development	27
Child health & care of illness	
Immunization	30
Infant and Young Child Feeding (IYCF)	40
ECD	42
Learn	45
Education	46
Early grade learning parental involvement	52
Protected from violence and exploitation	57
Birth registration	
Child discipline	61
Child labour	63
Child marriage	
FGM	68
Live in a safe and clean environment	71
WASH	72
Equitable chance in life	77
Child functioning	
Adolescents	
Gender equality	

Background

This Statistical Snapshot report contains the summary of the 2021 Nigeria Multiple Indicator Cluster Survey (MICS) and National Immunization Coverage Survey (NICS) findings. It's objective is to facilitate the timely dissemination and use of the MICS/ NICS surveys results. Further details on the MICS/ NICS survey can be found in the Survey Findings Report.

MICS/ NICS was carried out in 2021 by the National Bureau of Statistics as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, Gavi (The Vaccine Alliance) and Bill and Melinda Gates Foundation (BMGF)) provided financial support for the survey.

The survey provides statistically sound and internationally comparable data essential for developing evidence-based policies and programmes, and for monitoring progress toward national goals and global commitments.

The 2021 MICS/ NICS has as its primary objectives:

- To provide high quality data for assessing the situation of children, adolescents, women and households in Nigeria;
- To furnish data needed for monitoring progress toward national goals, as a basis for future action;
- To collect disaggregated data for the identification of disparities, to inform policies aimed at social inclusion of the most vulnerable;
- To validate data from other sources and the results of focused interventions;
- To generate data on national and global SDG indicators;
- To generate internationally comparable data for the assessment of the progress made in various areas, and to put additional efforts in those areas that require more attention;
- To generate behavioural and attitudinal data not available in other data sources;
- To strengthen national statistical capacity by focusing on data gathering, quality of survey information, statistical tracking and analysis.

For more information on the Global MICS Programme, please go to mics.unicef.org.

Sample Design

The primary objective of the sample design for the 2021 Nigeria MICS was to produce statistically reliable estimates of most indicators, at the national level, for urban and rural areas, and for the 37 strata including all 36 states and the Federal Capital Territory (FCT).

A multi-stage, stratified cluster sampling approach was used for the selection of the survey sample. The sampling frame was based on the 2006 Population and Housing Census of the Federal Republic of Nigeria (NPHC). The primary sampling units (PSUs) selected at the first stage were the enumeration areas (EAs) defined for the census enumeration. A listing of households was conducted in each sample EA, and a sample of households was selected at the second stage.

The overall sample size for the 2021 Nigeria MICS and NICS survey was 41,532 households. Of these, 40,077 were found occupied, and 39,632 were successfully interviewed. In the interviewed households, 40,326 women (age 15-49 years) were identified. Of these, 38,806 were successfully interviewed, yielding a response rate of 96.2 percent within the interviewed households.

The survey also sampled men (age 15-49) but required only a subsample. Questionnaires were completed for 17,347 eligible men, which corresponds to a response rate of 93.9 percent within eligible interviewed households.

There were 31,103 children under aged five listed in the household questionnaires. Questionnaires were completed for 30,804 of these children, which corresponds to a response rate of 99.0 percent within interviewed households.

A sub-sample of children aged 5-17 years was used to administer the questionnaire for children aged 5-17. Out of the selected 22,706 children, questionnaires were completed for 22,443 which correspond to a response rate of 98.8 percent within the interviewed households.

Acknowledgments

The Multiple Indicator Cluster Survey (MICS) is designed to collect statistically robust and internationally comparable estimates of key indicators that are used to assess the situation of children and women in the areas of health, education and child protection. It is also used as a tool to generate data for monitoring the progress towards national goals and global commitments which aimed at promoting the welfare of children and women such as Sustainable Development Goals (SDGs). Apart from MICS being a major source of data for indicators related to development and improvement of well-being of children, women and men in Nigeria, it also helps to improve the statistical systems.

The first in the series of the Multiple Indicator Cluster Survey (MICS1) in Nigeria was conducted in 1995 by the Federal Office of Statistics (FOS), now National Bureau of Statistics (NBS), with technical and funding assistance from UNICEF. Since then, MICS has been institutionalized within the National Integrated Survey of Households (NISH) in the National Bureau of Statistics, as a process of collecting regular, reliable and timely social statistics. The second and third rounds of MICS were conducted in 1999 and 2007 respectively. The fourth round of MICS conducted in 2011 was better planned and executed than the previous rounds. The 2016-17 round (MICS5) consolidated on the achievement of MICS4 by incorporating more indicators, introduced the use of Computer Assisted Personal Interviewing (CAPI) devices which further raised the quality of data collected as acknowledged by UNICEF regional and headquarters offices.

Furthermore, the fifth round of MICS was expanded in content and scope to include questionnaires for individual men and water quality test. It is worthy to note that for the first time, two National surveys (The Multiple Indicator Cluster Survey and the National Immunization Coverage Survey - MICS/NICS) were implemented simultaneously. This process provided data for vaccination monitoring at state level. In the current round of MICS 2021/2022 (MICS6), however, water quality questionnaire and the following modules: anthropometry measurement, Alcohol and Tobacco Use were expunged while new modules were introduced among which are Social Transfer, Household Energy Use, Child Functioning and Foundational Learning Skills.

At this point, we wish to express our gratitude and appreciation to all those who contributed to planning and implementation of MICS6 up to the release of results; from the staff of the National Bureau of Statistics (NBS) and National Primary Health Care Development Agency (NPHCDA) to the members of the National Steering and Technical Committees which cut across various Ministries, Departments and Agencies (MDAs). We comprehended the sense of ownership by releasing your staff to participate at various stages of the survey.

We are grateful to the United Nations (UN) and international organizations for their contributions at various stages of this project. Special thanks to UNICEF Nigeria for its technical and financial support. We are also thankful to Bill and Melinda Gates Foundation and GAVI for their financial support to the project. The immense contributions made by UNICEF West and Central Africa Regional Offices (WCARO) and UNICEF Headquarters cannot be overemphasized.

NBS also appreciated the support and efforts of the state governments, through the Statistician Generals of State Bureau of Statistics (SBS), Director of State Statistical Agencies (SSA) who in their capacities ensured the success of this survey in their respective states.

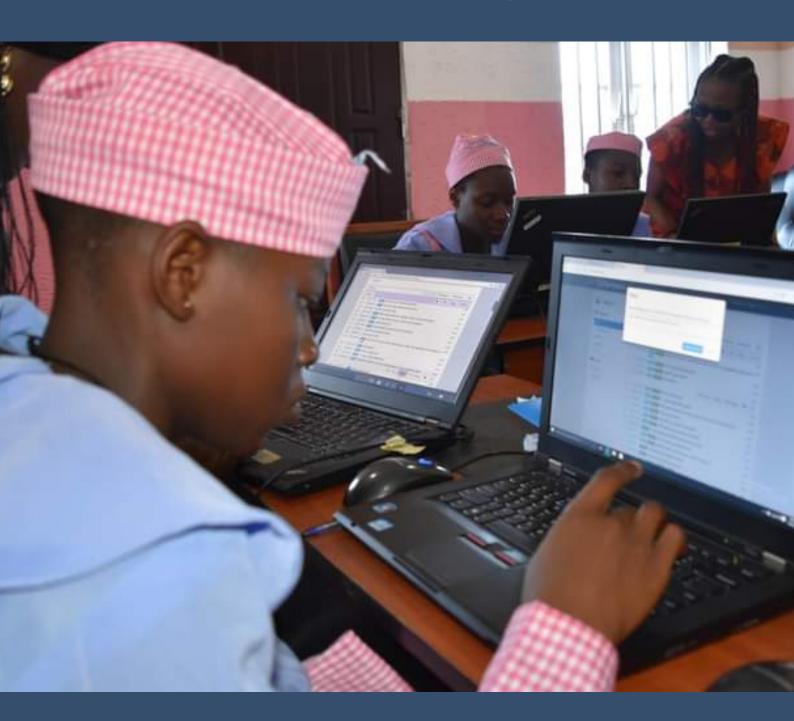
Finally, I wish to extend my profound gratitude to NBS zonal controllers, state officers, supervisors and interviewers who visited the households and of course all the respondents. Our respondent's willingness and disposition to participate added value and quality to the outcome of the survey.

Prince Adevemi S. Adeniran

Statistician General of the Federation

National Bureau of Statistics

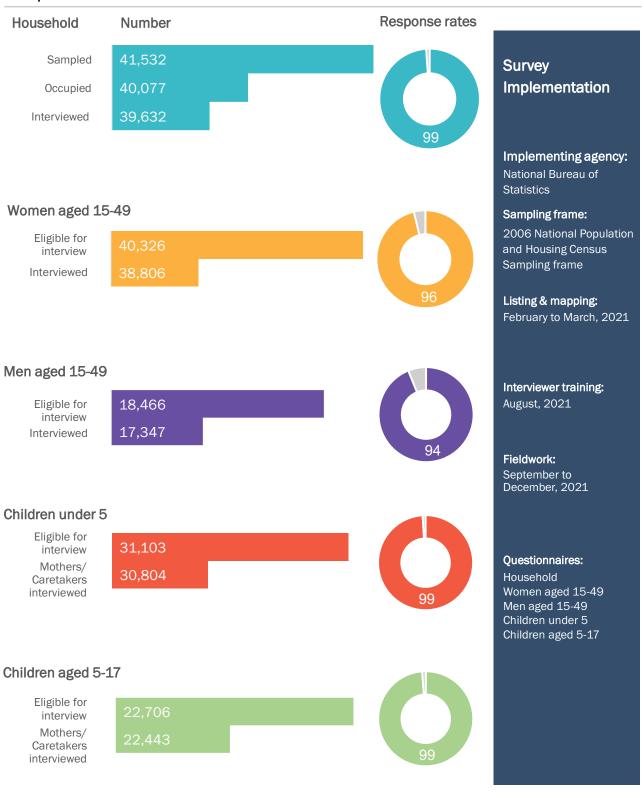
Sample coverage and characteristics of respondents



Sample & survey characteristic Mass media, communications & internet

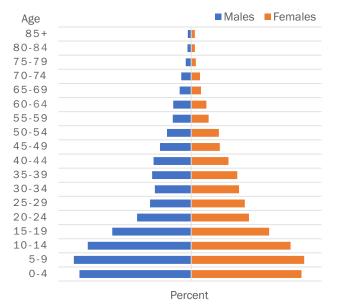
Sample & Survey Characteristics

Response Rates



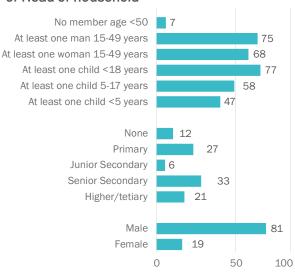
Population Characteristics

Household Population Age & Sex Distribution



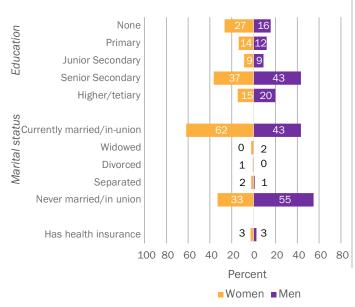
Percent distribution of household population by age group and sex

Household Composition & Characteristics of Head of household



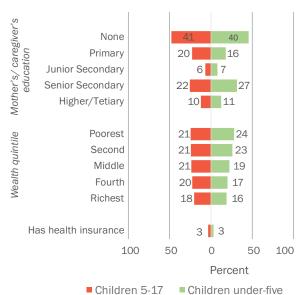
Percent of households by selected characteristics

Women & Men's Profile



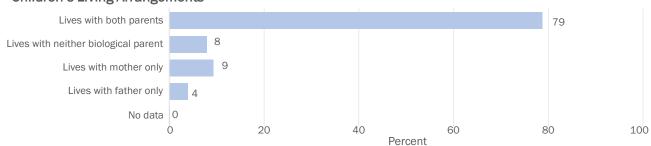
Percent distribution of women and men aged 15-49 by background characteristics

Children's Profile



Percent distribution of children aged 5-17 and under-five by background characteristics

Children's Living Arrangements *



Percent distribution of children age 0-17 years according to living arrangements *Children age 0-17 years

State Distribution of Population (percent)

State	Households	Women 15-49	Men 15-49	Children under 5	Children 5-17
National	100.0	100.0	100.0	100.0	100.0
Abia	2.3	1.8	2.0	1.6	1.7
Adamawa	1.7	2.3	2.5	2.3	2.3
Akwa Ibom	2.5	2.3	2.3	2.2	2.1
Anambra	3.3	3.2	2.6	2.2	2.7
Bauchi	2.8	3.5	3.6	5.0	4.3
Bayelsa	1.4	1.2	1.3	0.9	1.2
Benue	3.0	3.0	2.9	3.0	2.8
Borno (7 LGAs)	2.0	2.6	2.7	3.0	3.3
Cross River	2.8	2.1	2.5	1.6	1.8
Delta	3.3	2.7	2.5	2.0	2.5
Ebonyi	1.4	1.8	1.7	1.6	1.2
Edo	2.7	2.4	2.2	1.7	2.1
Ekiti	2.6	1.5	1.6	1.3	1.5
Enugu	2.7	2.4	2.2	1.8	1.8
Gombe	1.5	1.7	1.9	2.1	1.9
Imo	3.1	2.4	2.6	1.7	2.3
Jigawa	2.4	2.7	2.7	4.2	4.0
Kaduna	3.5	4.0	4.5	4.5	4.3
Kano	5.1	6.7	6.9	7.9	7.7
Katsina	3.5	4.1	3.9	6.1	5.4
Kebbi	1.9	2.3	2.4	3.3	2.7
Kogi	2.2	2.2	2.1	1.8	2.0
Kwara	1.7	1.6	1.7	1.6	1.6
Lagos	8.1	7.3	7.1	5.7	5.2
Nasarawa	1.1	1.4	1.3	1.4	1.4
Niger	2.3	3.1	2.9	3.3	3.5
Ogun	3.6	3.1	2.7	2.7	2.7
Ondo	3.2	2.7	2.6	1.8	2.3
Osun	3.0	2.1	2.1	1.7	1.9
Oyo	4.9	3.7	3.5	3.1	3.5
Plateau	2.0	2.2	2.3	2.2	2.2
Rivers	4.4	3.9	4.1	2.9	2.9
Sokoto	2.1	2.8	3.0	3.2	3.2
Taraba	1.2	1.6	1.6	2.0	1.8
Yobe	1.1	1.5	1.5	2.4	2.0
Zamfara	2.0	2.4	2.4	3.0	3.0
FCT	1.4	1.6	1.7	1.3	1.3

Key Messages

- 41,532 households were sampled in 37 states. The household response rate was 99 percent while the response rates in women aged 15 to 49 years, men aged 15 to 49 years, children under 5 years and children aged between 5 and 17 years were 96 percent, 94 percent, 99 percent and 99 percent respectively.
- 99 percent, respectively.

 Nineteen percent of households are headed by female household members.

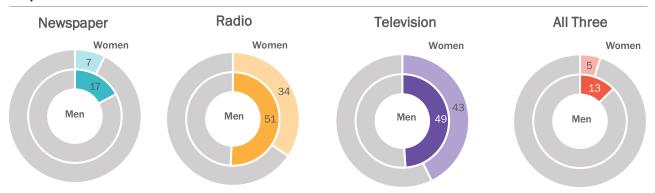
 More than half of household heads (54%) had senior

- secondary school education or higher.
 Seventy nine percent of children aged 0-17 are living with both parents, 9 percent are living with mother only, 4 percent with the father only and 8 percent are living with neither of their biological
- Six out of every ten men aged 15-49 have never been married or in a union while 3 out of every ten women aged 15-49 have never been
- married or in union.
 Only 3% of individuals have health insurance.

The objective of this snapshot is to disseminate selected findings from the Nigeria MICS 2021 related to Survey and Sample Characteristics. Data from this snapshot can be found in tables SR.1.1, SR.5.1W, SR.5.1M, SR.5.2, SR.5.3 and SR.2.3 in the Survey Findings Report.

Mass Media, Communications & Internet

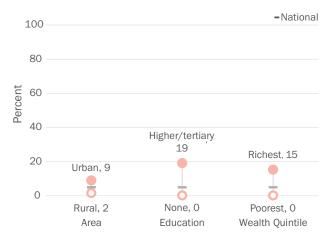
Exposure to Mass Media



Percentage of women & men aged 15-49 years who are exposed to specific mass media (newspaper, radio, television) on a weekly basis and percentage of women & men aged 15-49 who are exposed to all three on a weekly basis

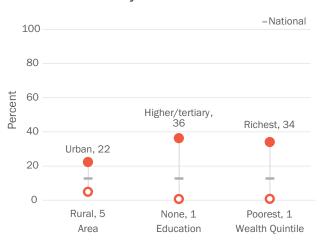
Inequalities in Exposure to Mass Media

Women Exposed to Newspaper, Radio & **Television Weekly**



Percentage of women aged 15-49 years who are exposed to newspaper, radio, and television on a weekly basis

Men Exposed to Radio, Newspapers & Television Weekly



Percentage of men aged 15-49 years who are exposed to newspaper, radio, and television on a weekly basis

Key Messages

- Men in Nigeria are more than two times exposed to newspaper on a weekly basis than women (17% and 7% respectively).
- Women are about five times more exposed to radio (34%) and about six times more exposed to television (43%) than newspapers on a weekly basis.
- While one out of every 20 women aged 15-49 years are exposed to newspapers, radio and television on a weekly basis, one in every eight men are exposed to all three-mass
- About nine in every ten households in Nigeria own a cell phone. Mobile phone ownership is higher in urban areas (95%) than in rural
- Four out of every ten households in Nigeria (43.2%) own a television
- while only one in every ten households (9.4%) own a computer. About one in every three households in Nigeria can access the internet at home.

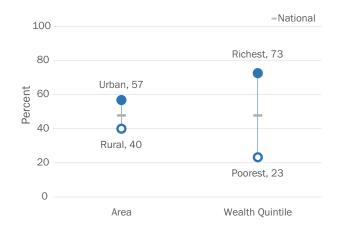
Household Ownership of Information & Communication Technology (ICT) Equipment & Internet at Home

States	Radio	Television	Telephone- Fixed line	Telephone- Mobile	Computer	Internet at Home
National	47.8	43.2	1.4	87.6	9.4	34.6
Abia	54.7	54.8	0.6	94.7	4.5	18.0
Adamawa	34.5	19.1	0.7	76.8	3.6	17.0
Akwa Ibom	49.0	35.2	0.2	83.8	7.5	27.7
Anambra	58.5	76.7	5.0	97.4	13.7	45.6
Bauchi	24.0	7.9	1.0	77.9	1.4	13.5
Bayelsa	25.8	42.5	0.7	86.6	9.2	31.4
Benue	37.9	24.3	0.6	79.2	3.9	18.4
Borno (LGAs)	23.1	21.7	2.0	87.6	5.3	21.2
Cross River	37.3	22.9	0.7	74.1	4.4	25.3
Delta	42.6	59.1	1.0	88.8	9.5	40.3
Ebonyi	52.4	48.6	0.1	93.8	11.6	59.4
Edo	49.5	75.0	2.5	95.5	16.2	44.7
Ekiti	58.2	38.2	1.5	93.2	3.2	22.7
Enugu	49.8	61.5	0.6	92.7	14.5	50.5
Gombe	41.7	18.3	2.9	81.2	6.0	31.9
Imo	57.6	60.7	0.3	95.8	22.3	53.8
Jigawa	23.5	4.4	5.0	73.8	2.5	28.3
Kaduna	47.8	49.6	2.6	92.2	10.4	44.5
Kano	45.6	29.0	0.2	86.3	5.6	28.7
Katsina	38.0	11.9	1.4	79.8	4.6	21.1
Kebbi	27.7	13.7	1.5	72.3	3.2	10.5
Kogi	43.6	40.0	3.4	91.2	7.1	34.2
Kwara	60.4	58.2	3.1	90.2	9.2	34.3
Lagos	69.7	89.8	1.5	97.2	22.4	65.0
Nasarawa	38.7	30.3	1.7	88.9	4.8	19.7
Niger	43.6	37.9	1.2	92.0	5.5	26.3
Ogun	62.2	49.8	1.2	88.5	9.2	35.5
Ondo	63.7	34.3	1.5	89.5	9.7	34.6
Osun	55.6	53.3	0.5	93.2	4.7	32.2
Oyo	55.6	50.6	0.3	88.4	8.8	31.2
Plateau	33.2	22.7	1.3	87.6	7.3	33.5
Rivers	44.7	57.2	1.2	90.7	15.8	43.4
Sokoto	36.2	18.4	1.2	65.1	5.1	22.7
Taraba	30.5	9.8	2.0	82.6	4.6	34.1
Yobe	29.5	9.4	0.4	73.9	2.8	15.5
Zamfara	64.8	10.5	0.8	82.0	2.9	15.5
FCT Abuja	53.9	63.7	2.0	94.1	23.3	55.7

Percentage of households which own a radio, television-fixed line, telephone- mobile, computer and that have access to the internet at home

Inequalities in Household Ownership of ICT Equipment & Internet at Home

Household Ownership of a Radio



Household Ownership of a Computer



Percentage of households with a radio at home

Percentage of households with a computer at home

Household Ownership of a Mobile Telephone



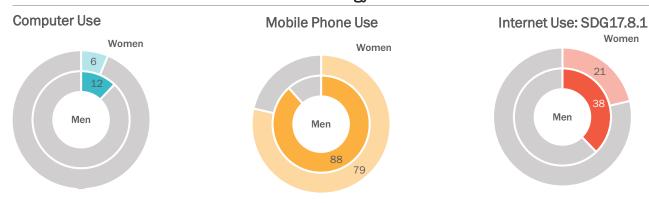
Households with Internet



Percentage of households with mobile telephone

Percentage of households with access to the internet at home

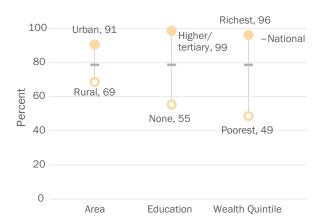
Use of Information & Communication Technology



Percentage of women and men aged 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet

Disparities in Use of Information & Communication Technology

Disparities in Mobile Phone Use among Women



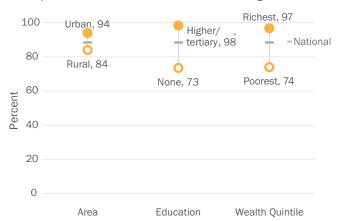
Percentage of women aged 15-49 years who during the last 3 months used a mobile phone

Disparities in Internet Use among Women: SDG17.8.1



Percentage of women aged 15-49 years who used the internet in the last 3 months

Disparities in Mobile Phone Use among Men



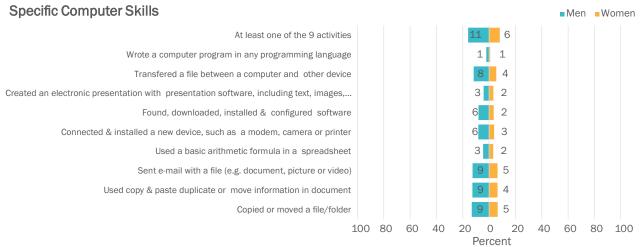
Percentage of men aged 15-49 years who during the last 3 months used a mobile phone

Disparities in Internet Use among Men: SDG17.8.1



Percentage of men aged 15-49 years who used the internet in the last 3 months

Information & Communication Technology (ICT) Skills



Percentage of women and men aged 15-49 years who in the last 3 months have carried out specific computer related activities and the percentage who have carried out at least one of these activities

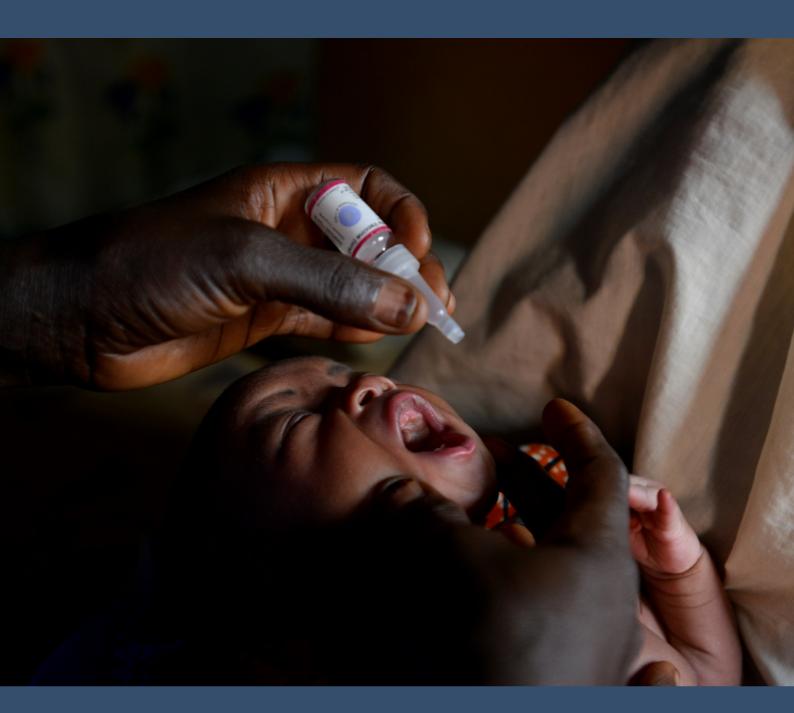
State Data on ICT Use & Skills among Women

State	Computer Use	Mobile Phone Use	Internet Use	Performed at Least 1 computer- related activity
National	6.4	78.6	21.3	5.8
Abia	4.9	91.1	19.3	4.8
Adamawa	1.6	62.2	6.2	1.6
Akwa Ibom	8.4	85.9	27.4	7.9
Anambra	7.5	98.2	33.1	5.6
Bauchi	0.5	61.4	2.7	0.5
Bayelsa	7.0	86.6	23.8	5.2
Benue	6.1	89.9	10.4	5.6
Borno (7 LGAs)	1.5	73.4	8.6	1.3
Cross River	6.7	84.2	19.7	6.5
Delta	4.2	86.9	28.3	3.8
Ebonyi	16.6	89.8	35.7	16.5
Edo	12.8	89.8	37.9	11.4
Ekiti	4.2	93.0	19.7	3.8
Enugu	18.7	83.5	39.3	16.2
Gombe	2.6	61.2	9.1	2.4
Imo	11.7	94.7	42.9	11.6
Jigawa	0.5	50.0	1.5	0.4
Kaduna	3.9	78.3	16.5	3.4
Kano	1.3	67.5	12.6	0.9
Katsina	1.3	72.3	7.0	1.3
Kebbi	0.6	40.6	1.9	0.6
Kogi	4.7	88.1	15.9	4.1
Kwara	6.6	80.5	19.6	5.2
Lagos	20.6	97.4	62.1	19.9
Nasarawa	2.6	69.7	9.1	2.3
Niger	5.3	82.6	15.1	5.0
Ogun	4.6	84.0	20.2	3.9
Ondo	3.9	88.3	21.0	2.8
Osun	3.2	93.6	23.0	3.1
Oyo	6.4	87.6	22.8	4.9
Plateau	4.7	69.1	13.1	3.6
Rivers	13.5	91.4	37.7	12.9
Sokoto	0.8	55.8	3.6	0.5
Taraba	2.4	66.9	17.7	2.3
Yobe	0.9	39.6	6.7	0.9
Zamfara	1.0	54.7	3.9	0.9
FCT Abuja	16.1	86.8	31.1	14.2

Percentage of women aged 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet and percentage who performed at least 1 computer-related activity

The objective of this snapshot is to disseminate selected findings from the Nigeria MICS 2021 related to Mass Media, Communications & Internet. Data from this snapshot can be found in tables SR.9.1W, SR.9.1M, SR.9.2, SR.9.3W, SR.9.3M, SR.9.4W and SR.9.4M in the Survey Findings Report.

