



Nigeria

Nigeria's Progress in Achieving Population Stabilization

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Background Information

Nigeria, with an estimated population of about 140 million is Africa's most populous country and the continent's fourth largest economy. Nigeria lies on the West coast of Africa and occupies approximately 923,768 square kilometers of land bordering Niger, Chad, Cameroon, and Benin. The country is made up of 36 states and Abuja, the Federal Capital Territory. There are more than 350 ethnic/linguistic groups and a variety of social groups in the country and the main religion being Christianity and Islam. The spatial distribution of the population is uneven, with a majority of the population in rural areas; approximately 40 percent of the population lives in the urban areas

With a wide range of climatic, vegetation and soil conditions, Nigeria possesses the potential for a wide range of agricultural production. The country is blessed with minerals, forest and water resources. Fossil fuels, metallic, non-metallic and radioactive minerals are the basic groups of minerals, forest and water resources found in Nigeria.

Nigeria's output is dominated by Agriculture that accounted for an average of 42% of the GDP in the period from 2001-2005. Although other sectors like manufacturing, telecommunication and whole and retail trade grew at impressive rates during the period. The effect of these on overall growth has remained insignificant because they are coming from a very low base in terms of share in overall GDP. One of the constraints facing this sub sectors in the last ten years is the declining and epileptic power supply. Oil whose share of the GDP is near that of agriculture, exhibit unstable growth but continued to dominate the country's total export earnings and also of government revenue after large decreases in income in the early 1980's the country's economy on the average grew in the 1990s but these increments in GDP were not enough to keep up with the population growth and as a consequence per capital income did not increase greatly, implying that the welfare of the average Nigerian has not improved significantly. This situation explains why Nigeria is ranked among the poorest countries in the world, with over 70% of its population living below \$1 per day.

Economy

The Federal Government in 2003 came up with a new economic reform agenda tagged NEEDS- National Economic Empowerment and Development Strategy, which build on the nation's effort to produce the interim PRSP and consolidate on the achievement made during the transitional phase of the new democratic dispensation (1999-2003). As at the end of 2003, the various initiatives in areas of agriculture resulted in a boom with the FAO declaring that Nigerian agriculture grew by an unprecedented 7 percent. Industrial capacity utilization has more than doubled from about 29 percent in 1999 to more than 60 percent in 2003. Foreign direct investment in the non-oil sector has grown from almost zero in 1999 to no less than US \$ 2 billions in 2003. Consequently the income level has grown by an average of 3.6 percent in the period of 1999-2003 as against the average of 2.8 percent with zero per capital income growth in the 1990s. The rate of unemployment declined from 18 percent in 1999 to 10.8 percent in 2003. Real wages have significantly gone up since 1999 thereby reversing the downward spiral in real income of workers that began since the 1980s. Despite the progress made, the challenge is still daunting. The food still account for more than 60 % of household expenditure as changes in food prices will have a major effect on material welfare of the poor. Nigeria would need 8% GDP average growth rate as compared to the 5.7 % present rate for the next 10 years to meet the MDG target of halving the

incidence of poverty by 2015, provided there is reduction in income inequality estimated at 49% and that such growth would be pro-poor and based on productivity gains and value addition (World Bank, 2007).

With the swearing in of the new government in 2007, NEEDS -2 was produced within the framework of Vision 2020 with the aim of making Nigeria one of the leading global economies by year 2020. To address the pressing national issues within this framework, the President articulated the Seven Point Agenda. The agenda aim to addressing significant constraints to Nigeria's development and include Power and Energy, Food security and agriculture, wealth creation and employment, mass transportation, land reforms, security and qualitative and functional education.

Policy Environment

The 1988 National Policy on Population for Development, Unity, Progress and Self Reliance was widely criticized due to unrealistic and unachievable targets, gender insensitive and preservation of obnoxious values, which ran contrary to the principles of gender equity and equality as recommended in the ICPD PoA and other consensus documents and treaties such as the Beijing PFA, the CEDAW and the African Human Rights Charter. This policy was revised in 2001 and approved by the government in 2004 to reflect issues that emerged from ICPD, Beijing and related conventions.

To create a right environment for population stabilization a number of policies and strategic plans and frameworks were formulated. These include, National Reproductive Health Policy and Strategy launched (2001), National Reproductive Health Strategic Framework and plan for 2002-2006, the National Adolescent Health Policy (1995), National Policy on Women (2000), National Policy on the Elimination of Female Genital Mutilation (1998), National Policy on HIV/AIDS/STIs Control (1997), National Food and Nutrition Policy (1995), Breast Feeding Policy (1994) and Maternal Child Health Policy (1994) and the Plan of Control on non-communicable diseases in Nigeria (1999).

Ten States of the Federation have passed bills on Female Genital Mutilation. The national assembly has passed the Children and Young Persons Right Bills and the bill on trafficking in humans. The bills on Violence against women are still receiving the attention of the National Assembly.

In the international scene Nigeria has also rectified a number of conventions including the Banjul Charter (1983), Women's Convention (1985), Children's Right Convention (1991), Civil and Political Rights Covenant (1993), Economic, Social and Cultural Rights Covenant (1993). Many of these conventions have not been domesticated and are therefore not enforceable.

Population and Development strategies

The National Policy on Population for Development, Unity Progress and Self Reliance produced in 1988 was revised in 2002 to reflect emerging issues of ICPD and ICPD +5, including integration of population factors in development. The complex and multi-sectoral nature of the NPP developed to implement the policy necessitated a complex institutional framework for coordination as well as for monitoring and evaluation of the programme. In year 2002, the coordination of the NPP was transferred to the National Population Commission.

Other relevant post ICPD government actions and policies which focus on integrating population concerns into development strategies include Vision 2010, a strategic development plan aimed at making the basic needs of life including comprehensive health care and education, available and affordable to everyone, while taking measures to reduce the population growth rate. The National Health Policy (1996), the Reproductive Health Policy (2001), HIV/AIDS Policy (2001), Adolescent' Reproductive Health Policy (2001), National Policy on Food and Nutrition (2000) and the National Policy on Women (1995) were developed within the period under review to reflect the central place of population in line with the recommendations of ICPD Programme of Action. Population concerns were also recognized in the development of Poverty Reduction Strategy Paper. To ensure integration of population factors into development planning, in-country capacity were built to facilitate the training of planning officers in Planning, Education and Health Ministries in 12 States of Nigeria. On the whole, Nigeria's policies in the area of population and development are fairly adequate and in line with the internationally