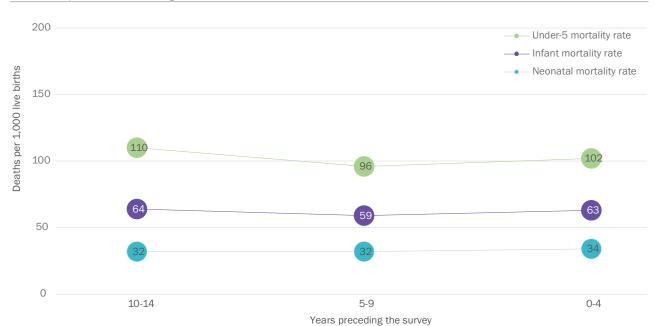
Survive



Child Mortality

Child Mortality

Mortality Rates among Children Under-5



Neonatal ears preceding the survey Infant mortality Child mortality mortality rate: SDG 3.2.1 mortality rate: SDG 3.2.2 42 0-4 34 28 63 102 27 5-9 32 59 39 96 10-14 32 49 110

Neonatal mortality (NN): probability of dying within the first of month life **Post-neonatal mortality:** calculated as the difference between infant and neonatal mortality rates **Infant mortality (_1q_0):** probability of dying between birth and first birthday **Child mortality (_4q_1):** probability of dying between the first and fifth birthday **Under-5 mortality (_5q_0):** probability of dying between birth and fifth birthday

MICS uses a **direct method for estimation of child mortality**. This involves collecting **full birth histories** whereby women aged 15-49 are asked for the date of birth of each child born alive, whether the child is still alive and, if not, the age at death.

Key Messages

- Infant mortality rate is 63 deaths per 1,000 live births for the 5-year period preceding the survey, while the under-5 mortality rate (U5MR) for the same period is 102 deaths per 1,000 live births. Neonatal mortality rate is 34 deaths per 1000 live births. Child mortality is 42 deaths per 1,000 live births. This implies that about 1 in 10 children in Nigeria die before their 5th birthday.
 The U5MR for children living in rural areas is almost double
- The U5MR for children living in rural areas is almost double (123 per 1000) the U5MR for children living in urban areas (67 per 1000). Similarly, the U5MR of children born in the poorest households (133 per 1000) and for children born by
- mothers with no education (142 per 1000) was nearly three times the U5MR for children born in the richest households (47 per 1000) and those born by mothers with tertiary education or higher respectively (40 per 1000).
- respectively (40 per 1000).

 The U5MR in Sokoto, Kebbi, Jigawa, and Katsina states is more than four-fold the U5MR for children living in FCT-Abuja, Benue, Kwara and Eboyi states which have the lowest U5MR.

 Further analysis is needed to understand the stagnation/increase
- Further analysis is needed to understand the stagnation/increase in mortality rates over 15-year period including data quality assessment.

Differentials in Child Mortality

Under-5 mortality rate by socio-economic characteristics & area



Under-5 mortality rate by demographic risk factors

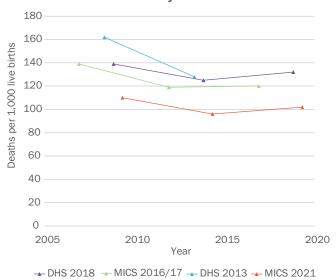


Under-five mortality rates for the five-year period preceding the survey, by socio-economic characteristics, area and demographic risk factors

Neonatal & under-5 mortality rates by region

Region	Neonatal mortality	Under-5 mortality
National	34	102
Abia	19	(115)
Adamawa	25	63
Akwa Ibom	31	49
Anambra	(6)	(22)
Bauchi	45	153
Bayelsa	37	(100)
Benue	18	42
Borno(7 LGAs)	36	140
Cross River	(21)	(67)
Delta	(52)	(89)
Ebonyi	1	24
Edo	(52)	(81)
Ekiti	(53)	(82)
Enugu	(8)	(64)
Gombe	37	117
Imo	(14)	(57)
Jigawa	53	174
Kaduna	47	127
Kano	44	148
Katsina	49	159
Kebbi	43	179
Kogi	(27)	(67)
Kwara	18	42
Lagos	(11)	(15)
Nasarawa	24	65
Niger	20	61
Ogun	56	(85)
Ondo	(18)	(64)
Osun	(12)	(24)
Oyo	(31)	(57)
Plateau	44	105
Rivers	(70)	(100)
Sokoto	34	202
Taraba	29	83
Yobe	10	52
Zamfara	31	136
FCT Abuja	10	41

Trends in under-5 mortality rates



The source data used in the above graph is taken from the final reports of MICS 2021, DHS 2018, MICS 2016/17, and DHS 2021.

Child mortality source data are published on www.childmortality.org, the web portal of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). UN IGME data points may differ from the published estimates of a survey, census or vital registration system since UN IGME recalculates estimates using smaller intervals, longer reference periods and/or calendar years (if data are available).

Neonatal mortality and under-5 mortality rates (deaths per 1,000 live births) for the five-year period preceding the survey, by region.

(): Figures are based on 250-499 unweighted person-years of exposure to the risk of death.

The objective of this snapshot is to disseminate selected findings from the Nigeria MICS 2021 related to Child Mortality. Data from this snapshot can be found in tables CS.1, CS.2, and CS.3 in the Survey Findings Report.

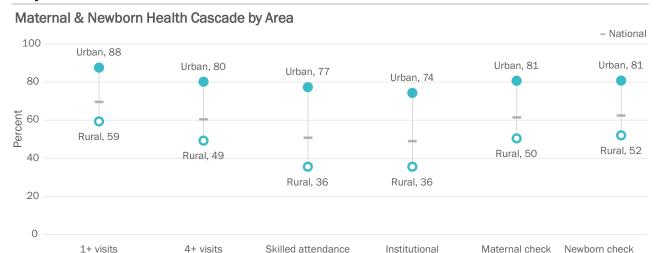
Thrive - Reproductive and maternal health



Maternal & newborn health Fertility & family planning HIV & sexual behaviour

Maternal & Newborn Health

Key Elements of Maternal & Newborn Health



Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider, who were attended by skilled health personnel during their most recent live birth (**SDG 3.1.2**), whose most recent live birth was delivered in a health facility, who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by area

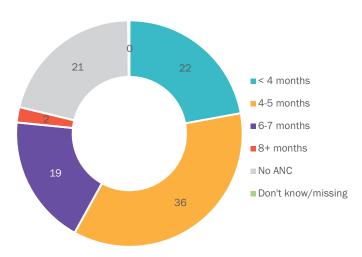
Delivery Care

delivery

at birth-SDG3.1.2

Timing of First Antenatal Care Visit

Antenatal Care



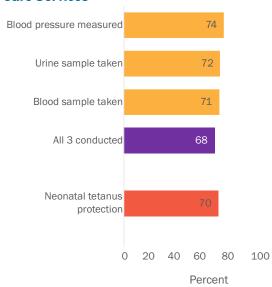
Percentage of women aged 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel, by the timing of first ANC visit

Content & Coverage of Antenatal Care Services

within 2 days

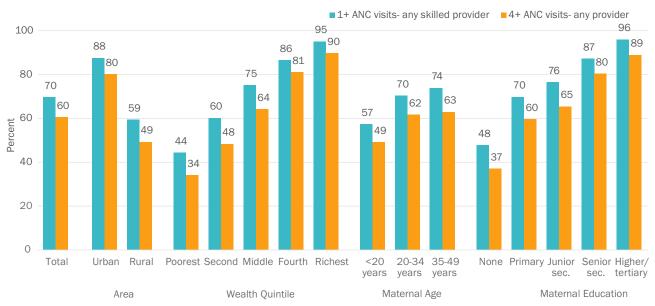
within 2 days

Postnatal Care



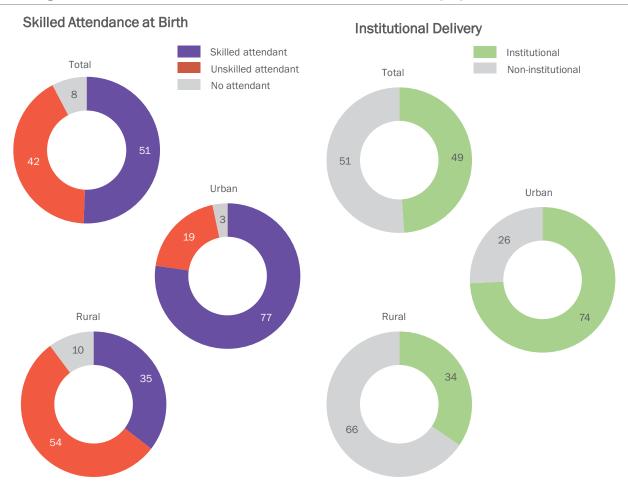
Percentage of women aged 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples, were given at least two doses of tetanus toxoid vaccine within the appropriate interval during the last pregnancy that led to a live birth





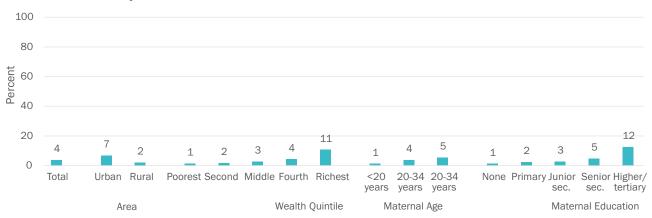
Percentage of women aged 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider

Coverage of Skilled Attendance at Birth & Institutional Delivery by Area



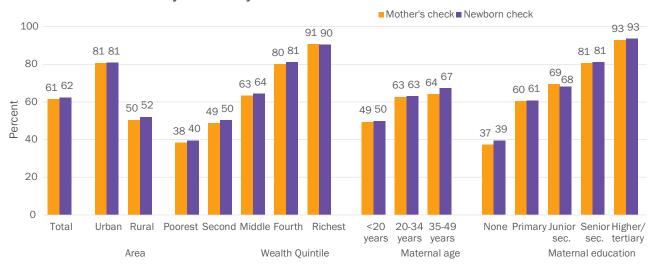
Percentage of women aged 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth and percentage whose most recent live birth was delivered in a health facility (institutional delivery) by area

Caesarian Section by Various Characteristics



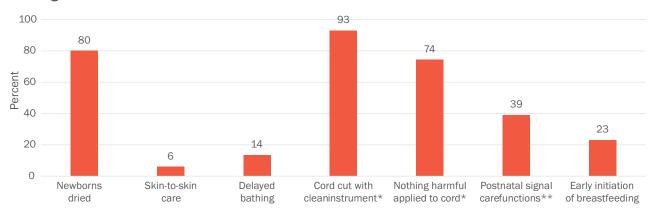
Percentage of women aged 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered by caesarean section by various characteristics

Postnatal Care within 2 Days of Birth by Various Characteristics



Percentage of women aged 15-49 years with a live birth in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by various characteristics

Coverage of Newborn Care



Among the last live-birth in the last 2 years, percentage who were dried after birth; percentage who were given skin to skin contact; percentage who were bathed after 24 hours of birth; percentage where the umbilical cord was cut with a new blade or boiled instrument*; percentage where nothing harmful was applied to the cord*; percentage where the newborn received at least 2 postnatal signal care functions within 2 days after birth**; and percentage put to the breast within one hour of birth

^{*} Among the last live-births in the last 2 years delivered outside a facility

^{**} At least 2 of i) umbilical cord examination, ii) temperature assessment, iii) breastfeeding counselling or observation, iv) weight assessment, and v) counselling on danger signs for newborns

State Data on Maternal and Newborn Cascade

State	ANC: At least 1 visit (skilled provider)	ANC: At least 4 visits (any provider)	Skilled Attendance at Birth	Institutional Delivery	Postnatal Care for Mother <2 days	Postnatal Care for Newborn <2 days
National	69.6	60.4	50.7	49.0	61.4	62.4
Abia	89.0	81.8	86.9	91.2	88.9	89.7
Adamawa	86.0	74.6	71.2	63.7	68.7	67.6
Akwa Ibom	81.3	81.7	36.6	49.3	71.3	71.1
Anambra	95.5	93.4	95.9	90.8	95.8	95.6
Bauchi	42.5	43.3	17.4	21.1	40.4	40.7
Bayelsa	59.4	50.9	33.9	38.9	85.9	87.2
Benue	68.9	47.2	59.1	56.3	67.6	66.7
Borno (7 LGAs)	58.5	43.0	32.3	30.6	38.7	40.0
Cross River	83.8	80.1	55.2	58.3	89.5	88.6
Delta	82.7	77.4	74.8	65.0	76.0	82.9
Ebonyi	93.7	78.9	90.9	90.7	96.9	93.1
Edo	91.1	74.9	90.8	87.5	86.6	86.6
Ekiti	83.6	75.6	77.8	77.8	83.0	84.8
Enugu	95.8	85.0	91.8	89.7	85.1	86.7
Gombe	57.3	35.9	36.9	36.8	40.0	41.5
Imo	96.8	96.1	96.7	93.8	67.2	72.2
Jigawa	72.2	45.5	22.2	18.2	26.2	30.1
Kaduna	85.3	72.3	42.7	31.4	55.1	54.2
Kano	73.1	48.5	27.0	25.8	61.8	59.5
Katsina	40.2	41.5	14.4	12.4	31.9	37.6
Kebbi	41.9	36.8	23.3	21.1	24.1	24.8
Kogi	78.9	73.0	73.5	83.2	90.1	90.1
Kwara	84.7	77.0	79.0	76.2	84.7	84.2
Lagos	90.8	94.2	91.1	86.7	99.2	99.3
Nasarawa	72.0	45.2	55.5	53.4	58.6	60.6
Niger	62.8	55.4	38.0	38.0	45.0	42.7
Ogun	73.9	68.0	71.3	71.3	78.0	76.5
Ondo	66.2	68.5	60.0	71.1	83.9	84.4
Osun	88.7	90.5	76.0	86.1	83.6	85.7
Oyo	86.7	76.3	82.4	75.2	82.9	84.6
Plateau	82.4	69.9	67.0	61.5	49.8	54.9
Rivers	73.2	64.3	71.4	65.4	76.8	81.1
Sokoto	30.5	27.4	14.5	14.2	38.4	46.0
Taraba	42.4	40.5	35.6	25.3	43.5	43.2
Yobe	57.5	53.0	47.5	47.8	47.1	48.7
Zamfara	33.8	17.4	19.0	12.8	30.2	28.8
FCT Abuja	72.1	76.2	70.1	82.2	88.4	84.4

For indicator definitions, see earlier charts

Key Messages

- Seven out of every ten women aged 15-49 years who gave birth in the 5 years preceding the survey received antenatal care (ANC) from a skilled provider at least once during the pregnancy for their most recent birth.

 While nine out of every ten women in urban areas received ANC from a skilled provider, only six out of every ten women received ANC from a skilled provider in rural areas.

 Almost half of all women gave birth in a health facility. In

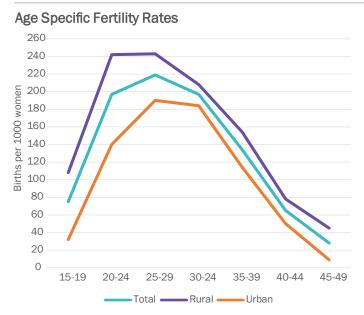
- urban areas more than twice as many pregnant women (74%) gave birth in a health facility as in rural areas (36%).
- Three out of every five women receive a postnatal check in the first 2 days after birth. Also, 3 of every 5 infants receive a postnatal check in the first 2 days after birth.

 Four per cent of women aged 15-49 years give birth through a caesarean section.

The objective of this snapshot is to disseminate selected findings from the Nigeria MICS 2021 related to Maternal and New-born Health. Data from this snapshot can be found in tables TM.4.1, TM.4.2, TM.4.3, TM.5.1, TM.6.1, TM.6.2, TM.8.2, TM.8.4, TM.8.5, TM.8.6, TM.8.6, TM.8.7, TM8.9 TM.11.5, TC.6.9 and TC.7.1 in the Survey Findings Report.

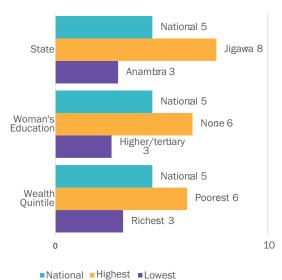
Fertility & Family Planning

Fertility



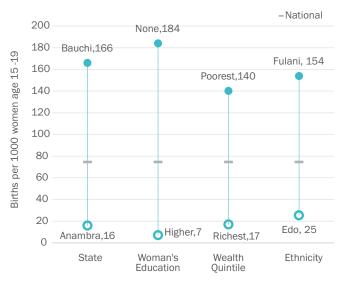
Age-specific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

Total Fertility Rate



The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49

Adolescent Birth Rate: SDG indicator 3.7.2



Age-specific fertility rate for girls aged 15-19 years for the three-year period preceding the survey

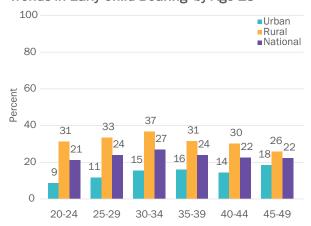
Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality.

Early Child Bearing -by Age 18



Percentage of women aged 20-24 years who have had a live birth before age 18, by background characteristics

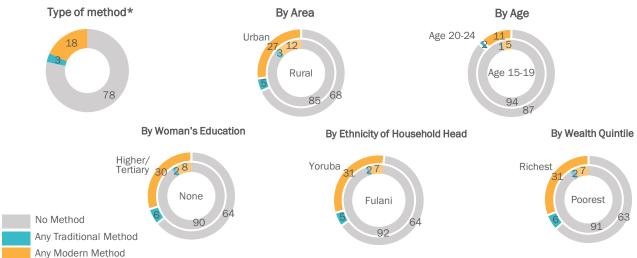
Trends in Early Child Bearing -by Age 18



Percentage of women aged 20-49 years who have had a live birth before age 18

Family Planning

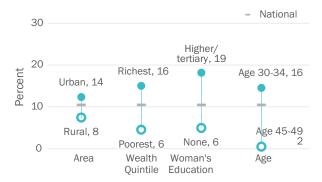
Method of Family Planning by Various Characteristics



Percentage of women aged 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method *Modern Methods include female sterilization, male sterilization, IUD, injectables, implants, pills, male condom, Female condom, diaphragm, foam, jelly and contraceptive patch Traditional methods refer to periodic abstinence and withdrawal

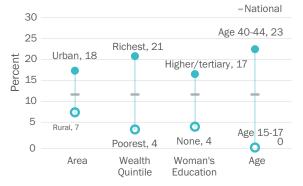
Met Need for Family Planning

Met Need for Family Planning-Spacing



Percentage of women aged 15-49 years currently married or in union with met need for family planning for spacing, by background characteristics

Met Need for Family Planning-Limiting



Percentage of women aged 15-49 years currently married or in union with met need for family planning for limiting, by background characteristics

Percentage of Demand for Family Planning Satisfied with Modern Methods - SDG indicator 3.7.1



The proportion of demand for family planning satisfied with modern methods (SDG indicator 3.7.1) is useful in assessing overall levels of coverage for family planning programmes and services. Access to and use of an effective means to prevent pregnancy helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Meeting demand for family planning with modern methods also contributes to maternal and child health by preventing unintended pregnancies and closely spaced pregnancies, which are at higher risk for poor obstetrical outcomes.

Key Messages

- The adolescent birth rate is 75 births per 1,000 women. The adolescent birth rate is 25 times higher for women with no education compared to women with higher education and $8\,$ times higher for women from the poorest households compared to women from the richest households.
- Demand for family planning among married or in-union women is satisfied in 4 out of every 10 women.
- Demand for family planning in married/in-union women is least satisfied in Jigawa State at 10 percent, Borno State at 16 percent and Bayelsa state at 18 percent
 About 22 per cent of women aged 15 to 49 years are using any method of family planning including any modern method of family
- planning.

^{*}Percentage of women age 20-24 years who have had a live birth before age 15

Percentage of Demand for Family Planning Satisfied with Modern Methods - SDG indicator 3.7.1

State Data on Fertility & Family Planning

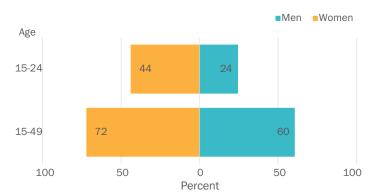
State	Adolescent Birth Rate	Total Fertility Rate	Child bearing before 15*	Child bearing ef u re 18	Contraception Use of modern method among married / in union women	Contraception Use of any method among married / in union women	Demand for family planning satisfied with modern methods among married / in- union women
National	75	4.6	1.4	21.1	18.2	21.7	39.9
Abia	24	4.1	0.0	4.2	22.0	26.1	42.8
Adamawa	64	4.2	1.3	19.2	9.2	9.5	23.4
Akwa Ibom	42	3.6	2.4	12.2	21.3	25.7	39.6
Anambra	16	3.0	3.5	12.7	27.2	42.0	54.2
Bauchi	166	6.5	2.4	52.1	7.7	9.2	21.1
Bayelsa	98	4.2	0.0	20.2	8.0	12.5	17.7
Benue	82	4.3	1.2	15.1	15.6	18.2	38.2
Borno (7 LGAs)	100	(5.9)	3.1	34.6	6.7	7.5	15.7
Cross River	55	3.1	0.2	13.7	26.9	33.1	50.6
Delta	41	4.0	0.0	14.4	18.9	25.6	35.1
Ebonyi	48	3.7	0.0	6.6	27.3	36.2	57.7
Edo	27	3.2	0.0	6.0	24.7	32.1	45.6
Ekiti	35	(3.9)	0.0	7.7	24.1	28.4	41.7
Enugu	32	3.4	0.0	5.6	18.2	20.5	43.3
Gombe	145	5.3	2.3	39.4	7.1	7.7	24.2
Imo	29	3.6	0.0	2.3	19.7	24.2	40.9
Jigawa	156	7.6	3.6	48.5	3.6	7.0	9.5
Kaduna	103	5.7	3.5	24.7	19.1	21.3	36.6
Kano	93	6.4	0.4	23.7	13.7	13.9	37.4
Katsina	142	7.4	4.9	45.3	7.6	8.5	23.3
Kebbi	135	6.6	1.4	34.4	11.0	11.5	38.1
Kogi	42	3.3	1.8	13.0	17.8	23.2	41.3
Kwara	28	3.7	0.1	14.3	33.4	38.7	63.4
Lagos	22	3.2	0.0	1.5	36.6	45.3	61.2
Nasarawa	44	4.5	1.1	22.3	20.0	23.2	40.7
Niger	74	4.6	0.2	18.3	12.6	15.3	33.1
Ogun	39	4.8	0.0	13.4	20.4	22.5	37.0
Ondo	39	3.6	0.0	8.0	22.6	26.5	44.6
Osun	40	3.5	1.3	7.9	26.5	30.4	46.8
Oyo	26	(3.7)	0.6	16.3	33.3	38.6	54.4
Plateau	77	(4.4)	0.5	19.3	23.6	24.7	43.8
Rivers	44	(3.1)	0.8	7.2	18.5	20.6	36.0
Sokoto	104	(5.2)	0.7	33.2	8.5	9.6	30.7
Taraba	89	4.9	4.0	32.3	8.9	9.6	25.4
Yobe	76	6.1	1.1	32.5	17.7	18.1	37.7
Zamfara	133	(5.3)	2.2	45.8	10.0	14.8	27.5
FCT Abuja	46	3.2	1.3	13.8	31.8	34.2	57.6

The objective of this snapshot is to disseminate selected findings from the Nigeria MICS 2015-2016 related to Fertility and Family Planning. Data from this snapshot can be found in tables TM.1.1, TM.2.1, TM.2.2W, TM.2.3W, TM.3.1 and TM.3.3 in the Survey Findings Report

Sexual Behaviour

Sexual Behaviour by Key Characteristics

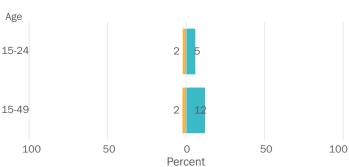
Sexually Active



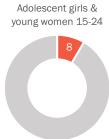
In many settings, sexual behavior can be considered a risk factor for health and social issues. These include reproductive health, HIV and other sexually transmitted infections, and gender equality and empowerment. An understanding of the population's sexual behavior patterns can inform both disease prevention and health promotion programmes.

Young People who had Sex Before Age 15

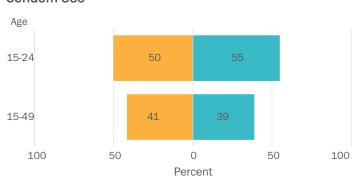
Multiple Partners



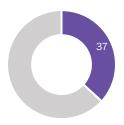




Condom Use



Girls aged 15-19 Years who Report Sex with Partner 10 or more years older



Sexually active: Percent of women and men aged 15-24 and 15-49 who had sexual intercourse within the last 12 months

Multiple partners: Percent of women and men aged 15-24 and 15-49 of those who had sex with more than 1 partner in the last 12 months

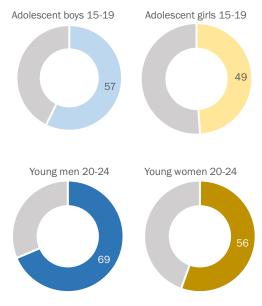
Condom use: Percent of women and men aged 15-24 and 15-49 who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex

Sex before age 15: Percent of women and men aged 15-24 who had sex before age 15

Sex with man 10 years or older: Percent of adolescent girls aged 15-19 years who had sex in the last 12 months who report having had sex with a man 10 or more years older in the last 12 months

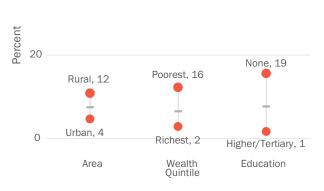
Sexual Behavior by Key Characteristics

Condom Use among Young People



Percentage of adolescents and young people aged 15-24 years who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex

Sex before Age 15 among Adolescent Girls & Young Women 15-24



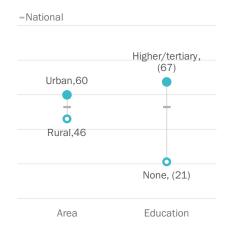
Percent of adolescent girls and young women aged 15-24 years who had sex before age 15

Condom use among Young People

Adolescent boys and young men aged 15-24



Adolescent girls and young women aged 15-24



Percentage of adolescents and young people aged 15-24year who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex

(): Figures are based on 25-49 unweighted

Key Messages

40

- Forty-four per cent of women and 20% of men aged 15-24
- years are sexually active.

 Eight per cent of adolescent girls and women and 3% of adolescent boys and men aged 15-24 years had first sex before they were 15 years old.

 Sex before the age 15 years among adolescent girls and young women aged 15-24 years is more prevalent in rural
- areas (12%) compared to urban areas (4%
- Sex before 15 years is more than eight times prevalent among girls $\,$ and young women from the poorest households (16%) and those with no education (19%) compared to girls and young women from the wealthiest households (2%) and those with secondary
- education or higher (2%). Two out of every five girls aged 15-19 years reported having sex with a partner who was 10 years older or more .

-National

State Data on Sexual Behaviour

Adolescent boys and young men aged 15-24 Adolescent girls and young women aged 15-24

State	Sex before 15	Condom use	Sex before 15	Condom use
National	2.9	64.9	8.4	52.8
Abia	0.8	94.8	13.4	63.1
Adamawa	5.3	14.9	5.4	25.4
Akwa Ibom	7.7	41.2	10.8	52.7
Anambra	22.4	(95.4)	4.4	73.9
Bauchi	0.4	(*)	15.9	(*)
Bayelsa	23.1	40.1	15.3	38.5
Benue	0.0	75.2	9.3	49.3
Borno (7 LGAs)	1.0	(*)	13.1	(*)
Cross River	7.8	65.2	10.8	56.5
Delta	9.0	56.9	7.3	41.0
Ebonyi	0.2	60.4	0.5	70.5
Edo	1.4	85.9	7.7	33.5
Ekiti	1.1	(50.2)	4.5	(75.0)
Enugu	3.8	95.5	5.4	67.4
Gombe	0.0	(*)	9.2	(27.3)
Imo	0.0	(74.7)	3.8	86.0
Jigawa	1.6	(*)	12.4	(*)
Kaduna	0.3	(*)	9.6	(*)
Kano	0.8	(*)	8.3	(*)
Katsina	0.0	(*)	19.1	(*)
Kebbi	1.0	72.7	7.8	(*)
Kogi	0.0	61.7	18.8	55.5
Kwara	3.1	40.7	6.9	62.6
Lagos	2.7	(93.7)	2.1	62.2
Nasarawa	4.1	60.3	8.8	35.4
Niger	0.0	(88.8)	3.6	57.4
Ogun	2.3	(23.3)	3.1	54.1
Ondo	1.6	75.9	4.1	56.4
Osun	3.9	(*)	2.7	(39.1)
Oyo	0.0	(*)	4.3	(35.4)
Plateau	6.4	25.7	4.3	(51.0)
Rivers	10.8	(67.7)	9.0	37.5
Sokoto	0.0	na	8.0	na
Taraba	0.4	44.4	15.5	34.4
Yobe	0.3	(*)	4.2	(*)
Zamfara	0.0	(*)	14.5	(*)
FCT Abuja	1.0	(82.6)	3.2	82.2

The objective of this snapshot is to disseminate selected findings from the Nigeria MICS 2021 related to HIV & Sexual Behaviour. Data from this snapshot can be found in tables TM.10.1M, TM.10.1W, TM.10.2M, TM.10.2W, TM.11.1M, TM.11.1W, TM.11.3M, TM.11.3W, TM.11.4M, TM.11.4W, TM.11.5, TM.11.6M and TM.11.6W in the Survey Findings Report.

Thrive - Child health, nutrition and development

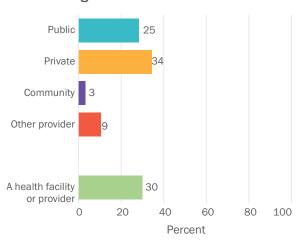


Child health & care of illness Immunization Infant and Young Child Feeding (IYCF) ECD

Child Health & Care of Illness

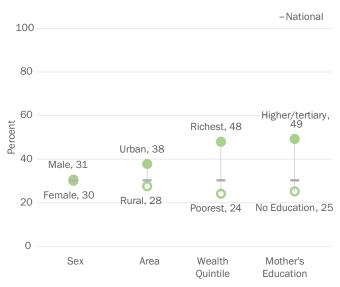
Diarrhoea

Care-seeking for Diarrhoea



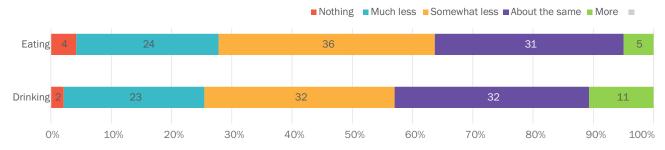
Percentage of children aged 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought by source of provider

Disparities in Care-seeking for Diarrhoea

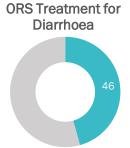


Percentage of children aged 0-59 months with diarrhoea in the last two weeks for whom advice or treatment was sought at a health facility or provider

Feeding during Diarrhoea



Percent distribution of children aged 0-59 months with diarrhoea in the last two weeks by amount of liquids and food given during episode of diarrhoea



Percentage of children aged 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS)

ORS + Zinc Treatment for Diarrhoea



Percentage of children aged 0-59 months with diarrhoea in the last two weeks treated with oral rehydration salt solution (ORS) and zinc

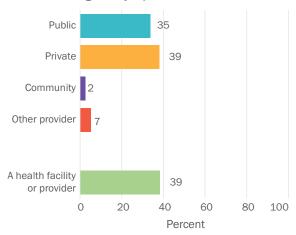
ORT + Continued Feeding for Diarrhoea



Percentage of children aged 0-59 months with diarrhoea in the last two weeks who were given oral rehydration therapy (ORT) with continued feeding

Symptoms of Acute Respiratory Infection (ARI)

Care-seeking for Symptoms of ARI



Percentage of children aged 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought, by source of advice or treatment

Disparities in Care-seeking for Symptoms of ARI



Percentage of children aged 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought at a health facility or provider

Data for Higher/ tertiary Secondary are based on 25-49 unweighted cases.

State Data on Care-seeking for Childhood Illness

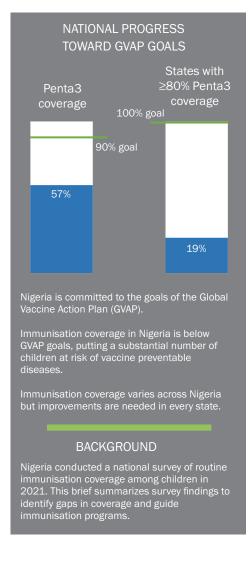
States	Care-Seeking at a health facility or provider for:				
States	Diarrhoea	Fever	Symptoms of ARI		
National	30.4	62.8	39.4		
Abia	60.8	73.9	(*)		
Adamawa	47.2	64.7	(*)		
Akwa Ibom	(18.3)	77.5	(*)		
Anambra	(*)	52.7	(*)		
Bauchi	26.8	69.6	(28.9)		
Bayelsa	(1.5)	54.3	(*)		
Benue	(17.8)	79.2	(*)		
Borno (7 LGAs)	28.1	60.6	38.2		
Cross River	(17.1)	60.9	(*)		
Delta	(31.3)	73.3	(*)		
Ebonyi	(95.2)	61.1	(*)		
Edo	(45.1)	68.0	(*)		
Ekiti	(*)	(65.6)	(*)		
Enugu	(49.0)	91.7	(*)		
Gombe	46.8	56.6	(*)		
Imo	(*)	57.4	(*)		
Jigawa	28.4	63.2	(*)		
Kaduna	24.3	64.0	(*)		
Kano	22.4	66.2	(25.1)		
Katsina	28.7	52.2	45.6		
Kebbi	19.8	54.3	(*)		
Kogi	(*)	(60.3)	(*)		
Kwara	(27.4)	68.9	(*)		
Lagos	(*)	(71.4)	(*)		
Nasarawa	31.1	65.4	(*)		
Niger	43.6	65.9	(*)		
Ogun	(21.6)	44.5	(*)		
Ondo	(*)	(63.9)	(*)		
Osun	(39.2)	(71.6)	(*)		
Oyo	(*)	(52.8)	(*)		
Plateau	36.0	74.4	(*)		
Rivers	(*)	66.6	(*)		
Sokoto	27.3	39.9	(*)		
Taraba	23.6	71.2	(*)		
Yobe	52.7	68.0	71.9		
Zamfara	27.1	43.4	24.9		
FCT	(36.1)	(88.8)	(*)		

Key Messages

- months with diarrhoea, received advice or treatment from a health facility or a provider.
- The percentage of children aged 0-59 months with diarrhoea for whom advice or treatment was sought from a health facility or provider is 2 times higher in the richest wealth quintile than in the poorest wealth quintile, and similarly for the mothers of tertiary/ higher education and
- Forty-six per cent of children aged 0-59 months with diarrhoea, were treated with only Oral Rehydration Salt Solution (ORS), while 26% of them were treated with both the Oral Rehydration Salt Solution (ORS) and Zinc.
 One out of every three children aged 0-59 months with diarrhoea, was given Oral Rehydration Therapy (ORT) with continued feeding
- Two out of every five children aged 0-59 months with symptoms of ARI received advice

The objective of this snapshot is to disseminate selected findings from the Nigeria MICS 2021 related to Child Health & Care of Illness. Data from this snapshot can be found in tables TC.3.1., TC.3.2, TC.3.3, TC.3.4, TC.5.1, TC.6.1, TC.6.10, and TC.6.12 in the Survey Findings Report.

National Immunisation Coverage Survey (NICS): National Brief



Routine Immunisation in Nigeria



57% of children received all three doses of pentavalent vaccine



21% of children

who received Penta1 did not receive Penta3



Only 56% of children

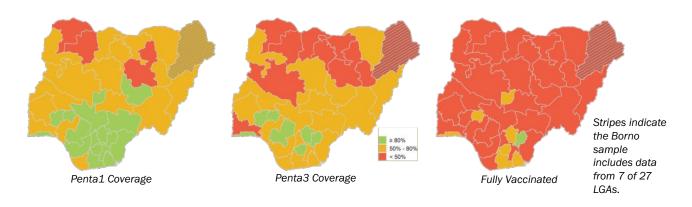
had a child health card available at the time of the survey

National Immunisation Coverage Indicators

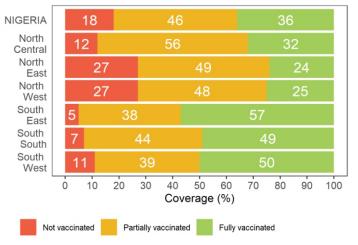
Among children 12-23 months of age	Nigeria % [95% CI]	Africa ³ %
First dose of pentavalent vaccine (Penta1) ¹	70 [68,72]	79
Third dose of pentavalent vaccine (Penta3)1	57 [54,59]	72
Dropout between Penta1 and Penta3 dose2	21	9
First dose of measles vaccine (MCV1)	60 [58,63]	68
Availability of child health card	56 [54,58]	-

¹ Crude coverage based on child health cards and caregiver recall. Values are weighted percentages (%) with two-sided 95% survey-adjusted Wilson confidence intervals. ² Dropout is the unweighted percentage of children who received Penta1 but did not complete the three-dose penta series. ³ 2020 WHO/UNICEF Estimates of National Immunisation Coverage (WUENIC) for the WHO African region, updated 4 October 2021.

Immunisation Coverage across Nigeria



Completeness of Routine Immunisation



NOTE: Fully vaccinated means the child received all 1YL antigens: BCG, OPVO, HepBO, OPV1-3, IPV, Penta1-3, PCV1-3, YF, Meningitis A & MCV1

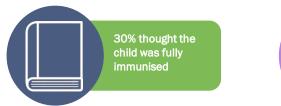
Key Findings

The benefits of vaccines are fully realized when children receive all recommended vaccine doses in a timely manner

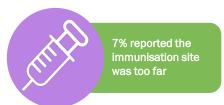
Only 36% of children age 12-23 months received all recommended vaccines in Nigeria.

Substantially more children are fully vaccinated in the southern zones compared to northern zones.

Reasons Children are not Fully Vaccinated



51% Lack of knowledge or information



19% Service delivery issues



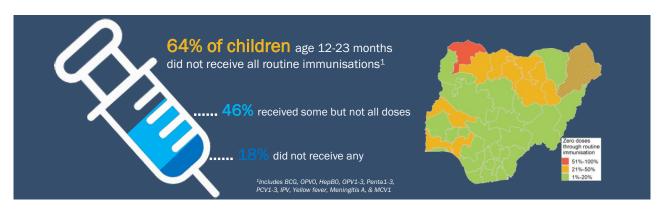
24% Lack of time or other family issues



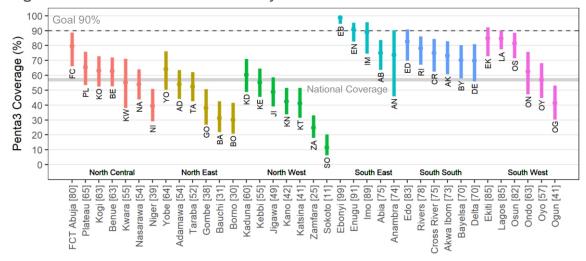
26% Mistrust or fears

NOTE: Respondents could identify more than one reason for incomplete immunisation. Data are summarized here for children age 24-35 months.

Gaps in Routine Immunisation

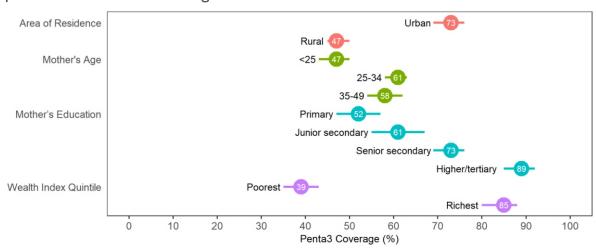


Coverage of 3rd Dose of Pentavalent Vaccine by State



NOTE: Crude coverage of the third dose of pentavalent vaccine by state. Points show the coverage estimate and vertical bars show the 95% confidence interval. Coverage estimates are shown in brackets next to each state name on the horizontal axis. The national average is 57% [95% CI: 54, 59].

Disparities in Immunisation Coverage



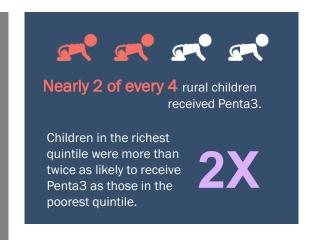
NOTE: Penta3 crude coverage (%) for each group is represented by a circle showing the point estimate and horizontal bars showing the 95% confidence interval. Estimates for the lowest and highest wealth index quintiles are shown. Estimates are not shown for children with caregivers 50+ years old or caregivers with no formal education due to small sample sizes.

Key Findings

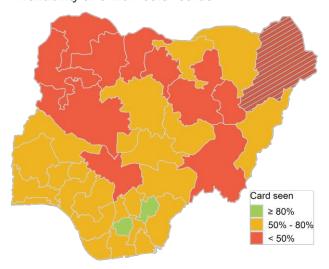
Immunisation coverage varies dramatically across Nigeria and improvements are needed in nearly every state. Two states (Ebonyi and Enugu) have estimated Penta3 coverage above the 90% goal.

Penta3 coverage is notably higher in the southern zones than in the north.

Children are significantly less likely to have received 3 doses of pentavalent vaccine if they are from poor families or rural families or if the child's mother is younger than 25 years of age or has a low level of education.



Availability of Child Health Cards



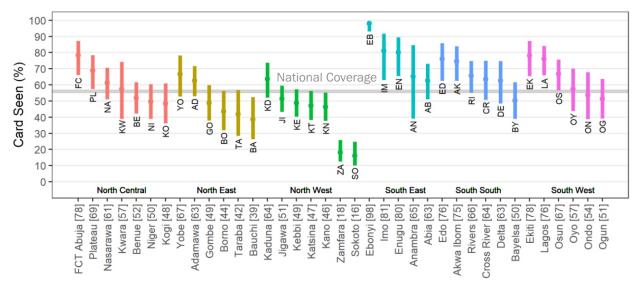
Key Findings

Child health cards are important health records and are critical for evaluating whether children have been immunised.

In the NICS 2021 survey, only 56% of children showed a child health card.

Availability of child health cards varied across states, with a high of 98% in Ebonyi and a low of 16% in Sokoto. States with low immunisation coverage also tended to have low card availability.

Availability of Child Health Cards by State



NOTE: Weighted percentage of children who showed a child health card at the time of the survey. Vertical bars show the 95% confidence interval. The national average is 56% [95% CI: 54, 58].

About the Survey

What is NICS?

A household survey conducted in 2021 to assess the percentage of children age 12-23 months who received the vaccines that are scheduled to be given in the first year of life. Children in this survey should have received their vaccines between September 2019 and December 2021. Interviews were conducted September - December 2021.

In total, 5,582 children were enrolled from 1,779 survey clusters across Nigeria's 36 states and FCT Abuja.

Who conducted the survey?

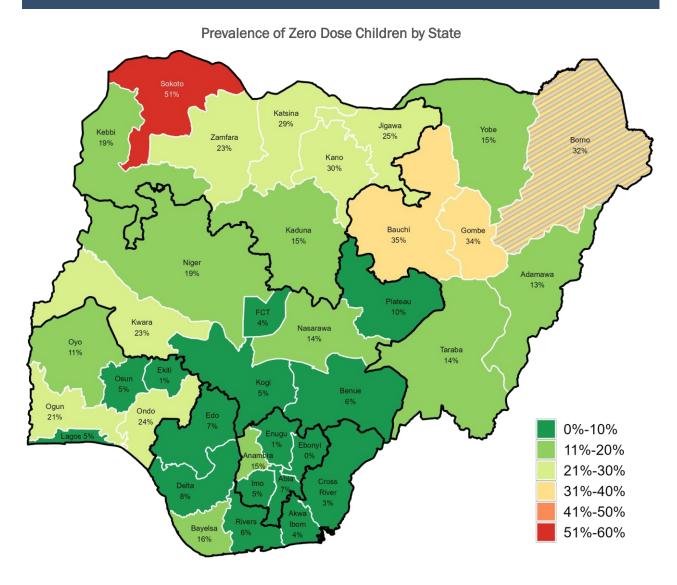
The survey was commissioned by the National Primary Healthcare Development Agency (NPHCDA) and conducted by the National Bureau of Statistics (NBS) under guidance from UNICEF as part of the 2021 MICS survey. Experienced field workers, primarily women, were selected from each state to facilitate clear communication with mothers of young children.

NOTE: These briefing pages follow the design used for the 2016-17 MICS-NICS survey, which was created by a group chaired at the International Vaccine Access Center: www.jhsph.edu/ivac/

					Per	cent	of chil	dren	age 1	L2-23	mon	nths w	ho re	eceiv	red:					-
					Polio			Penta			PCV		_						Card	Children age 12-
	BCG	НерВ0	OPV0	1	2	3	1	2	3	1	2	3	IPV	YF	MENA	MCV1	Full ¹	None		23 mo. ²
NIGERIA	74	67	70	78	68	56	70	65	57	69	63	55	62	59	55	60	36	18	56	5,652
North Central	80	72	75	82	70	56	75	68	57	73	65	54	67	64	57	66	32	12	57	861
Benue	82	69	70	89	80	61	81	75	63	79	71	56	70	68	61	68	22	6	52	211
FCT Abuja	95	90	92	94	84	76	90	87	80	91	87	80	91	85	76	90	61	4	78	69
Kogi	92	89	87	88	67	57	86	74	63	85	72	62	78	73	68	72	34	5	48	91
Kwara	72	66	71	73	63	54	66	64	55	64	61	53	61	62	59	64	45	23	57	80
Nasarawa	79	71	76	75	65	48	72	65	54	71	63	51	61	57	50	57	28	14	61	70
Niger	67	58	64	76	61	47	62	50	39	58	50	40	53	49	42	55	24	19	50	218
Plateau	88	82	87	83	73	58	80	78	65	79	69	61	72	70	63	70	41	10	69	123
North East	64	59	61	68	56	44	59	52	42	57	50	41	49	45	40	46	24	27	49	878
Adamawa	84	82	82	78	63	50	75	67	54	75	67	54	62	59	54	61	32	13	63	113
Bauchi	49	44	45	61	52	40	42	38	31	42	38	31	34	32	26	31	17	35	39	253
Borno (7 LGAs)	65	58	59	59	40	31	58	45	30	54	38	31	43	30	27	39	14	32	44	180
Gombe	59	55	52	60	52	40	54	51	38	52	47	37	39	35	31	37	22	34	49	121
Taraba	71	65	72	81	69	51	71	65	52	71	62	50	66	64	61	65	27	14	42	82
Yobe	75	70	78	84	75	63	74	71	64	72	68	63	70	73	68	71	49	15	67	130
North West	60	52	57	68	60	49	56	49	43	55	47	42	47	44	42	47	25	27	45	1,850
Jigawa	63	60	66	72	64	52	61	56	49	61	55	48	52	55	53	56	37	25	51	239
Kaduna	78	70	72	82	71	61	73	67	60	72	65	59	62	54	52	57	34	15	64	267
Kano	60	52	55	61	54	45	55	47	42	54	47	40	45	37	38	40	23	30	46	473
Katsina	57	50	50	67	63	55	53	47	41	52	44	39	38	40	30	44	18	29	47	368
Kebbi	64	62	68	78	76	61	60	58	55	60	57	54	59	62	63	63	42	19	49	193
Sokoto	34	23	29	45	31	21	29	18	11	22	14	10	27	17	19	19	6	51	16	141
Zamfara	51	25	59	71	57	35	45	35	25	46	36	27	48	46	41	46	10	23	18	169
South East	94	91	91	93	87	77	93	91	86	93	90	84	87	79	75	79	57	5	79	460
Abia	90	87	86	87	76	59	88	86	75	89	85	67	82	76	72	75	40	7	63	86
Anambra	84	83	77	83	73	64	83	75	74	83	75	74	71	68	54	67	34	15	65	81
Ebonyi	99	98	98	99	99	98	99	99	99	99	99	99	98	92	92	92	89	0	98	109
Enugu	99	97	97	99	93	78	99	97	91	99	96	91	91	78	78	80	55	1	80	86
Imo	95	91	92	93	88	81	94	93	89	93	91	85	91	75	74	75	58	5	81	97
South South	88	80	81	91	84	68	87	84	75	86	82	74	81	78	71	77	49	7	67	634
Akwa Ibom	86	74	76	94	87	74	86	82	73	84	82	70	79	75	68	72	53	4	75	125
Bayelsa	79	72	72	79	71	53	77	76	70	77	75	66	69	65	60	66	31	16	50	51
Cross River	93	82	82	94	92	74	93	92	75	93	92	73	82	80	71	80	41	3	64	78
Delta	83	75	79	88	78	62	81	75	70	79	73	69	73	71	69	73	48	8	63	118
Edo	92	91	92	93	85	72	92	91	83	90	85	77	86	80	70	80	49	7	76	88
Rivers	90	83	83	92	86	67	90	87	78	89	85	79	89	85	80	85	56	6	66	173
South West	86	81	82	86	75	63	83	78	69	82	75	66	75	74	71	74	50	11	65	969
Ekiti	99	92	93	99	89	76	95	94	85	96	90	83	90	94	83	94	62	1	78	81
Lagos	94	91	94	93	85	78	92	90	85	92	89	80	88	86	86	86	66	5	76	335
Ogun	72	61	66	77	57	43	67	58	41	65	57	40	57	50	48	56	30	21	51	175
Ondo	75	72	70	75	67	58	73	68	63	72		61	67	69	69	66	49	24	54	121
Osun	93	87	91	92	86	65	91	88	82	91	83	69	80	82	75	80	47	5	67	100
Oyo	83	79	73	82	65	50	76	64	57	75	63	57	63	62	56	61	34	11	57	158

¹BCG, OPVO, HepBO, OPV1-3, Penta1-3, PCV1 -3, IPV, Yellow fever, Meningitis A, & MCV1. ²Weighted N.

NATIONAL IMMUNISATION COVERAGE SURVEY (NICS): Zero Dose Brief



National Estimate: 18% [95% CI: 16, 19]

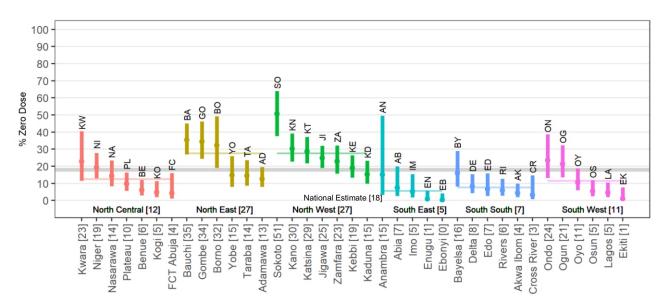
FCT: Federal Capital Territory Abuja

Stripes indicate the Borno sample includes data from 7 of 27 local government areas (LGAs)

Zero dose means the child did not receive any of the following doses according to either their home-based vaccination record (card) or for those without cards, according to caregiver recall: BCG, OPV0, HepB0, OPV1-3, Penta1-3, PCV1-3, IPV, YF, MENA, MCV1

This handout explores the prevalence of zero dose children aged 12 -23 months at the national, zone, and state levels. Prevalence across different demographic groups – urban vs. rural, maternal age, maternal education, and household wealth – is also explored at the national and zone levels.

Prevalence of Zero Dose by State with 95% Confidence Interval



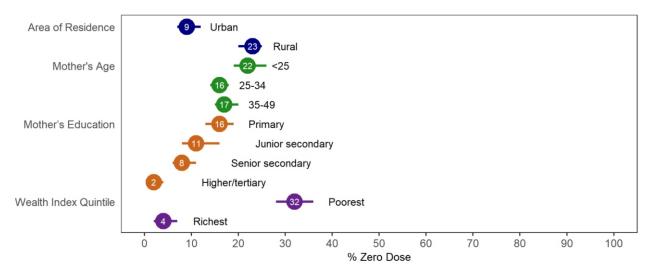
NOTE: Zero dose children by state. Points show the estimate and vertical bars show the 95% confidence interval. Estimates (in %) are shown in brackets next to each state name on the horizontal axis. Colored horizontal bars show the point estimate for each zone; these estimates are also shown in brackets next to each zone name. The national average is 18%.

Six Geopolitical Zones



Zone	Zero Dose Estimate (%)	95% CI (%)
North Central	12	[9,15]
North East	27	[22,32]
North West	27	[24,30]
South East	5	[2,13]
South South	7	[5,9]
South West	11	[8,14]

Demographic Disparities in Nigeria



NOTE: % zero dose for each group is represented by a circle showing the point estimate and horizontal bars showing the 95% confidence interval. Estimates for the lowest and highest wealth index quintiles are shown. Estimates are not shown for children with caregivers 50+ years old or caregivers with no formal education due to small sample sizes.

In the graph above and on the following pages, when confidence intervals for two categories do not overlap, the difference between the zero dose proportions for the groups can be said to be statistically significant (α = 5%). Differences may be statistically significant even when confidence intervals do overlap slightly, but a formal hypothesis test would be required to make that determination.

Key Findings

In Nigeria as a whole:

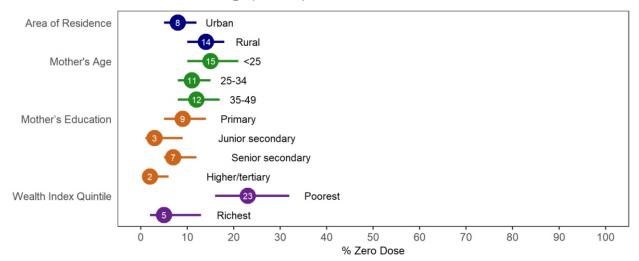
- Zero dose children are significantly more likely to be from rural households.
- Children with mothers under the age of 25 are significantly more likely to be zero dose than children with mothers who are 25-34 years old.
- Zero dose prevalence decreases as maternal education increases, with statistically significant differences between: (a) higher/tertiary education vs. lower education levels, and (b) senior secondary education vs. primary education.
- Children from households in the poorest wealth quintile are significantly more likely to be zero dose than those in households in the richest wealth quintile.

In 3 of 6 zones there are significant differences in zero dose prevalence between urban and rural households, with rural children more likely to be zero dose.

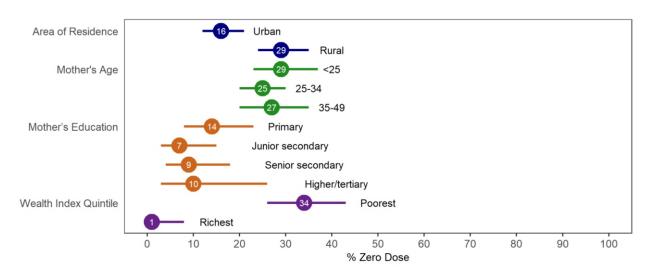
In 4 of 6 zones there are significant differences across one or more categories of maternal education, with less educated mothers likely to have zero dose children.

In 5 of 6 zones there are significant differences between the poorest and richest wealth quintiles, with poorer households more likely to have zero dose children.

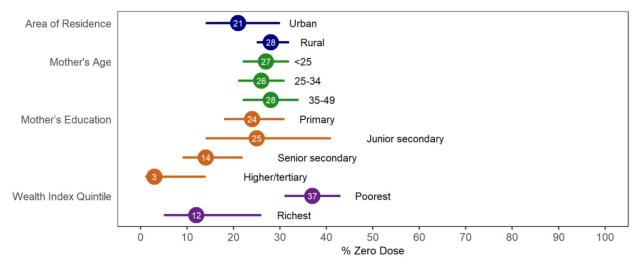
Demographic Disparities in North Central



Demographic Disparities in North East

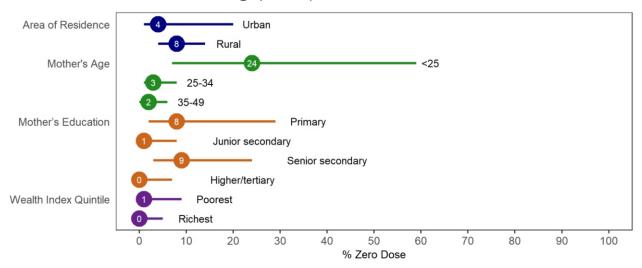


Demographic Disparities in North West

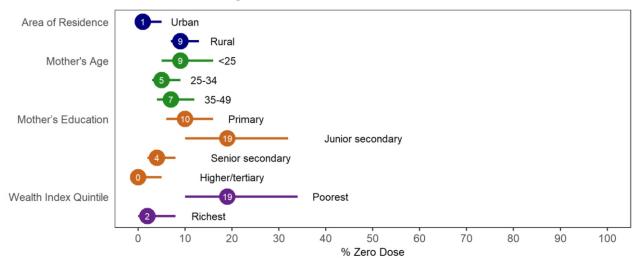


NOTE: % zero dose for each group is represented by a circle showing the point estimate and horizontal bars showing the 95% confidence interval. Estimates for the lowest and highest wealth index quintiles are shown. Estimates are not shown for children with caregivers 50+ years old or caregivers with no formal education due to small sample sizes.

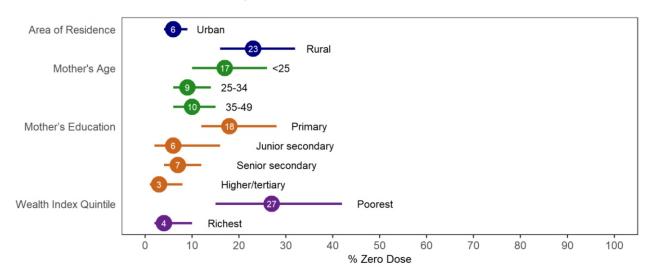
Demographic Disparities in South East



Demographic Disparities in South South



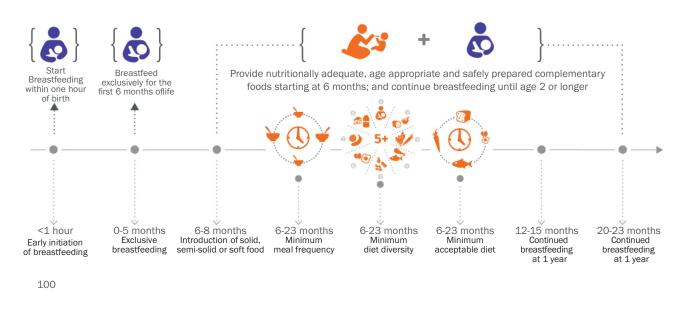
Demographic Disparities in South West

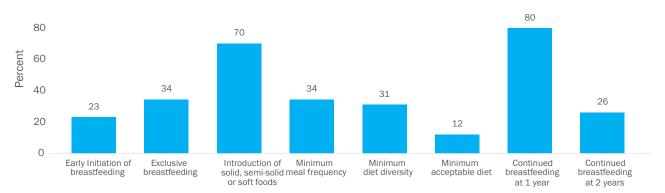


NOTE: % zero dose for each group is represented by a circle showing the point estimate and horizontal bars showing the 95% confidence interval. Estimates for the lowest and highest wealth index quintiles are shown. Estimates are not shown for children with caregivers 50+ years old or caregivers with no formal education due to small sample sizes.

Infant & Young Child Feeding (IYCF)

Infant & Young Child Feeding





Early initiation: percentage of newborns put to breast within 1 hour of birth; Exclusive breastfeeding: percentage of infants aged 0-5months receiving only breastmilk; Introduction to solids: percentage of infants aged 6-8 months receiving solid or semi-solid food; Minimum diet diversity: percentage of children aged 6-23 months receiving 5 of the 8 recommended food groups; Minimum meal frequency: percentage of children aged 6-23 months receiving the recommended minimum number of solid/liquid feeds as per the age of child; Minimum acceptable diet: percentage of children aged 6-23 months receiving the minimum diversity of foods and minimum number of feeds; Continued breastfeeding at 1 year: percentage of children aged 12-15 months who continue to receive breastmilk; Continued breastfeeding at 2 years: percentage of children aged 20-23 months who continue to receive breastmilk.

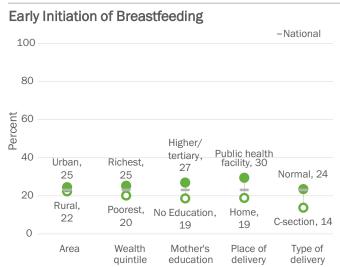
- Two out of every ten newborn children (23%) are breastfed
- whose mothers have tertiary/ higher education (27%) than
- those whose mothers have no education (19%). Early initiation of breastfeeding is higher among children delivered in a health facility (30%) than those delivered at
- Eight out of every ten children aged 12-15 months (80%) continued to receive breastmilk at 1 year while about three out of every ten of those aged 20-23 (26%) continued to receive breastmilk at 2 years. One out of every three children aged 6-23 months (34%) receives
- the recommended minimum number of solid/liquid feeds as per the age of child (minimum food frequency).

 The percentage of children aged 6-23 months receiving 5 of the 8 recommended food groups (minimum dietary diversity) is more in urban areas (43%) than in rural areas (24%).

IYCF: Equity

semi-solid and soft

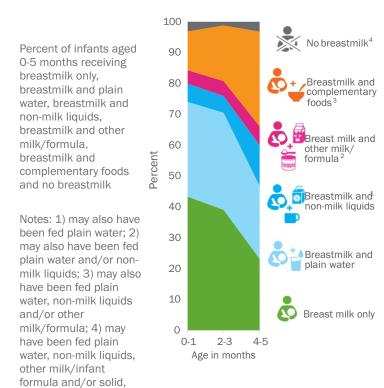
foods.

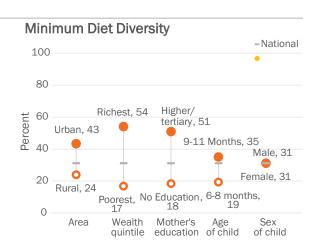


Percent of newborns put to the breast within one hour of birth, by background characteristics

IYCF: What are the Youngest Infants Fed?

Liquids or foods consumed by infants 0-5 months old





Percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups, by background characteristics

State Data

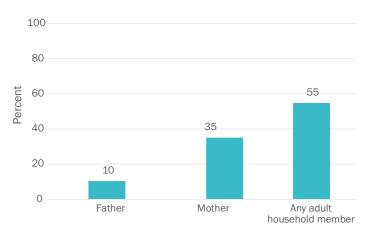
State	Early Initiation of breastfeeding	Minimum Diet Diversity			
National	23.1	31.1			
Abia	25.9	54.1			
Adamawa	21.1	32.9			
Akwa Ibom	31.2	38.8			
Anambra	20.8	45.6			
Bauchi	12.3	17.0			
Bayelsa	36.0	21.8			
Benue	47.4	28.8			
Borno (7 LGAs)	53.6	12.4			
Cross River	23.8	23.7			
Delta	24.4	39.7			
Ebonyi	33.6	63.1			
Edo	45.0	50.8			
Ekiti	24.1	38.6			
Enugu	11.3	62.6			
Gombe	23.5	22.5			
Imo	6.7	61.0			
Jigawa	7.8	13.4			
Kaduna	13.0	28.4			
Kano	9.1	15.7			
Katsina	27.0	23.4			
Kebbi	8.9	21.0			
Kogi	46.3	37.6			
Kwara	42.6	37.8			
Lagos	14.1	58.8			
Nasarawa	22.9	20.5			
Niger	12.7	27.4			
Ogun	9.4	25.1			
Ondo	36.5	20.1			
Osun	74.5	50.4			
Oyo	40.8	29.0			
Plateau	36.4	22.7			
Rivers	12.1	44.0			
Sokoto	10.3	29.9			
Taraba	12.7	51.1			
Yobe	31.4	32.9			
Zamfara	46.2	18.9			
FCT Abuja	20.7	34.7			

The objective of this snapshot is to disseminate selected findings from the Country MICS 2014 related to Infant & Young Child Feeding (IYCF). Data from this snapshot can be found in tables TC.7.1, TC.7.3, TC.7.5, TC.7.6 and TC.7.7 in the Survey Findings Report.

Early Childhood Development (ECD)

Early Stimulation and Early Childhood Education

Early Stimulation & Responsive Care



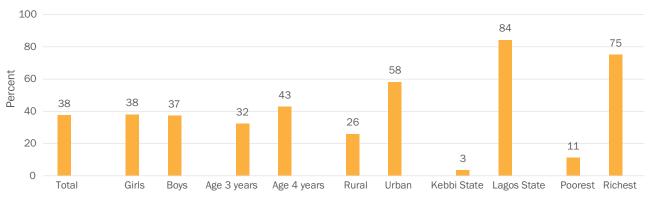
Percentage of children aged 2-4 years with whom the father, mother or adult household members engaged in activities that provide early stimulation and responsive care during the last three days

Note: Activities include: reading books to or looking at picture books with the child; telling stories to the child; singing songs to or with the child; taking the child outside the home; playing with the child; naming, counting or drawing things for or with the child.

Early childhood, which spans the period up to 8 years of age, is critical for cognitive, social, emotional, and physical development. During these years, a child's newly developing brain is highly plastic and responsive to change. Optimal early childhood development requires a stimulating and nurturing environment, access to books and learning materials, interactions with responsive and attentive caregivers, adequate nutrients, access to good quality early childhood education, and safety and protection. All these aspects of the environment contribute to developmental outcomes for children.

A broad range of factors can prevent children from reaching their full developmental potential. These risks are often interrelated and include poverty, poor health, exposure to violence and high stress levels, inadequate care and limited learning opportunities. Timely and effective interventions can prevent these risks and address the barriers disproportionally affecting children living in the most vulnerable contexts. Investments during the early years are one of the most cost-effective ways countries can reduce inequalities among children and promote the best start in life for all.

Attendance to Early Childhood Education Programmes



Percentage of children aged 3-4 years attending an early childhood education programme, by background characteristics

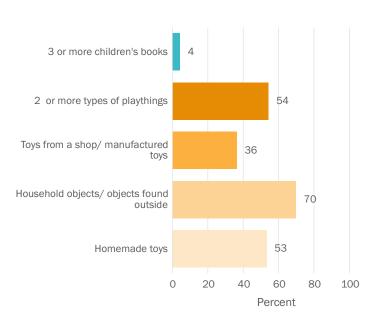
- Mothers engage more with their children aged 2-4 year in
- (35%) than fathers (10%).

 Thirty-eight per cent of children aged 3-4 years are attending early childhood education programmes.

 ECD attendance is twenty-one times more in Lagos State (84%) than in Kebbi State (3%).
- Attendance to early childhood programmes by children aged
- 3-4 years in urban areas (58%) is about two times higher than that of the rural areas (26%), and about seven times higher for children in richest households (75%) than those in poorest households (11%). Percentage of children under age five left alone or under the supervision of another child younger than 10 years of age for more than one hour at least once in the last week is highest in Anambra State (64%) and lowest in Lagos State (23%).

Access to Books and Playthings, and Child Supervision

Toys and children's books



Percentage of children under age five according to the number of children's books available in their homes, and their access to different types of playthings and toys.

Inadequate supervision of children

State	Receive inadequate supervision
National	43.5
Abia	46.8
Adamawa	35.0
Akwa Ibom	46.8
Anambra	63.6
Bauchi	39.3
Bayelsa	49.1
Benue	54.3
Borno (7 LGAs)	
Cross River	59.2
Delta	37.3
Ebonyi	30.4
Edo	45.9
Ekiti	43.9
	46.9
Enugu	
Gombe	34.6 44.9
Imo	62.2
Jigawa	
Kaduna	30.1
Kano	38.8
Katsina	47.0
Kebbi	48.4 43.4
Kogi	
Kwara	50.6
Lagos	22.5
Nasarawa	52.9
Niger	54.8
Ogun	37.3
Ondo	26.7
Osun	31.9
Oyo	33.6
Plateau	51.7
Rivers	55.3
Sokoto	37.3
Taraba	51.4
Yobe	52.0
Zamfara	59.9
FCT	29.4

Percentage of children under age five left alone or under the supervision of another child younger than 10 years of age for more than one hour at least once in the last week, by state

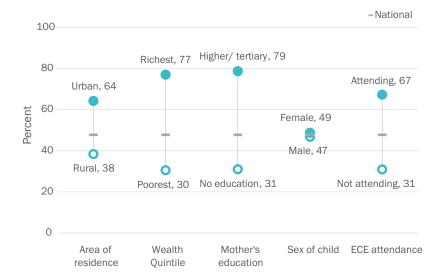
Early Childhood Development Index 2030 (ECDI2030)

The ECDI2030 captures the achievement of key developmental milestones by children between the ages of 24 and 59 months.

The measure includes 20 questions about the way children behave in certain everyday situations, and the skills and knowledge they have acquired, reflecting the increasing difficulty of the skills children acquire as they grow. The 20 items are organized according to the three general domains of health, learning and psychosocial wellbeing. A child is considered to be developmentally on track if they have achieved the minimum number of milestones expected for their age group.

The data generated by the ECDI2030 can be used for monitoring and reporting on SDG indicator 4.2.1, and to inform government efforts to improve developmental outcomes among young children.

https://data.unicef.org/resources/early-childhood-development-index-2030-ecdi2030/



Percentage of children aged 2-4 years who have achieved the minimum number of milestones expected for their age group, by background characteristics

ECE = Early childhood education. Children aged 2 are excluded, as early childhood education attendance is only collected for age 3-4 years.

The objective of this snapshot is to disseminate selected findings from the Nigeria MICS 2021 related to Early Childhood Development (ECD). Data from this snapshot can be found in tables TC.10.1, LN.1.1, TC.10.2, TC.10.3 and TC.11.1 in the Survey Findings Report

Learn

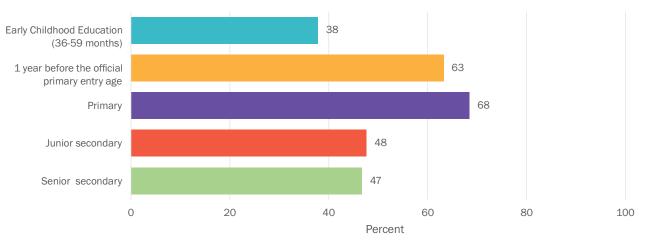


Education Early grade learning parental involvement

Education

Attendance Rates & Inequalities

School Net Attendance Rates (adjusted)



Percentage of children of intended age for level of education attending level of education for age or higher, by level of education

Inequalities in Attendance in Early Childhood Education & Participation in Organized Learning

Early Childhood Education Attendance Rate (age 3-4)



Percentage of children aged 36-59 months who are attending early childhood education

Participation Rate in Organized Learning (1 Year Before the Official Primary Entry Age): SDG 4.2.2



Percentage of children aged one year younger than the official primary school entry age at the beginning of the school year who are attending an early childhood education programme or primary school (adjusted net attendance rate)

Inequalities in Attendance Rates

Primary School Net Attendance Rate (adjusted)



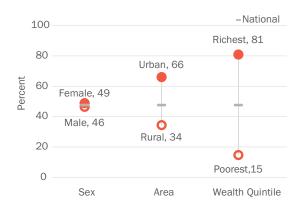
Percentage of children of primary school age (as of the beginning of school year) who are attending primary, lower or upper secondary school

Upper Secondary School Net Attendance Rate (adjusted)



Percentage of children of upper secondary school age (as of the beginning of school year) who are attending upper secondary school or higher

Lower Secondary School Net Attendance Rate (adjusted)



Percentage of children of lower secondary school age (as of the beginning of school year) who are attending lower secondary school or higher

- About seven out of every ten children (68%) of intended age for primary education are attending primary school or higher, while about five out of every ten children (47%) of intended age for senior secondary education are attending senior secondary school or higher.

 A little over six out of every ten children (63%) aged one year younger than the official primary school entry age at the beginning of the school year are attending an early

- childhood education programme or primary school. Seventy-five per cent of children aged 36-59 months in the richest wealth quintile attend early childhood education while only 11% of those in the lowest wealth quintile attend.
- Primary school net attendance rate is more than two times higher among children in the richest wealth quintile (88%) than those in the poorest wealth quintile (39%).

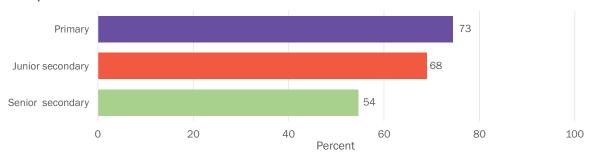
Education

State Data for Net Attendance Rates (adjusted)

State	Early Childhood Education (age 3-4)	Participation rate in organized learning (age) 5	Primary (age 6-11)	Junior Secondary (age 12-14)	Senior Secondary (age 15-17)
National	37.8	63.2	68.4	47.6	46.7
Abia	79.7	90.5	88.3	72.0	73.9
Adamawa	23.5	64.5	65.8	44.4	36.3
Akwa Ibom	72.3	94.3	85.5	64.5	62.1
Anambra	69.0	90.3	75.7	74.7	63.3
Bauchi	5.6	23.7	38.2	14.3	11.5
Bayelsa	41.2	95.2	86.4	71.1	60.9
Benue	36.3	73.4	75.7	43.7	38.4
Borno (7 LGAs)	10.1	36.6	45.5	26.1	27.1
Cross River	59.0	91.8	85.9	71.0	71.5
Delta	77.5	92.0	82.6	65.6	61.1
Ebonyi	62.7	83.6	83.7	61.8	74.5
Edo	63.9	86.5	87.5	69.0	69.9
Ekiti	64.8	92.3	84.5	75.9	72.8
Enugu	80.5	90.2	86.3	70.8	63.8
Gombe	13.3	34.6	43.6	24.6	32.0
Imo	72.0	72.5	85.7	76.0	71.5
Jigawa	16.4	46.1	53.5	21.9	13.6
Kaduna	31.8	70.2	77.0	39.4	40.3
Kano	13.6	43.7	63.5	39.2	38.7
Katsina	9.7	42.2	64.0	28.8	33.3
Kebbi	3.5	20.8	34.0	19.6	22.0
Kogi	57.0	86.8	85.3	54.4	53.4
Kwara	46.9	67.0	72.2	56.3	50.1
Lagos	84.3	93.4	92.9	86.4	75.5
Nasarawa	33.4	64.3	64.7	43.9	35.9
Niger	16.5	42.9	55.7	30.3	40.9
Ogun	60.1	88.1	79.3	59.0	55.1
Ondo	71.6	90.7	85.1	69.9	67.3
Osun	77.1	84.1	71.6	53.7	58.3
Oyo	73.8	77.8	80.7	62.3	61.2
Plateau	37.4	75.4	78.1	52.6	42.9
Rivers	72.5	94.9	87.5	77.4	69.9
Sokoto	5.9	28.1	44.2	14.1	15.3
Taraba	21.1	59.0	64.0	35.6	31.9
Yobe	5.3	31.1	41.4	25.7	21.8
Zamfara	3.8	20.7	37.5	18.5	23.5
FCT	62.0	79.6	86.9	67.1	61.5

Education

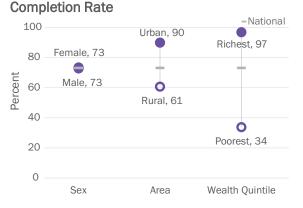
Completion Rates: SDG 4.1.2



Percentage of children aged 3 to 5 years above the intended age for the last grade who have completed that grade, by level of education

Inequalities in Completion Rates

Primary School



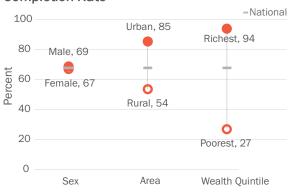
Percentage of children aged 3 to 5 years above the intended age for the last grade of primary school who have completed primary education

Senior Secondary School Completion Rate



Percentage of children or youth aged 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education

Junior Secondary School Completion Rate



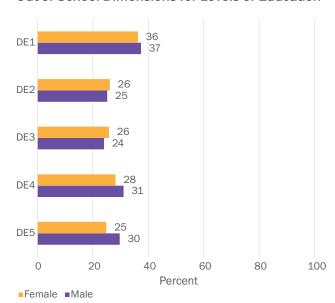
Percentage of children aged 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education

State Data in Completion Rates

State	Primary (age 6-11)	Lower Secondary (age 12-14)	Upper Secondary (age 15-17)
National	73	(age 12-14)	(age 13-17)
Abia	94	93	76
Adamawa	73	59	47
Akwa Ibom	94	84	67
Anambra	99	94	90
Bauchi	30	25	17
	86	86	75
Bayelsa Benue	74	70	45
	51	48	37
Borno (7 LGAs) Cross River	93	82	60
	92	88	69
Delta			
Ebonyi Edo	96 90	92 86	87 78
Ekiti	95	91	71
	95	88	73
Enugu			
Gombe	50	49	37
Imo	98	89	83
Jigawa	38	31	19
Kaduna	71	60	49
Kano	69	64	49
Katsina	63	47	32
Kebbi	40	32	24
Kogi	84	78	63
Kwara	81	71	66
Lagos	98	89	85
Nasarawa	69	62	47
Niger	59	59	50
Ogun	86	80	62
Ondo	91	87	73
Osun	92	84	72
Oyo	91	82	64
Plateau	79	70	51
Rivers	96	93	76
Sokoto	36	33	22
Taraba	63	58	38
Yobe	40	40	31
Zamfara	45	43	36
FCT	91	86	67

Out of School Rates

Out of School Dimensions for Levels of Education



Dimension 1: Children aged one year younger than primary entry age not attending an early childhood education programme or primary school

Dimension 2: Children of primary school age who are not attending any level of education

Dimension 3: Children of lower secondary school age who are not attending any level of education

Dimension 4: Children who are in primary school but at risk of dropping out (over-age for grade by 2 or more years)

Dimension 5: Children who are in lower secondary school but at risk of dropping out (over-age for grade by 2 or more years)

SDG Summary for Education

MICS			Value				
SDG	Indicator	Definition & Notes	Primary	Lower Secondary	Upper Secondary		
4.1.2	LN.8a,b,c	Completion rate	73%	68%	54%		
4.5.1	LN.5a	Gender Parity Indices (attendance, girls/boys)	0.99	1.05	1.11		
4.5.1	LN.5b	Wealth Parity Indices (attendance, poorest/richest)	0.45	0.18	0.17		
4.5.1	LN.5c	Area Parity Indices (attendance, rural/urban)	0.73	0.52	0.56		
			Total	Boys	Girls		
4.2.2	LN.2	Participation rate in organized learning (one year before the official primary entry age)	63%	63%	64%		

Key Messages

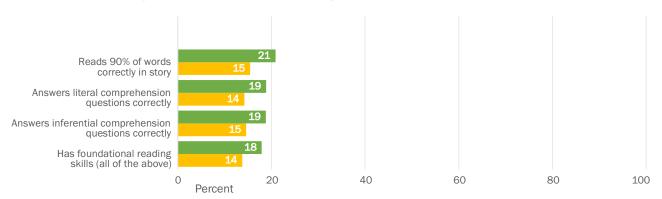
- Gender parity index (GPI) is the ratio of female to male students attending primary school and the ratio of female to male students attending junior and senior secondary school. A GPI lower than 1 indicates a gender disparity in favor of males, with a higher proportion of males than females attending the specified level of schooling. A GPI higher than 1 indicates a gender disparity in favor of females. In Nigeria, the NAR-based GPI is 0.99 for primary school, 1.05 for lower secondary school and 1.11 for upper secondary.
- The Wealth Parity Index (WPI) is the ratio of school attendance between children living in households in the poorest wealth index to children living in the richest wealth index. A WPI of less than 1 indicates wealth disparity in favor of children from the richest households. The NAR-based WPI is 0.45 for primary school, 0.18 for junior high school and 0.17 for senior high school.
- Area Parity Index (API) is a ratio of the net school attendance between children living in rural areas to children living in urban areas. The Area Parity Indices for primary school, lower and upper secondary school are all in favor of children living in urban areas.

The objective of this snapshot is to disseminate selected findings from the Country MICS 2015 related to Education. Data from this snapshot can be found in table LN.1.1, LN.1.2, LN.2.3, LN.2.4, LN.2.5, LN.2.6, and LN.2.7 in the Survey Findings Report.

Early Grade Learning & Parental Involvement

Early Grade Learning: SDG 4.1.1(a)

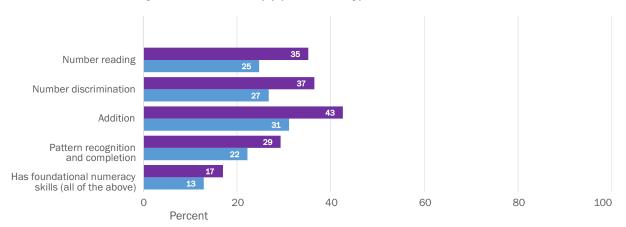
Foundational Reading Skills: SDG 4.1.1(a) (i: reading)



Attending grade 2/3 - regardless of age (SDG 4.1.1(a)) • Age for grade 2/3 - irrespective of school attendance

Percentage of children attending grade 2/3 and at age for grade 2/3 who can 1) read at least 90% of words in a story correctly, 2) answer three literal comprehension questions, 3) answer two inferential comprehension questions

Foundational Numeracy Skills: SDG 4.1.1(a) (ii: numeracy)



Attending grade 2/3 - regardless of age (SDG 4.1.1(a))
 Age for grade 2/3 - irrespective of school attendance

Percentage of children attending grade 2/3 and at age for grade 2/3 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Key Messages

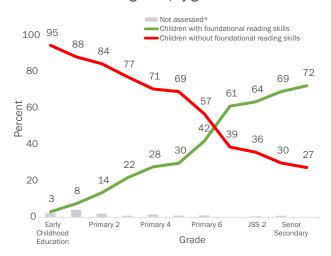
- Eighteen percent of children in grade 2-3 have foundational reading skills regardless of age, while 14% at age for grade 2-3 have foundational reading skills irrespective of school attendance.
- foundational numeracy skills regardless of age, while one out of every eight (13%) at age for grade 2-3 has
- Foundational reading skills is about 5 times higher among

children aged 14 years (45%) than among those aged 7 years (10%).

- Foundational reading skills is also about 5 times higher among children in JSS3 (69%) than those in primary 2 (14%). One out of every three children in JSS3 has no foundational numeracy skills, and one out of every three children in JS3 lack foundational reading skills.
- About one out of every six children aged 7-14 years has 3 or more books to read at home. The situation is 10 times better in richest households than in poorest households (41% and 4% respectively).

Early Grade Learning: Disaggregates (age 7-14 years)

Foundational Reading Skills, by grade of attendance



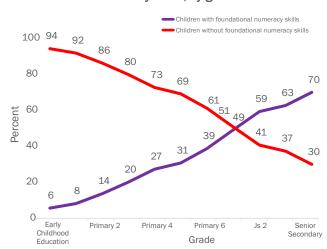
Percentage of children aged 7-14 years attending primary or junior secondary school by foundational reading skills, by grade of attendance

Note that the chart excludes children out of school or attending junior or higher levels

The percentage of children without foundational reading skills is calculated by subtracting the children with foundational reading skills and children for whom the reading tasks were not available in the main language used by teachers and in the main language used at home from the total number of children.

* The reading tasks were available in English, Hausa, Igbo and Yoruba. Children were assessed in the main language used by teachers. If the reading tasks were not available in that language, children were offered the reading tasks in any of the other available languages. Children for whom the reading tasks were not available in the main language used by teachers and in the main language used at home are recorded here

Foundational Numeracy Skills, by grade of attendance

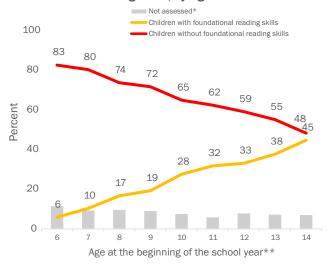


Percentage of children aged 7-14 years attending primary or junior secondary school by foundational numeracy skills, by grade of attendance

Note that the chart excludes children out of school or attending junior or higher level of

The percentage of children without foundational numeracy skills is calculated by subtracting the children with foundational reading skills from the total number of

Foundational Reading Skills, by age



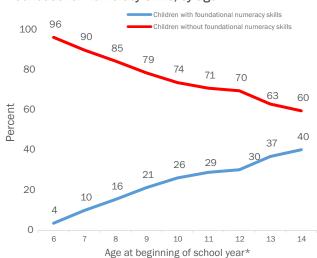
Percentage of children aged 7-14 years by foundational reading skills, by age at

beginning of school year**
The percentage of children without the foundational reading skills is calculated by subtracting the children with foundational reading skills and children for whom reading tasks were not available in the main language used by teachers and in the main language used at home from the total number of children.

The reading tasks were available in English, Hausa, Igbo and Yoruba. Children were assessed in the main language used by teachers or, for those who never attended school, in the main language used at home. If the reading tasks were not available in those languages, children were offered the reading tasks in any of the other available languages. Children for whom the reading tasks were not available in the main language used by teachers and in the main language used at home are recorded here.

** As eligibility for the Parental Involvement and Foundational Learning Skills modules was determined based on age at time of interview (age 7-14 years), Age at beginning of school year inevitably presents children who were age 6 years at the beginning of the

Foundational Numeracy Skills, by age



Percentage of children aged 7-14 years by foundational numeracy skills, by age at beginning of school year*

The percentage of children without foundational numeracy skills is calculated by

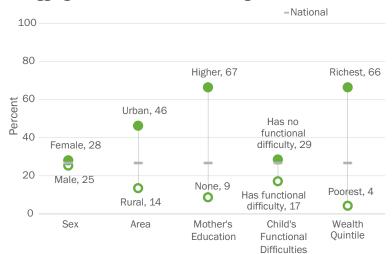
subtracting children with foundational reading skills from the total number of children.

* As eligibility for the Parental Involvement and Foundational Learning Skills modules

was determined based on age at time of interview (age 7-14 years). Age at beginning of school year inevitably presents children who were age 6 years at the beginning of the school year.

Early Grade Learning: Disaggregates (age 7-14 years)

Disaggregates in Foundational Reading Skills

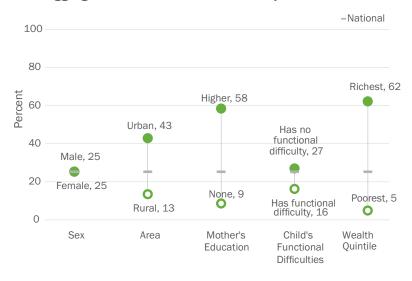


Regional Data on Foundational Reading Skills

Zone	Boys	Girls	Total
National	25.4	28.2	26.8
North Central	22.2	21.5	21.8
North East	12.4	11.1	11.7
North West	10.2	8.7	9.5
South East	49.7	60.8	55.6
South	33.9	40.0	36.8
South West	47.6	57.6	52.4

Percentage of children aged 7-14 years who demonstrate foundational reading skills by successfully completing three foundational reading tasks, by background characteristics

Disaggregates in Foundational Numeracy Skills



Regional Data on Foundational **Numeracy Skills**

Boys	Girls	Total
25.3	25.3	25.3
23.1	20.7	21.9
10.5	8.9	9.7
9.8	8.6	9.2
43.9	53.7	49.0
35.8	33.0	34.4
50.6	52.8	51.6
	25.3 23.1 10.5 9.8 43.9 35.8	25.3 25.3 23.1 20.7 10.5 8.9 9.8 8.6 43.9 53.7 35.8 33.0

Percentage of children aged 7-14 years who demonstrate foundational numeracy skills by successfully completing four foundational numeracy tasks, by background characteristics

Measuring Reading & Numeracy Skills in MICS

- The Foundational Learning Skills (FL) module is a direct assessment of children's reading and numeracy competencies. It is designed to assess foundational learning skills expected upon completion of primary 2 education, thus contributing to SDG indicator 4.1.1(a). The FL module is part of the Questionnaire for Children Age 5-17 administered to one randomly selected hid in each
- household. Children age 7-14 years are eligible for module. The reading assessment in the FL module consists of a reading passage and a set of comprehension questions related to the story. The assessment is customised in each country to ensure vocabulary and cultural references are
- four number tasks based on universal math skills expected at 2nd
- grade level. The reading assessment 2021 Nigeria MICSwas conducted in English, Yoruba, Hausa and Igbo. The reading skills of 8% of the interviewed children could not be evaluated in their home or school
- As MICS also collects data on school attendance and numerous individual and household characteristics, such as location, household socio-economic status, and ethnicity, the most marginalized sub-populations of children can be identified for support to improve learning outcomes.

Parental Involvement: Learning Environment at Home

Children with 3 or more books to read at home



Percentage of children aged 7-14 years with 3 or more books at home, by background characteristics

Children who read books or are read to at home



Percentage of children aged 7-14 years who read books or are read to at home, by background characteristics

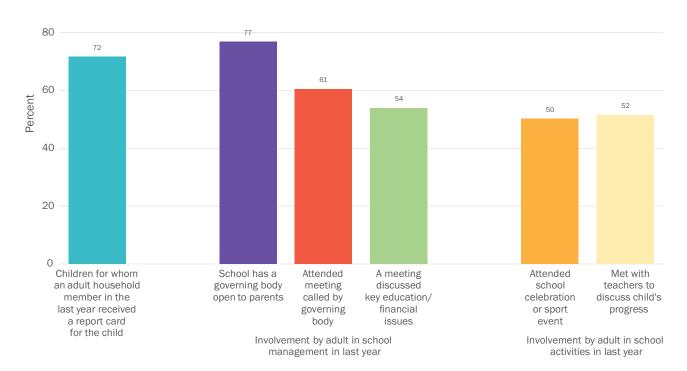
Children who receive help with homework



Percentage of children aged 7-14 years attending school and having homework who receive help with homework, by background characteristics

Parental Involvement in school





Percentage of children age 7-14 years attending school, by indicators of parental support

The objective of this snapshot is to disseminate selected findings from the Country MICS 2017 related to Early Grade Learning & Parental Involvement. Data from this snapshot can be found in table LN.3.1, LN.3.3, LN.4.1 and LN.4.2 in the Survey Findings Report.

Protected from violence and exploitation

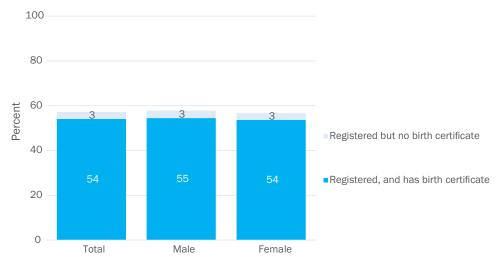


Birth registration Child discipline Child labour Child marriage FGM

Birth Registration

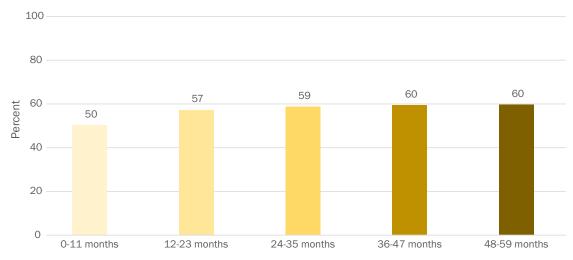
Birth Registration Levels

Birth registration for Children Under-Five: SDG 16.9.1



Percentage of children under age 5 whose births are registered, by whether or not they have a birth certificate and by sex

Birth registration by Age



Percentage of children under aged 5 whose births are registered, by age in months

- Slightly more than half (54%) of children under the age of five had their births registered with civil authorities and have their birth certificates.
- Three per cent of children under the age of five had their births registered, but do not have birth certificates.

 The under-5 birth registration in the best performing State

- Two out of every three mothers and caregivers of children aged below five years whose births were not registered, did not know how to register births.

 Percentage of children under age 5 whose births are registered ranges from as high as 89% for the richest wealth quintile to as low

Birth Registration

Birth Registration: Inequalities



Percentage of children under age 5 whose births are registered, by background characteristics

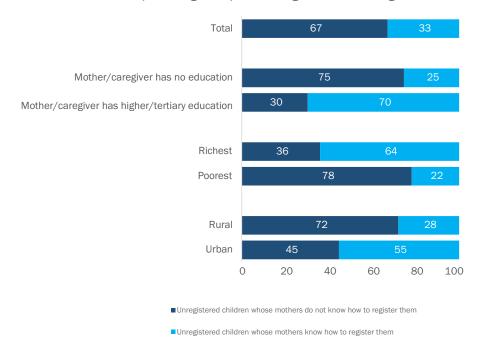
State Data on Birth Registration

State	Total registered
National	57.3
Abia	66.8
Adamawa	79.7
Akwa Ibom	72.1
Anambra	86.5
Bauchi	38.3
Bayelsa	28.2
Benue	57.0
Borno (7 LGAs)	44.0
Cross River	45.9
Delta	56.2
Ebonyi	86.1
Edo	81.3
Ekiti	68.4
Enugu	72.7
Gombe	42.4
Imo	74.6
Jigawa	23.6
Kaduna	54.5

State	Total registered
Kano	54.6
Katsina	67.9
Kebbi	51.6
Kogi	46.7
Kwara	74.6
Lagos	93.7
Nasarawa	52.7
Niger	29.9
Ogun	58.6
Ondo	60.8
Osun	78.0
Oyo	70.6
Plateau	55.2
Rivers	65.2
Sokoto	22.5
Taraba	31.7
Yobe	56.8
Zamfara	31.4
FCT Abuja	87.3

Percentage of children under age 5 whose births are registered, by state

Mother's (or Caregiver's) Knowledge of How to Register



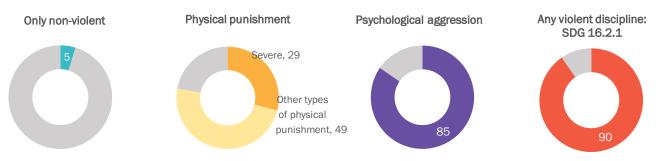
Percentage of children under age 5 whose births are not registered, by mother's (or caregiver's) knowledge of how to register a child

The objective of this snapshot is to disseminate selected findings from the Nigeria MICS 2021 related to Birth Registration. Data from this snapshot can be found in table PR.1.1 in the Survey Findings Report.

Child Discipline

Child Discipline

Types of Child Discipline



Percentage of children aged 1 to 14 years who experienced any discipline in the past month, by type

Violent Discipline: Inequalities



Percentage of children aged 1 to 14 years who experienced any violent discipline in the past month, by background characteristics

Physical punishment: Shaking, hitting or slapping a child on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating hard and repeatedly.

Severe physical punishment: Hitting or slapping a child on the face, head or ears, and hitting or beating a child hard and repeatedly.

Psychological aggression: Shouting, yelling or screaming at a child, as well as calling a child offensive names such as 'dumb' or 'lazy'.

Violent discipline: Any physical punishment and/or psychological aggression.

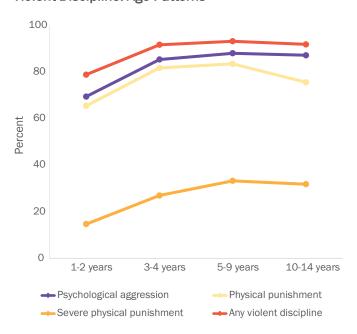
- Nine out of every ten children (90%) aged 1-14 years are
- subject to at latest one form of violent discipline. Boys and girls aged 1-14 years are subject to more psychological aggression (85%) than physical punishment
- Boys and girls aged 1-14 years equally experience violent
- Violent discipline is 91% and 90% among children in urban and rural areas respectively. Among children in richest and poorest households, it is 90% and 88% respectively.

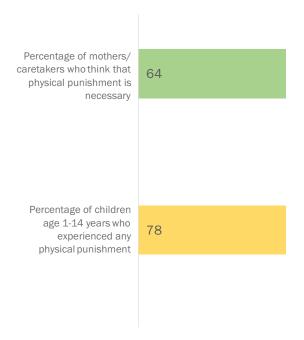
 Slightly less than two out of every three mothers/caretakers (64%) think that physical punishment is necessary to raise or educate children aged 1-14 years.

Child Discipline

Violent Discipline: Age Patterns

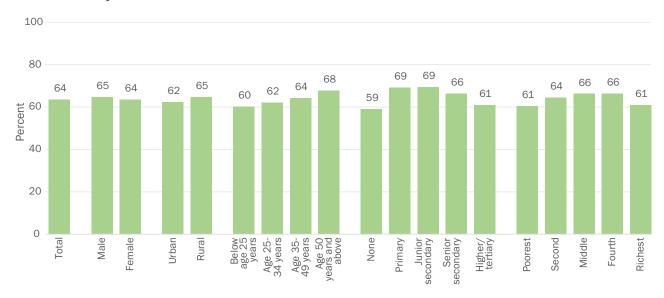
Physical Punishment: Attitudes & Experiences





Percentage of children aged 1 to 14 years who experienced any violent discipline in the past month, by type and by age

Attitudes to Physical Punishment

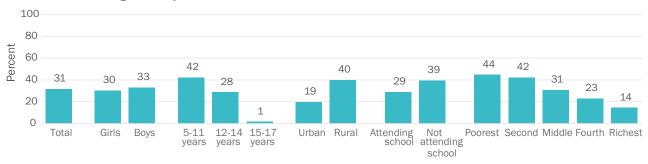


The objective of this snapshot is to disseminate selected findings from the Nigeria MICS 2021 related to Child Discipline. Data from this snapshot can be found in tables PR.2.1 and PR.2.2 in the Survey Findings Report.

Child Labour

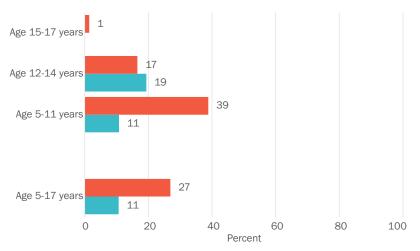
Child Labour: Levels & Disaggregates

Child Labour for Age 5-17 years: SDG 8.7.1



Percentage of children aged 5 to 17 years engaged in child labour, by background characteristics

Types of Child Labour



■ Economic activities ■ Household chores

Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic activities or 21 hours of unpaid household services per week.

Age 12 to 14 years: At least 14 hours of economic activities or 21 hours of unpaid household services per week.

Age 15 to 17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children.

Note that the child labour indicator definition has changed during the implementation of the sixth round of MICS. Changes include age-specific thresholds for household chores and exclusion of hazardous working conditions. While the overall concept of child labour includes hazardous working conditions, the definition of child labour used for SDG reporting does not.

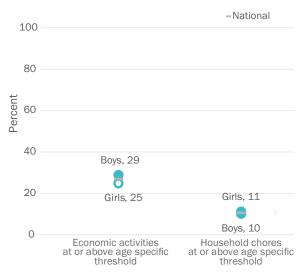
- Three out of every ten children aged 5-17 years (31%) are engaged in child labour, while two out of every five children aged 5-11 years (42%) are engaged in child labour.
- Twenty-seven per cent (27%) of children aged 5-17 years are engaged in economic activities above their age specific threshold, with the highest of 39% in the age group 5-11, and the lowest of 1% in the age group 15-17. Girls aged 5-17 years are more engaged in household

- while boys of the same age group are more engaged in economic activities than girls at the same age group.

 The percentage of children aged 5-17 years engaged in child labor in the state with the highest level of child labour (Bauchi 55%) is six times higher than that of the lowest state (Ondo 9%).
- Twenty-nine per cent of children aged 5-17 years are working under hazardous working conditions, mostly reported as carrying heavy loads, exposure to extreme cold, heat or humidity, and working with

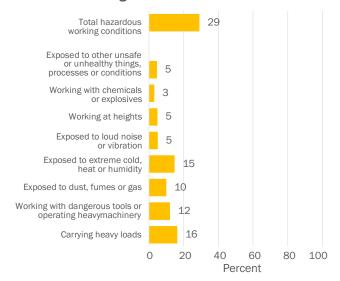
Child Labour

Inequalities in Child Labour



Percentage of children aged 5 to 17 years engaged in child labour, by type of activity and by sex

Hazardous Working Conditions



Percentage of children aged 5 to 17 years working under hazardous conditions, by background characteristics

State Data on Child Labour

State	Total Child Labour
National	31.5
Abia	37.8
Adamawa	29.5
Akwa Ibom	37.0
Anambra	12.4
Bauchi	54.9
Bayelsa	26.1
Benue	36.8
Borno (7 LGAs)	37.6
Cross River	35.1
Delta	15.9
Ebonyi	33.5
Edo	16.1
Ekiti	22.1
Enugu	29.2
Gombe	47.0
Imo	22.4
Jigawa	41.0
Kaduna	40.9

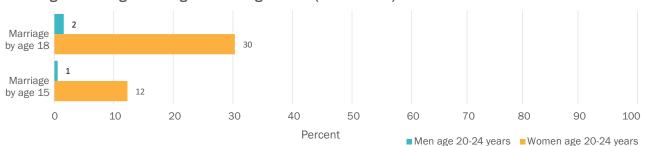
State	Total Child Labour
Kano	32.6
Katsina	50.4
Kebbi	46.9
Kogi	21.2
Kwara	19.2
Lagos	9.8
Nasarawa	39.2
Niger	42.9
Ogun	15.0
Ondo	8.7
Osun	23.2
Oyo	24.1
Plateau	26.3
Rivers	26.2
Sokoto	28.2
Taraba	31.8
Yobe	33.1
Zamfara	44.5
FCT Abuja	18.5

The objective of this snapshot is to disseminate selected findings from the Nigeria MICS 2021 related to Child Labour. Data from this snapshot can be found in tables PR.3.3 and PR.3.4 in the Survey Findings Report.

Child Marriage

Child Marriage: Levels & Disaggregates

Marriage before Age 15 & Age 18 among women (SDG 5.3.1*) and men

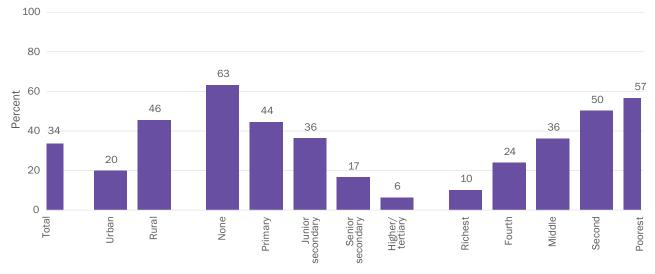


Percentage of women and men aged 20-24 years who were first married or in union before age 15 and before age 18

The above chart refers to women and men aged 20 to 24 years, as this youngest cohort most recently completed exposure to the risk of marrying in childhood, thus giving a closer approximation of the current prevalence of child marriage. The following charts, which show disaggregation by background characteristics, refer to the full cohort of women aged 20 to 49 years.

* SDG indicator 5.3.1 refers only to child marriage prevalence among girls: "Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18"

Disaggregates in Marriage before Age 18 among women



Percentage of women aged 20-49 years who were first married or in union before age 18, by residence, education and household wealth quintile

- One in every three women (34%) aged 20-49 years were first married or in union before age 18,
- The percentage of women aged 20-24 who were first married or in union before the age of $18\ (30\%)$ is $15\ times$ higher than that of men of the same age group (2%).
- First marriage or union before the age of 18 for women aged 20-49 year is highest for those with no education (63%) and those also living in the poorest households (57%).
- Nearly six out of every ten women aged 20-49 years in the poorest households were first married or in union before age 18.

 Percentage of women aged 20-49 years in rural areas who were married or in union before the age of 18 is more than twice (46%) that of women in urban areas (20%).
- Bauchi (75%), Katsina (73%), and Jigawa (71%) have the highest percentage of women aged 20-49 years who were married or in union before the age of 18. The lowest is Lagos at 8%.

State Data on Child Marriage (20 - 49)

State	Marriage by age 18
National	33.7
Abia	9.3
Adamawa	36.4
Akwa Ibom	23.2
Anambra	13.4
Bauchi	75.1
Bayelsa	38.1
Benue	31.1
Borno (7 LGAs)	57.7
Cross River	23.5
Delta	22.7
Ebonyi	13.1
Edo	14.1
Ekiti	23.0
Enugu	12.8
Gombe	50.3
Imo	8.9
Jigawa	70.8
Kaduna	45.3

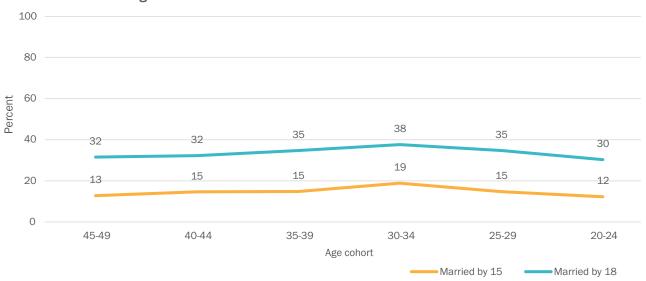
State	Marriage by age 18
Kano	56.7
Katsina	72.7
Kebbi	62.2
Kogi	25.4
Kwara	19.0
Lagos	8.5
Nasarawa	30.6
Niger	41.9
Ogun	24.0
Ondo	20.2
Osun	16.7
Oyo	13.2
Plateau	34.4
Rivers	14.2
Sokoto	53.9
Taraba	47.4
Yobe	43.1
Zamfara	59.9
FCT Abuja	22.3

Percentage of women aged 20 to 49 years who were first married or in union before age 18, by state

Marriage before the age of 18 is a reality for many young girls. In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner.

Child Marriage

Trends in Child Marriage



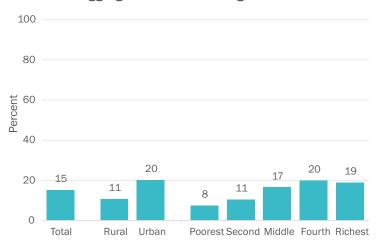
Percentage of women aged 20-49 years who were first married or in union before age 15 and before age 18, by age cohort

The objective of this snapshot is to disseminate selected findings from the Nigeria MICS 2021 related to Child Marriage. Data from this snapshot can be found in table PR.4.1W in the Survey Findings Report.

Female Genital Mutilation (FGM)

Female Genital Mutilation

Level & Disaggregates of FGM Among Women 15-49

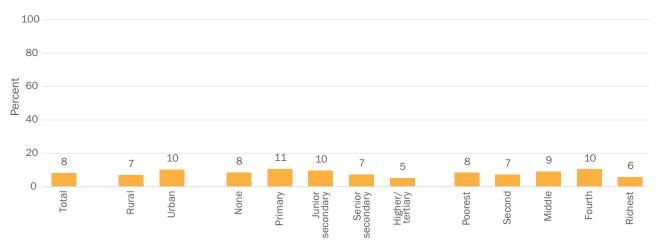


Percentage of girls and women aged 15 to 49 years who have undergone FGM/C*, by residence and wealth quintile

Female genital mutilation (FGM) refers to "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons."1 FGM is a violation of girls' and women's human rights and is condemned by many international treaties and conventions, as well as by national legislation in many countries. Yet, where it is practiced FGM is performed in line with tradition and social norms to ensure that girls are socially accepted and marriageable, and to uphold their status and honour and that of the entire family. UNICEF works with government and civil society partners towards the elimination of FGM in countries where it is still practiced.

1 World Health Organization, Eliminating Female Genital Mutilation: An interagency statement, WHO, UNFPA, UNICEF, UNIFEM, OHCHR, UNHCR, UNECA, UNESCO, UNDP, UNAIDS, WHO, Geneva, 2008, p. 4.

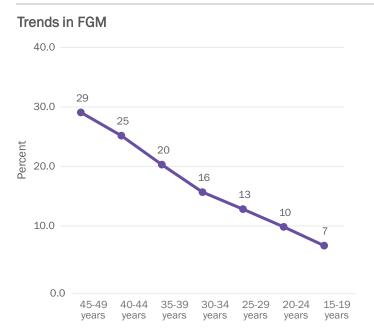
Disaggregates of FGM Among Daughters 0-14 years



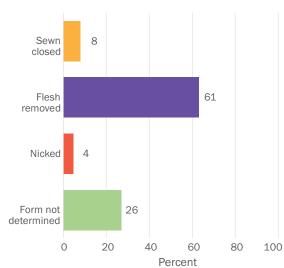
Percentage of girls aged 0 to 14 years who have undergone FGM/C (as reported by their mothers), by residence, mother's education and wealth quintile

- Fifteen per cent of women aged 15-49 years have undergone Female Genital Mutilation (FGM). FGM prevalence among young girls aged 0-14 years is however eight per cent.
- eight per cent.
 The percentage of women aged 15-49 years who have undergone FGM, is about two times higher in urban areas (20%) than in rural areas (11%).
 Among young girls aged 0-14 years, FGM is three
- Among young girls aged 0-14 years, FGM is threel percentage points higher in urban areas (10%) than in rural areas (7%).
- The percentage of women aged 15-49 years who have undergone FGM, increases as the wealth status of households increase. FGM among women in the richest households (19%) is over two times higher than among their counterparts in the poorest households (8%)
- Flesh removal is the commonly practiced type of FGM, as six out of every ten girls and women aged 15-49 years who had undergone FGM/C was subject to this type of FGM
- Three out of every four girls and women aged 15-49 years (77%) who have heard about FGM/C, think the FGM practice should stop.

Female Genital Mutilation



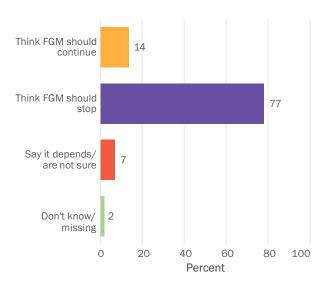
Type of FGM



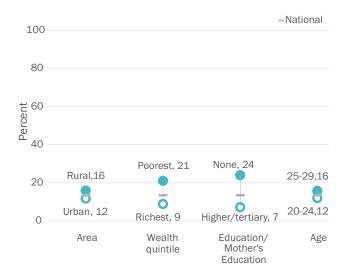
Percentage of girls and women aged 15-49 years who have undergone FGM/C, by age cohort

Percentage distribution of girls and women aged 15 to 49 years who have undergone FGM/C, by type

Attitudes to FGM



Percentage distribution of girls and women aged 15 to 49 years who have heard about FGM/C, by their attitudes about whether the practice should continue



Percentage of girls and women aged 15 to 49 years who have heard about FGM and think the practice should continue, by wealth quintile, education, residence and age

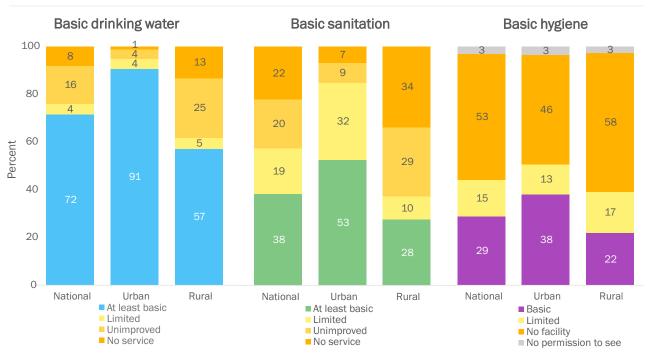
The objective of this snapshot is to disseminate selected findings from the Nigeria MICS 2021 related to Female Genital Mutilation (FGM). Data from this snapshot can be found in tables PR.5.1, PR.5.2 and PR.5.3 in the Survey Findings Report.

Live in a safe and clean environment



Drinking Water, Sanitation & Hygiene (WASH)

Basic Drinking Water, Sanitation & Hygiene Services



Percent of population by drinking water, sanitation and hygiene coverage

Drinking water ladder: At least basic drinking water services (SDG 1.4.1) refer to an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. Limited refers to an improved source more than 30 minutes roundtrip. Unimproved sources include unprotected dug wells and unprotected springs. No service refers to the direct collection of water from surface waters such as rivers, lakes or irrigation channels.

Sanitation ladder: At least basic sanitation services (SDG 1.4.1) refer to the use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs. Limited sanitation service refers to an improved facility shared with other households. Unimproved sanitation facilities include flush/pour flush to an open drain, pit latrines without a slab, hanging latrines and bucket latrines. No service refers to the practice of open defecation.

Hygiene ladder: A basic hygiene service (SDG 1.4.1 & SDG 6.2.1) refers to the availability of a handwashing facility on premises with soap and water. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents. Limited hygiene service refers to a facility lacking water and/or soap. No facility means there is no handwashing facility on the household's premises.

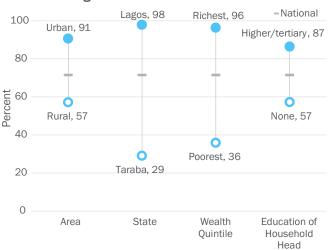
- Seven out of every ten Nigerians (72%) have access to improved drinking water sources with collection time not more than 30 minutes for a roundtrip including queuing (at
- Access to at least basic drinking water in urban areas (91%) is higher than in rural areas (57%).
- Two out of every ten people who primarily collect drinking water for households without drinking water on premises is a boy and a girl aged less than 15 years (11% each). More women aged 15+ (40%) are primarily collecting the drinking water as compared to men (30%).
- While about one out of every four people in Nigeria have access to at
- About three out of every ten Nigerians (29%) have a handwashing
- facility on premises with soap and water.

 Nine out of every ten (91%) women aged 15-49 who reported menstruating in the last 12 months, have appropriate material and a private place to wash and change at home.

 One out of every five women aged 15-19 yes (22%) does not
- participate in social activities, school or work during menstruation.

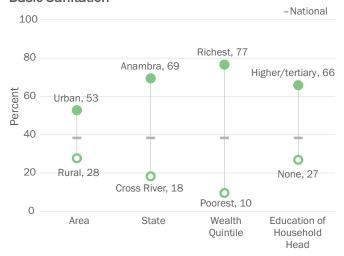
WASH: Inequalities in Basic Services

Basic Drinking Water



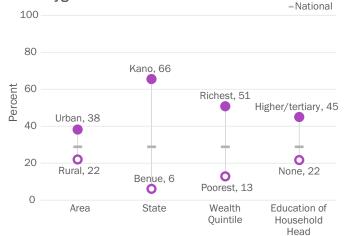
Percent of population using basic drinking water services by background characteristics

Basic Sanitation



Percent of population using basic sanitation services by background characteristics

Basic Hygiene



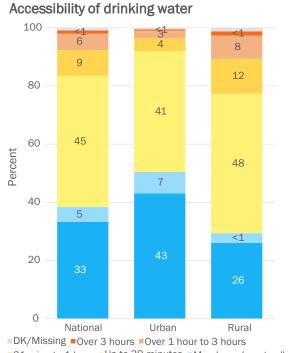
Percent of population using basic hygiene services by background characteristics

State Data on Basic Services

State	Basic Drinking Water	Basic Sanitation	Basic Hygiene	
National	71.5	38.3	28.8	
Abia	81.6	49.0	23.5	
Adamawa	56.6	33.3	38.6	
Akwa Ibom	72.8	54.7	25.9	
Anambra	90.9	69.3	33.9	
Bauchi	55.3	34.2	20.9	
Bayelsa	54.2	24.5	24.8	
Benue	51.8	33.1	6.1	
Borno (7 LGAs)	69.2	55.2	14.1	
Cross River	51.7	18.2	24.4	
Delta	79.1	46.7	38.1	
Ebonyi	85.7	67.0	42.2	
Edo	93.5	49.6	26.6	
Ekiti	82.7	26.0	39.8	
Enugu	86.5	45.7	47.7	
Gombe	51.0	47.5	12.8	
Imo	90.8	58.2	37.0	
Jigawa	74.6	29.2	13.8	
Kaduna	66.0	42.5	24.5	
Kano	66.2	51.9	65.5	
Katsina	66.9	27.4	35.2	
Kebbi	59.0	20.2	6.2	
Kogi	71.4	26.3	19.4	
Kwara	81.4	24.4	29.2	
Lagos	97.9	43.7	39.7	
Nasarawa	55.7	30.2	9.7	
Niger	68.5	23.8	20.7	
Ogun	74.8	34.2	25.4	
Ondo	79.7	26.0	23.3	
Osun	91.9	25.9	40.3	
Oyo	81.9	25.4	25.4	
Plateau	50.3	25.1	6.5	
Rivers	85.5	38.9	32.5	
Sokoto	36.1	28.2	24.4	
Taraba	29.1	28.5	24.7	
Yobe	66.1	39.7	16.4	
Zamfara	65.0	35.3	17.0	
FCT Abuja	92.9	60.2	26.4	

Percent of population using basic drinking water, sanitation and hygiene services by region

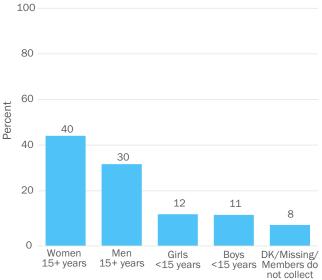
Accessibility of Drinking Water & Sanitation Facilities



■31 mins to 1 hour ■Up to 30 minutes ■Members do not collect ■On premises

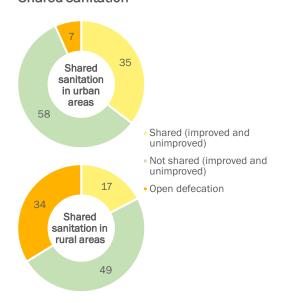
Percent of population by average time spent per day by household members collecting drinking water

Who Primarily Collects Drinking Water for the Household



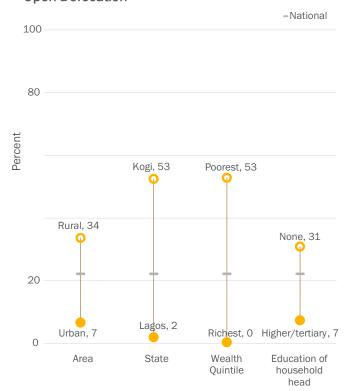
Percent of population in households without drinking water on premises, by gender and age of person primarily responsible for collecting drinking water

Shared sanitation



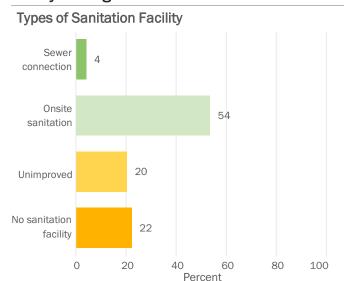
Percent of the population sharing sanitation facilities, by residence

Open Defecation



Percent of the population practising open defecation, by background characteristics

Safely Managed Sanitation Services: SDG 6.2.1

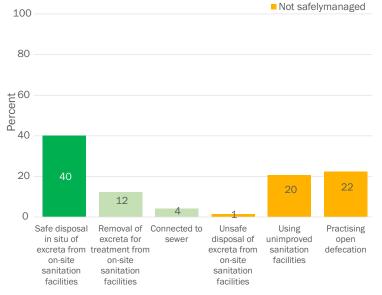


Percent of population by type of sanitation facility, grouped by type of disposal

Sewer connections include "Flush/pour flush to piped sewer system" and "Flush to DK where"

Onsite sanitation facilities include "Flush/pour flush to septic", "Flush/pour flush to latrine", "Ventilated improved pit latrine", "Pit latrine with slab" and "Composting toilet"

Management of excreta from household sanitation facilities



Types of Sanitation Facility by State

Onsite sanitation
F2.4
53.4
72.6
40.1
79.7
81.3
38.1
38.4
42.4
72.7
48.2
66.0
51.7
78.3
57.6
46.6
48.7
73.4
33.1
62.9
57.5
30.2
28.2
38.2
52.4
90.8
38.2
38.9
56.1
48.8
71.1
45.7
31.4
57.0
27.0
31.0
41.1
45.4
69.2

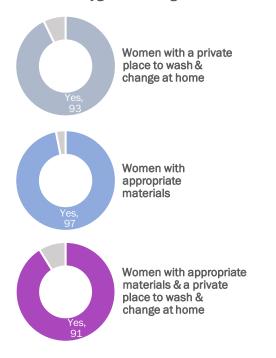
Percent of population using sewer connections and onsite sanitation, by region

Percent of population by management of excreta from household sanitation facilities

Safely managed sanitation services represents an ambitious new level of service during the SDGs and is the indicator for target 6.2. Safely managed sanitation services are improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite. The MICS survey collected information on the management of excreta from onsite facilities. For households where excreta are transported offsite (sewer connection, removal for treatment), further information is needed on the transport and treatment of excreta to calculate the proportion that are safely managed.

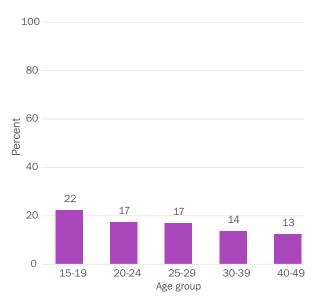
^{*}Additional information required to determine whether faecal sludge and wastewater is safely treated.

Menstrual Hygiene Management



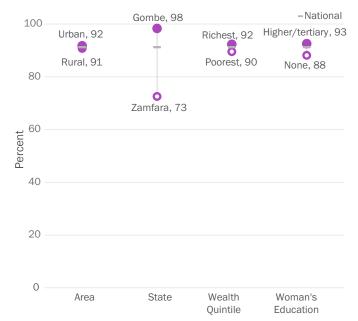
Denominator for all 3 indicators: women aged 15-49 who reported menstruating in the last 12 months

Exclusion from Activities during Menstruation



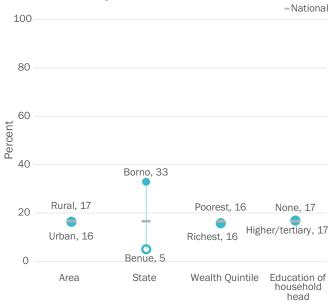
Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by age, among women reporting menstruating in the last 12 months

Inequities in Access to Appropriate Materials & Private Place to Wash & Change at Home



Percent of women aged 15-49 using appropriate menstrual hygiene materials with a private place to wash and change while at home, among women reporting menstruating in the last 12 months

Exclusion from Activities during Menstruation by Various Characteristics



Percent of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by residence, wealth quintile, education and region, among women reporting menstruating in the last 12 months

The objective of this snapshot is to disseminate selected findings from the Nigeria MICS 2021 related to Drinking Water, Sanitation & Hygiene (WASH). Data from this snapshot can be found in tables WS.1.1 to WS.4.2 in the Survey Findings Report.

Equitable chance in life

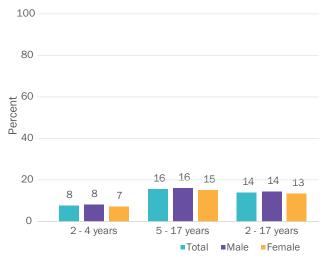


Child functioning Adolescents Gender equality

Child Functioning

Child Functioning: Levels & Domains

Child Functioning Levels by Age-Group



Percentage of children aged 2–17 years with functional difficulty, by age-group

Children with disabilities are among the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, and lack of adequate policies and legislation, they are often likely to be among the poorest members of the population and are less likely to attend school, access medical services, or have their voices heard in society. Discrimination against and exclusion of children with disabilities also puts them at a higher risk of physical and emotional abuse or other forms of neglect, violence and exploitation.

The Convention on the Rights of the Child (UNICEF, 1989) and the Convention on the Rights of Persons with Disabilities (UN, 2006) explicitly state the rights of children with disabilities on an equal basis with other children and call for improvements in their access to services, and in their participation in all aspects of life.

In order to achieve these goals, there is a need for crossnationally comparable, reliable data. The Child Functioning module is designed In line with the WHO's International Classification of Functioning, Disability and Health and the UN Convention on the Rights of Persons with Disabilities, to collect information on functional difficulties that children experience in different domains including hearing, vision, communication/comprehension, learning, mobility and emotions. Children with functional difficulties may be at risk of experiencing limited participation in an unaccommodating environment and limit the fulfilment of their rights.

Child Functioning Domains

	Seeing	Hearing	Walking	Fine Motor	Communication	Learning	Playing	Controlling Behaviour	Self care	Remembering	Concentrating	Accepting Change	Making Friends	Anxiety	Depression
2-4 years	0.3	0.3	0.9	0.6	1.4	2.6	0.6	3.7	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5-17 years	0.2	0.3	1.5	N/A	0.3	1.6	N/A	1.8	0.3	1.4	0.4	1.4	0.7	8.0	6.1

- Eight per cent of children aged 2-4 years have some level of difficulty in at least one functional domain, while in older children aged 5-17 years, 15% have functional difficulty in at least one functional deposits.
- least one functional domain.
 Communication, controlling behaviour and learning are the most prevalent functional domains where children aged 2-4 years experience difficulties.
- In older children aged 5-17 years, anxiety and depression are the most prevalent functional difficulty domains
- experienced by 8% and 6% of all children respectively in this age group.
- Fourteen per cent of boys and thirteen per cent of girls aged 2-17
 vears are with functional difficulty.
- years are with functional difficulty.

 Less than 2% of children aged 2-17 years still have functional difficulties while using assistive devices.
- difficulties while using assistive devices.
 Children living in the poorest households (17%) and children of women with no education (17%) have close to twice the prevalence of functional difficulties as children living in the richest households

Child Functioning

Child Functioning: Inequalities



3

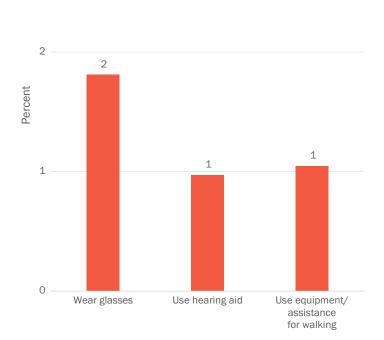
Percentage of children aged 2-17 years with functional difficulty, by background characteristics

State Data on Child Functioning

State	2-4 years	5-17 years					
National	7.6	15.5					
Abia	1.8	24.9	20.3				
Adamawa	3.4	7.8	6.9				
Akwa Ibom	10.6	12.4	12.0				
Anambra	3.5	19.2	16.2				
Bauchi	9.0	15.6	13.9				
Bayelsa	9.2	12.3	11.8				
Benue	12.7	8.0	9.0				
Borno (7 LGAs)	7.8	28.5	24.4				
Cross River	11.8	15.3	14.6				
Delta	7.8	11.0	10.4				
Ebonyi	3.6	20.8	16.0				
Edo	7.2	16.6	14.9				
Ekiti	2.0	4.7	4.1				
Enugu	2.7	16.3	13.4				
Gombe	3.3	5.6	5.1				
Imo	5.8	11.1	10.2				
Jigawa	10.9	28.6	24.7				
Kaduna	5.7	13.0	11.5				
Kano	15.9	23.0	21.5				
Katsina	8.4	24.8	20.9				
Kebbi	4.1	27.3	21.5				
Kogi	1.6	16.2	13.4				
Kwara	7.9	12.0	11.1				
Lagos	4.8	3.4	3.7				
Nasarawa	2.8	20.2	16.1				
Niger	5.0	17.5	15.0				
Ogun	8.6	4.6	5.5				
Ondo	3.2	2.6	2.7				
Osun	4.6	6.1	5.8				
Oyo	2.5	11.6	9.9				
Plateau	7.4	9.9	9.4				
Rivers	7.9	11.9	11.0				
Sokoto	5.2	10.4	9.2				
Taraba	5.4	16.6	13.7				
Yobe	7.7	14.9	13.1				
Zamfara	21.9	27.7	26.4				
FCT Abuja	4.0	7.3	6.7				

Percentage of children aged 2–17 years with functional difficulty in at least one domain, by region

Children who use Assistive Devices & have Functional Difficulties



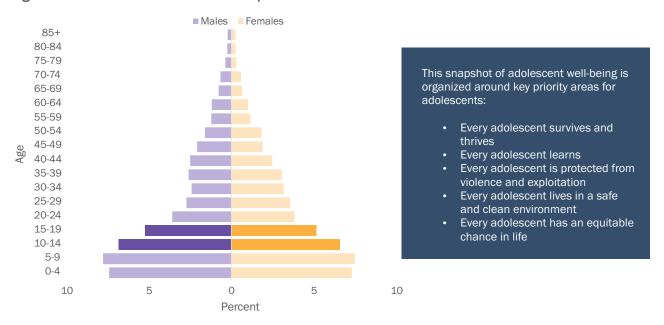
Percentage of children aged 2-17 years with difficulties seeing when wearing glasses among those who wear glasses, percentage of children aged 2-17 years with difficulties hearing when using a hearing aid among those who use a hearing aid, and percentage of children aged 2-17 years with difficulties walking when using equipment or receiving assistance among those who use equipment or receive assistance walking

The objective of this snapshot is to disseminate selected findings from the Country MICS 2014 related to Child Functioning. Data from this snapshot can be found in tables EQ.1.1, EQ.1.2, EQ.1.3, and EQ.1.4 in the Survey Findings Report

Adolescents

The Adolescent Population: Age 10-19

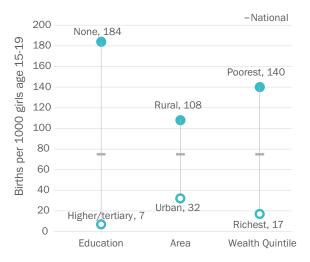
Age & Sex Distribution of Household Population



Every Adolescent Survives & Thrives

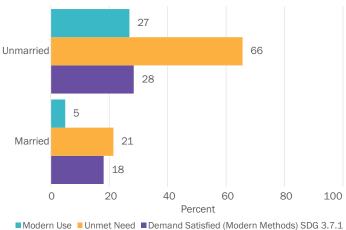
Adolescence is by some measures the healthiest period in the life-course, yet it can also mark the first manifestations of issues which can have lifelong effects on health and wellbeing, such as unsafe sexual behavior, early childbearing and substance misuse. Nevertheless, health interventions during this period are shown to have long-lasting effects. Access to appropriate contraceptive methods is critical to prevent adolescent pregnancy and its related consequences, allowing adolescents to transition into adulthood with the ability to plan their pregnancies and live healthy and productive lives.

Adolescent Birth Rate: SDG 3.7.2



Age-specific fertility rate for girls aged 15-19 years: the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

Modern Contraceptive Use, Unmet Need & Demand Satisfied for Modern Methods: SDG 3.7.1



Percentage of girls aged 15-19 years who are using (or whose partner is using) a contraceptive method, percentage with an unmet need for contraception and percent of demand for

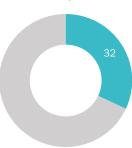
modern methods of family planning satisfied, by marital status

Every Adolescent Learns



Percentage of children aged 10-14 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, and 3) Answer two inferential comprehension questions



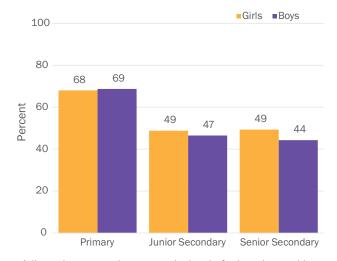


Percentage of children aged 10-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Quality education and experiences at school positively affect physical and mental health, safety, civic engagement and social development. Adolescents, however, can also face the risk of school drop-out, early marriage or pregnancy, or being pulled into the workforce prematurely.

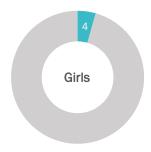
Data on reading and numeracy skills are collected in MICS through a direct assessment method. The Foundational Learning module captures information on children's early learning in reading and numeracy at the level of Grade 2 in primary education.

School Attendance Rates

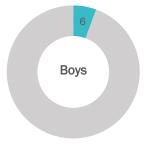


Adjusted net attendance rate, by level of education and by gender

Information & Communications Technology (ICT) Skills*



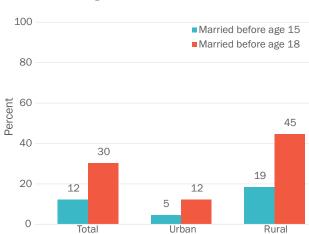
Percentage of girls aged 15-19 who in the last 3 months have performed at least one of nine specific computer related activities *Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills



Percentage of boys aged 15-19 who in the last 3 months have performed at least one of nine specific computer related activities *Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills

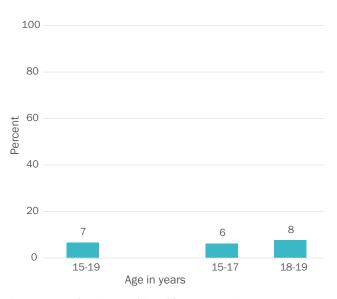
Every Adolescent is Protected from Violence & Exploitation





Adolescence is a period of heightened risk to certain forms of violence and exploitation. The onset of puberty marks an important transition in girls' and boys' lives whereby gender, sexuality and sexual identity begin to assume greater importance, increasing vulnerability to particular forms of violence, particularly for adolescent girls. Certain harmful traditional practices, such as female genital mutilation/cutting and child marriage, often take place at the onset of puberty. At the same time, as children enter adolescence, they begin to spend more time outside their homes and interact more intimately with a wider range of people, including peers and romantic partners. This change in social worlds is beneficial in many respects, but also exposes adolescents to new forms of violence.

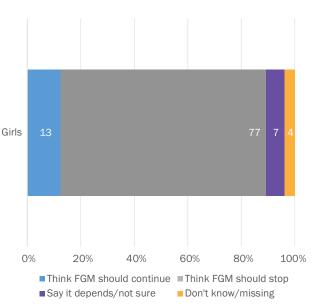
Female Genital Mutilation: SDG 5.3.2 Age Disaggregate



Percentage of girls aged 15 to 19 years who have undergone FGM/C, by age group

*Age disaggregate of SDG 5.3.2: Prevalence of FGM/C among women aged 15-49

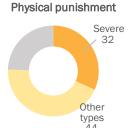
Attitudes towards Female Genital Mutilation

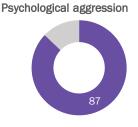


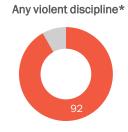
Percentage of girls aged 15-19 who have heard about FGM/C, by their attitudes on if the practice should continue

Child Discipline



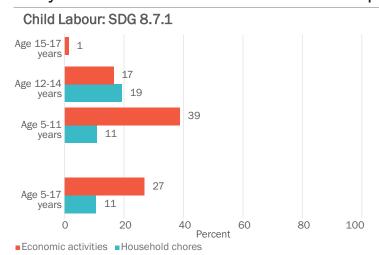






Percentage of children aged 10 to 14 years who experienced any discipline in the past month, by type *Age disaggregate of SDG 16.2.1

Every Adolescent is Protected from Violence & Exploitation



Percentage of adolescents aged 5-17 years engaged in child labour, by type of activity and by age

Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic activities or 21 hours of unpaid household services per week.

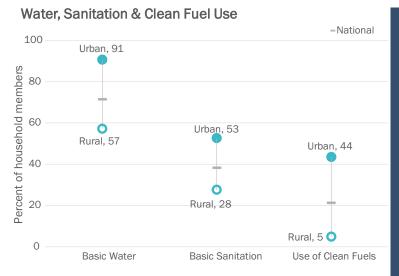
Age 12 to 14 years: At least 14 hours of economic activities or 21 hours of unpaid household services per week.

Age 15 to 17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children.

Note that the child labour indicator definition has changed during the implementation of the sixth round of MICS. Changes include age-specific thresholds for household chores and exclusion of hazardous working conditions. While the overall concept of child labour includes hazardous working conditions, the definition of child labour used for SDG reporting does not.

Every Adolescent Lives in a Safe & Clean Environment



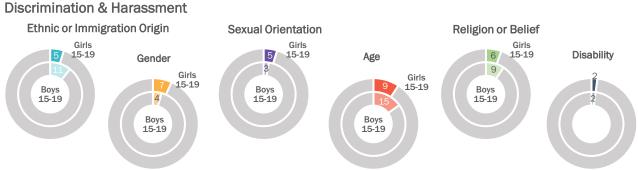
The data presented here are at the household level. Evidence suggests that adolescent access to these services are comparable to household-level data.

Basic Drinking Water SDG 1.4: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water

Basic Sanitation Services SDG 1.4.1/6.2.1: Use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs

Clean Fuels SDG 7.1.2: Primary reliance on clean fuels and technologies for cooking, space heating and lighting

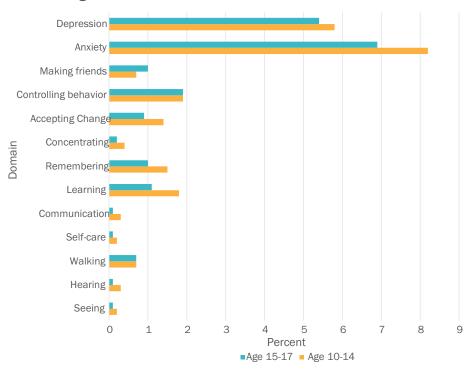
Every Adolescent has an Equitable Chance in Life



Percentage of adolescent girls and boys aged 15-19 years who in the last 12 months have felt discriminated against or harassed on the basis of different grounds

Every Adolescent has an Equitable Chance in Life

Functioning Difficulties in Adolescents



Percentage of adolescents who have a functioning difficulty, by domain and age

Achieving sustainable progress and results with regard to equity demands a human rights-based approach. At the core of international human rights legal framework is the principle of non-discrimination, with instruments to combat specific forms of discrimination, including against women, indigenous peoples, migrants, minorities, people with disabilities, and discrimination based on race and religion, or sexual orientation and gender identity. As adolescents begin to form more of an individual identity, discrimination can often become more pronounced, taking form in harassment, bullying, or exclusion from certain activities. At the same time, research has shown that discrimination during adolescence has a particularly strong effect on stress hormones, potentially leading to life-long mental or physical health side effects.

Children and adolescents with disabilities are one of the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, adolescents with disabilities are effectively barred from realizing their rights to health, education, and even survival.

Key Messages

- Adolescents aged 10-19 years make up about quarter (24%) of the total population in Nigeria.
- Age-specific fertility rate for adolescent girls aged 15-19 years (adolescent birth rate) is 75 births per 1000 women.
- High disparity exists in fertility rate between adolescent girls with no education (184 per 1000) and those with tertiary or
- Modern contraceptive use is about five times higher among unmarried adolescent girls (27%) than their counterparts
- who are married (5%).

 Percentage of adolescent girls whose need for family planning is satisfied by modern methods is higher for those who are unmarried (28%) as opposed to those who are married (18%).
- One out of every three adolescents aged 10-14 years (34%)

- has a foundational reading skills (can read 90% of words in a primary 2 story correctly, answer three literal comprehension questions, and answer two inferential comprehension questions). One out of every three adolescents aged 10-14 years (32%) has a
- foundational numeracy skills (can successfully perform a primary 2 number reading task, number discrimination task, an addition task and a pattern recognition and completion task).
- One out of every eight women aged 20-24 years in Nigeria (12%) were first married or in union before age 15, and one out of every
- were first married or in union before age 15, and one out of every three (30%) were first married or in union before age 18.

 Marriage before 18 years among women aged 20-24 years is four times higher (45%) in rural areas than in urban areas (12%).

 About one out of every four adolescents aged 5-17 years (27%) is engaged in economic activities at or above their age specific threshold (child labour by economic activates).

The objective of this snapshot is to disseminate selected findings from the Country MICS 2021 related to Adolescents. Data from this snapshot can be found in tables SR.4.1, SR.9.4W/M, TM.2.1, TM.3.1, TM.3.2, TM.3.3, TM.3.4, LN.2.3, LN.2.4, LN.2.6, LN.4.1, LN.4.2, PR.2.1, PR.3.3, PR.4.1W, PR.5.1, PR.5.2, WS.3.6, TC.4.1, EQ.1.2 and EQ.3.1W/M in the Survey Findings Report.

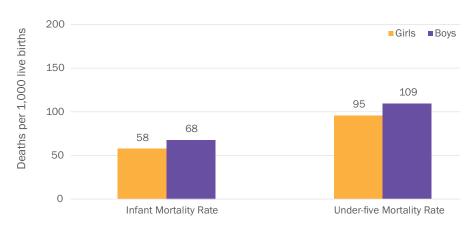
Gender Equality

Gender equality means that girls and boys, women and men, enjoy the same rights, resources, opportunities and protections. Investments in gender equality contribute to lifelong positive outcomes for children and their communities and have considerable inter-generational payoffs because children's rights and well-being often depend on women's rights and well-being. This snapshot shows key dimensions of gender equality during the lifecycle. It is organized around: 1) the first decade of life (0-9 years of age) when gender disparities are often small, particularly in early childhood; 2) the second decade of childhood (10-19 years of age) when gender disparities become more pronounced with the onset of puberty and the consolidation of gender norms; and 3) adulthood, when gender disparities impacts both the wellbeing of women and girls and boys.

Every Girl & Boy Survives & Thrives: The First Decade of Life

Nutrition and a supportive environment in early childhood are among the key determinants of the health and survival of children and their physical and cognitive development. Generally, girls tend to have better biological endowments than boys for survival to age five, and thus higher survival chances under natural circumstances. However, gender discrimination against girls can affect survival, resulting in higher-than-expected female mortality. Similarly, stunting rates are typically lower among girls than boys, potentially due to the higher risk for preterm birth among boys, which is inextricably linked with lower birth weight. However, children with mothers who gave birth at a young age or who have no education may be more likely to be malnourished. Children with restricted cognitive development during early life are at risk for later neuropsychological problems, poor school achievement, early school drop-out, low-skilled employment, and poor care of their own children. Stimulation and interaction with parents and caregivers can jumpstart brain development and promote well-being in early childhood. This is also the period of development when gender socialization, or the process of learning cultural roles according to one's sex, manifests. Caregivers, particularly fathers, may respond to, and interact with, sons and daughters differently.

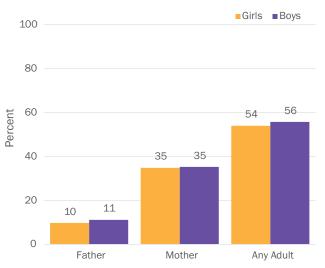
Mortality Rates among Children Under-5, SDG 3.2.1 Sex Disaggregate



Infant mortality: probability of dying between birth and the first birthday Under-five mortality: the probability of dying between birth and the fifth birthday

Every Girl & Boy Survives & Thrives: The First Decade of Life

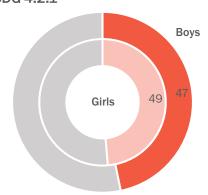
Early Stimulation & Responsive Care by Adults



Percentage of children aged 2-4 years with whom adult household members engaged in activities that promote learning and school readiness during the last three days, by person interacting with child and sex of child.

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

Early Childhood Development Index, SDG 4.2.1

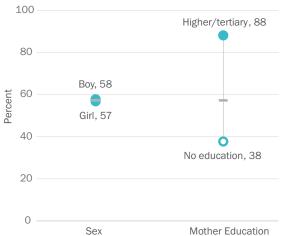


Percentage of children aged 2-4 years who are developmentally on track in at least 3 of the following 4 domains: literacy-numeracy, physical, social-emotional, and learning domains, by sex

Every Girl & Boy Is Protected From Violence & Exploitation: The First Decade of Life

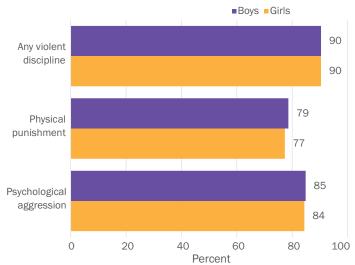
Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed. While vitally important for both girls and boys, the implications of low birth registration rates for girls are significant, rendering them more vulnerable to certain forms of exploitation they are at greater risk of, including child marriage and international trafficking. Although average birth registration rates are similar for girls and boys, children with mothers who have no education may be less likely to have their births registered. While girls and boys face similar risks of experiencing violent discipline -which includes physical punishment and psychological aggression- by caregivers in the home, gender inequality and domestic violence are among the factors associated with an elevated risk of violence against both girls and boys.

Birth Registration, SDG 16.9.1 Sex Disaggregate



Percentage of children under age 5 whose births are registered, by sex and maternal education level

Violent Discipline, SDG 16.2.1 Sex Disaggregate



Percentage of children aged 1-14 years who experienced violent discipline in the past month, by sex

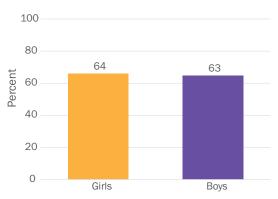
Note: The age group 1-14 spans the first and second decades of life.

Every Girl & Boy Learns: The First Decade of Life

Investment in good quality early childhood education services prior to entering school improves learning outcomes for children. It also enhances the efficiency of the school system by reducing repetition and drop-out and improving achievement, especially among girls and marginalized groups. Primary education provides the foundation for a lifetime of learning. Considerable progress has been made in achieving universal education and closing the gender gap but gender disparities to the disadvantage of girls still exist in some countries. Further, girls still comprise the majority of the world's out-of-school population.

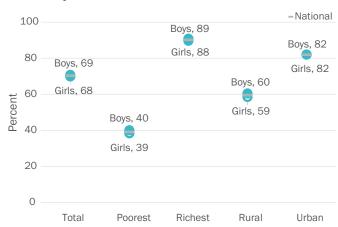
Note: Because children of primary school age range from 6-14 years, these indicators include some children in their second decade of life.

Participation Rate in Organized Learning, SDG 4.2.2



Percentage of children aged one year younger than the official primary school entry age at the beginning of the school year who are attending an early childhood education programme or primary school (adjusted net attendance rate), by sex

Primary School Attendance



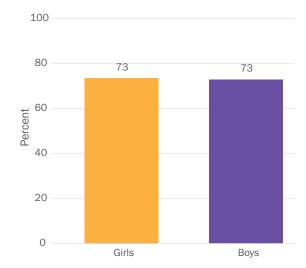
Percentage of children of primary school age attending primary, junior or senior secondary school (adjusted net attendance rate), by wealth quintile and urban/rural residence

Children of Primary School Age Out of School



Percentage of children of primary school age who are not attending any level of education, by wealth quintile and area

Primary Completion, SDG 4.1.2



Percentage of children aged 3 to 5 years above the intended age for the last grade of primary school who have completed primary education, by sex

- births) is higher than that of girls (58), and similarly the under-five mortality rate is higher for the boys (109) than for
- Slightly less than 3 out of every five boys (58%) and girls (57%) under the age of five had their births registered with civil authorities, with the highest of 88% for those whose mother's education is higher/ tertiary and a lowest of 38% for those whose mother are of no education.
- Nine out of every ten boys and girls (90%) aged 1-14 years
- had experienced any violent discipline.

- Boys and girls aged one year younger than the official primary school entry age have almost the same rate of participation in organized learning (63% and 64%, respectively).

 One out of every four boys (25%) and girls (26%) of primary school age are not attending any level of education.

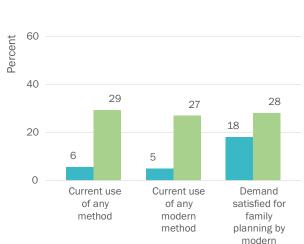
 Seventy-three per cent of boys and girls aged 3 to 5 years above the intended age for the last grade of primary school have completed primary education.

Every Adolescent Girl & Boy Survives & Thrives: The Second Decade of Life

While adolescence carries new health risks for both girls and boys, girls often face gender-specific vulnerabilities, with lifelong consequences. Complications related to pregnancy and childbirth are among the leading causes of death worldwide for adolescent girls age 15 to 19. Preventing adolescent pregnancy not only improves the health of adolescent girls, but also provides them with opportunities to continue their education, preparing them for jobs and livelihoods, increasing their self-esteem and giving them more say in decisions that affect their lives. Yet, too often, adolescent girls lack access to appropriate sexual and reproductive health services, including modern methods of contraception. Additionally, despite having a higher risk of contracting HIV due to both greater physiological vulnerabilities and gender inequalities, adolescent girls are often less knowledgeable than adolescent boys about how HIV is transmitted. However, gender norms adversely impact adolescent boys as well. For example, norms around masculinity that encourage risk taking may heighten adolescent boys' use of alcohol and tobacco, increasing their likelihood of developing noncommunicable diseases later in life.

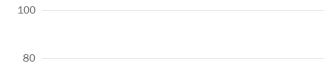
Contraceptive Use & Demand Satisfied

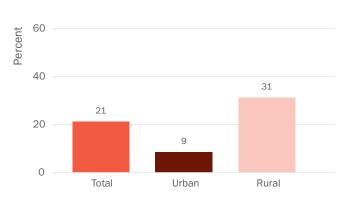




Contraceptive use and demand for family planning satisfied by modern methods among adolescent girls aged 15-19, by marital status

Early Childbearing - by Age 18





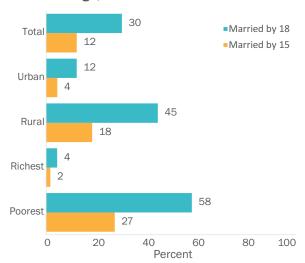
Percentage of women aged 20-24 years who had a live birth by age 18, by urban/rural residence

methods

Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

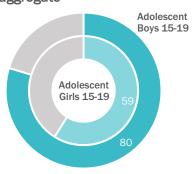
Adolescence presents unique vulnerabilities to violence and exploitation for girls. In many countries, marriage before the age of 18 is a reality for girls due to the interaction of several factors that place a girl at risk, including poverty, social norms, customary or religious laws that condone the practice, an inadequate legislative framework and the state of a country's civil registration system. Child marriage often compromises a girl's development by resulting in early pregnancy and social isolation, interrupting her schooling, and limiting her opportunities for career and vocational advancement. It also often involves a substantial age difference between the girl and her partner, thus further disempowering her and putting her at greater risk of partner violence, sexually transmitted diseases and lack of agency. Attitudes about wife beating serve as a marker for the social acceptability of intimate partner violence. Acceptance of wife beating among adolescent girls and boys suggests that it can be difficult for married girls who experience violence to seek assistance and for unmarried girls to identify and negotiate healthy and equitable relationships. Female genital mutilation is a human rights issue that also affects girls and women. Adolescence, in particular, is a vulnerable period for girls who have undergone FGM because they may experience heightened consequences of the procedure as they become sexually active and begin childbearing. Genderbased discrimination may be one of the most ubiquitous forms of discrimination adolescent girls face, and it has long-lasting and far-reaching effects on their personal trajectories as well as on all aspects of social and economic development. While in most regions, girls and boys are equally likely to be involved in child labour, gender is a determinant of the types of activities boys and girls engage in, with girls more likely to be involved in domestic work.

Child Marriage, SDG 5.3.1



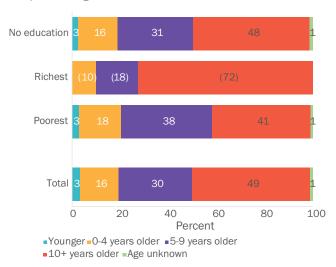
Percentage of women aged 20-24 years who were first married or in union before age 15 and before age 18, by residence and wealth quintile

Feelings of Safety, SDG 16.1.4 Age & Sex Disaggregate



Percentage of adolescents aged 15-19 who feel safe walking alone in their neighborhood after dark, by sex

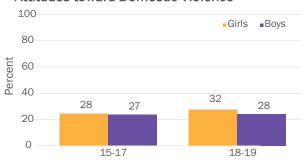
Spousal Age Difference



Percent distribution of adolescent girls aged 15-19 currently married or in union by age of their partner, by education level and wealth quintile

Data for "Richest are based on 25-49 unweighted cases.

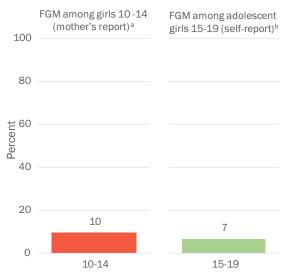
Attitudes toward Domestic Violence



Percentage of adolescents aged 15-19 years who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex and age group

Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

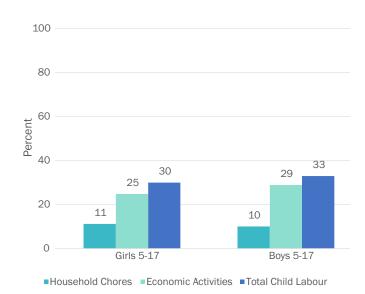
Female Genital Mutilation (FGM), SDG 5.3.2 Age Disaggregate



a Percentage of girls aged 10-14 whose mothers report they have undergone FGM b Percentage of adolescent girls aged 15-19 who report having undergone FGM

FGM refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

Child Labour, SDG 8.7.1



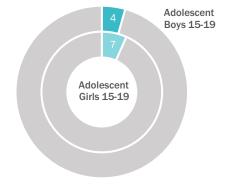
Percentage of children aged 5 to 17 years engaged in child labour, by sex, age group and type of activity

* Note: Indicator includes children in the first & second decade of life

Every Adolescent Girl & Boy has an Equitable Chance in Life: The Second Decade of Life

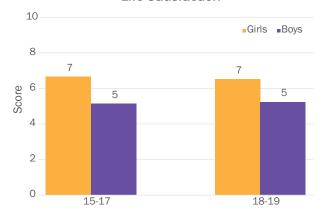
To become empowered, adolescent girls and boys need to be engaged as civic participants in the decisions affecting their lives and communities. People's sense of security and freedom from the fear of crime influences how they move about those communities, access services and economic opportunities and participate in public life. Adolescent girls and boys are likely to have different perceptions of personal safety due to different gender-based vulnerabilities to sexual violence and other crimes. Life satisfaction measures an individual's perceived level of well-being or how an individual feels about their life as a whole. Measuring adolescent girls' and boy's satisfaction with their lives can provide important insights into their mental health during a stage of life when gender norms consolidate and girls and boys experience different risk factors for mental health disorders.

Discrimination & Harassment



Percentage of adolescents aged 15-19 years who have ever felt discriminated or harassed based on their gender

Life Satisfaction



Among adolescents aged 15-19, average life satisfaction score on a scale of 0 to 10, by sex and age group

Every Adolescent Girl & Boy Learns: The Second Decade of Life

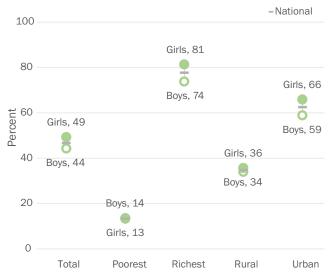
Globally, participation in secondary education is expanding, progress lags behind primary education. Gender disparities disadvantaging girls are also wider and occur in more countries at the secondary level than at the primary level. Yet, advancing girls' secondary education is one of the most transformative development strategies countries can invest in. Completion of secondary education brings significant positive benefits to girls and societies – from increased lifetime earnings and national growth rates, to reductions in child marriage, stunting, and child and maternal mortality.

Junior (Lower) Secondary Attendance Net Attendance Rate



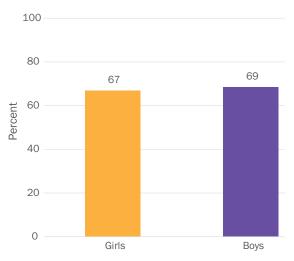
Percentage of children of junior secondary school age attending junior secondary school or higher (adjusted net attendance rate), by sex, wealth quintile and area

Senior (Upper) Secondary Attendance Net Attendance Rate



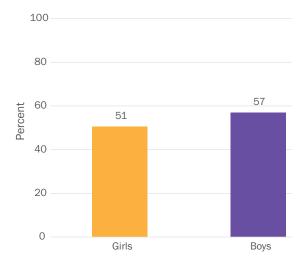
Percentage of children of senior secondary school age attending senior secondary school or higher (adjusted net attendance rate), by sex, wealth quintile and area

Junior (Lower) Secondary Completion, SDG 4.1.2



Percentage of children who aged 3 to 5 years above the intended age for the last grade of Junior secondary school who have completed Junior secondary education, by sex

Upper (Senior) Secondary Completion, SDG 4.1.2



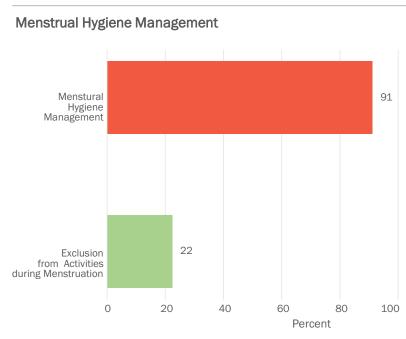
Percentage of children or youth who aged 3 to 5 years above the intended age for the last grade of senior secondary school who have completed senior secondary education, by sex

Every Adolescent Girl & Boy Learns: The Second Decade of Life



Percentage of children of junior secondary school age who are not attending any level of education, by wealth quintile and area

Every Adolescent Girl & Boy Lives in a Safe & Clean Environment: The Second Decade of Life



The ability of adolescent girls to safely manage their monthly menstrual cycle in privacy and with dignity is fundamental to their health, psychosocial well-being and mobility. Girls in low-resource and emergency contexts without access to adequate menstrual hygiene management facilities and supplies experience stigma and social exclusion while also forgoing important educational, social and economic opportunities.

Menstrual Hygiene Management: Among adolescent girls aged 15-19 who reported menstruating in the last 12 months, percentage using appropriate menstrual hygiene materials with a private place to wash and change while at home

Exclusion from Activities during Menstruation: Among adolescent girls aged 15-19 who reported menstruating in the last 12 months, percentage of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months

- live birth by age 18. The indicator is 3.4 much higher in the rural areas (31%) than in the urban ones (9%).

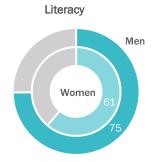
 Three out of every ten women (30%) aged 20-24 years first married or in union before age 18, with a highest of 45% in the rural areas, and a lowest of 45% in the urban ones.

 More adolescent boys (80%) than adolescent girls (59%) aged 15.10 years feel age, walking along in the in-
- aged 15-19 years feel safe walking alone in their neighborhood after dark.
- The percentage of girls aged 10-14 years whose mothers reported they have undergone FGM (10%) is higher than that of those aged 15-19 who reported by themselves that they
- have undergone FGM (7%).
- Average life satisfaction score among adolescents aged 15-19, on a
- scale of 0 to 10, is higher among girls (7) than boys (5). Boys are achieving a slightly higher Junior Secondary Completion rate (69%) than girls (67%). Similarly, the Senior Secondary Completion for boys (57%) is higher than that of the girls 51%). Nine out of every ten adolescent girls (91%) aged 15-19 years use
- appropriate menstrual hygiene materials with a private place to wash and change while at home.
- Twenty-two per cent of adolescent girls aged 15-19 years were excluded from activities during menstruation.

Gender Equality in Adulthood

To survive and thrive, all children require care and support from women and men. Care and support can be substantively improved by fostering gender equality, an important goal in its own right, and by reducing the gender-related barriers. Gender-related barriers include women's and girls' disproportionate lack of information, knowledge and technology, resources, and safety and mobility, as well as the gender division of labour and gender norms. For example, a mother's lack of mobility, due to prohibitive norms or lack of transportation, may impede birth registration, nutrition, and other child outcomes. The internalization of gender norms around masculine and feminine expectations and behaviours may influence women's and men's attitudes toward intimate partner violence and physical punishment of children as well as self-perceptions of well-being, including life satisfaction and expectations for the future.

Access to Knowledge, Information & Technology

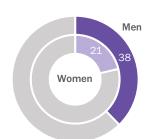


Percentage of adults aged 15-49 who are literate, by sex

Women 54

Media Access

Percentage of adults aged 15-49 who read a newspaper, listen to the radio, or watch television at least once a week

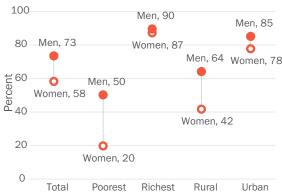


Internet Use: SDG17.8.1

Percentage of adults aged 15-49 using the internet at least once in the past 3 months, by sex

Access to Resources

Mobile Phone Ownership, SDG 5.b.1



Percentage of adults aged 15-49 who own a mobile phone, by sex, wealth quintile and area

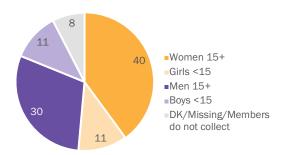
Health Insurance Coverage



Percentage of adults aged 15-49 with health insurance, by sex, wealth quintile and area

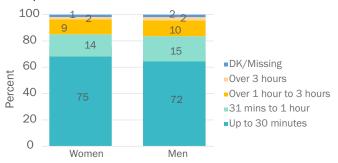
Time on Household Chores: Water Collection

Who collects water?



Percent distribution of household members without drinking water on premises by person usually collecting drinking water used in the household

Time spent on water collection

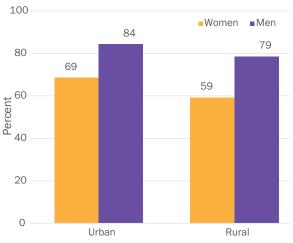


Percent distribution of average amount of time spent collecting water per day by sex of person primarily responsible for water collection in households without drinking water on premises

Gender Equality in Adulthood

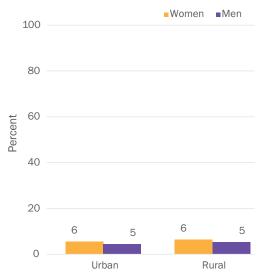
Safety & Security

Feeling safe while walking alone, SDG 16.1.4 sex disaggregate



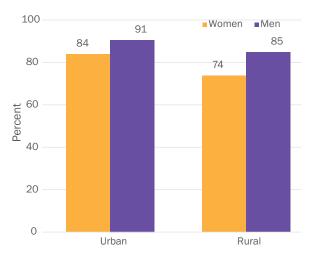
Percentage of adults who feel safe walking alone in their neighbourhood after dark, by sex and area

Discrimination & harassment



Percentage of adults aged 15-49 who have ever personally felt discriminated or harassed based on their gender, by sex and area

Feeling safety while being at home alone



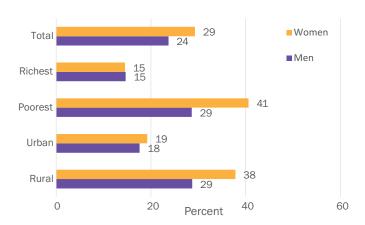
Percentage of adults (age 15-49) who feel safe being home alone after dark, by sex and area

- While the literacy amongst boys and men aged 15-49 years is 75%, literacy among girls and women of the same age is 61%.
- Two thirds (66%) of boys and men aged 15-49 years read a newspaper, listen to the radio, or watch television at least once a week, compared to a half (54%) of girls and women of the same age.
- age.
 Two out of every five (38%) boys and men aged 15-49 years have used the internet at least once in the past three months, as compared to one in every five (21%) girls and women aged 15-49 years doing the same.
- More men than women feel safe while walking alone in their neighborhood after dark both in urban areas and in rural areas.
- In both urban and rural areas, 5% of boys and men aged 15-49
 years have ever personally felt discriminated or harassed based
 on their gender, while it is 6% for girls and women of the same age
 group.
- Except for the richest wealth quantile, more girls and women than boys and men aged 15-49 years, justified wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him: she burns the food.
- Nearly two thirds of mothers-caretakers (64%) and male caretakers (65%) believe that physical punishment is needed to bring up, raise, or educate a child properly.
- bring up, raise, or educate a child properly.
 Girls and women aged 15-49 years are more life-satisfied (6.3) than boys and men (5.4) of the same age group, irrespective their sex, wealth quintile and marital status, and similarly their expectation about their lives will get better in one year.

Gender Equality in Adulthood

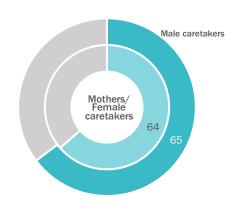
Feminine & masculine attitudes & expectations

Attitudes toward domestic violence



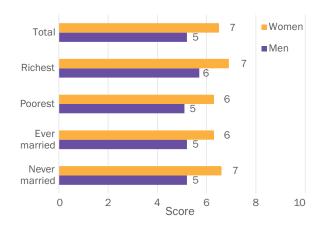
Percentage of adults aged 15-49 who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex, wealth quintile and area

Attitudes toward physical punishment

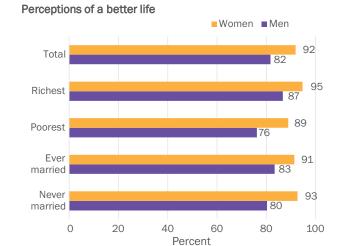


Percentage of mothers/caretakers who believe that physical punishment is needed to bring up, raise, or educate a child properly, by sex of caretaker

Life satisfaction



Among adults aged 15-49, average life satisfaction score on a scale of 0 to 10, by sex, wealth quintile and marital status. Higher scores indicate higher satisfaction levels.



Percentage of adults aged 15-49 who expect that their lives will get better in one year, by sex, wealth quintile and marital status

The objective of this snapshot is to disseminate selected findings from the Nigeria MICS 2021 related to Gender Equality. Data from this snapshot can be found in tables CS.3, TC.8.1, TC.10.1, TC.11.1, PR.1.1, PR.2.1, LN.1.2, LN.2.3, LN.2.4, LN.2.6, LN.2.7, TM.3.1, TM.3.2, TM.3.3, TM.3.4, TM.2.3W, TM.11.1W, TM.11.1M, SR.10.1W, SR.10.1M, SR.4.1W, SR.4.3, SR.6.1W, SR.6.1M, PR.8.1W, PR.8.1M, PR.2.2, PR.5.1, PR.5.3, EQ.3.1W, EQ.3.1M, PR.7.1W, PR.7.1M, EQ.5.1W, EQ.5.1M, SR.9.3.W, SR.9.3M, EQ.2.1W, EQ.2.1M, WS.4.1, WS.4.2, WS 1.3 and WS.1.4 in the Survey Findings Report.

The Nigeria Multiple Indicator Cluster Survey (MICS) was carried out in 2021 by the National Bureau of Statistics (NBS) as part of the global MICS programme. Technical support was provided by the United Nations Children's Fund (UNICEF). UNICEF, Gavi (The Vaccine Alliance), and Bill & Melinda Gates Foundation (BMGF) provided financial support.

Further statistical snapshots and the Summary Findings Report for this and other surveys are available on mics.unicef.org/surveys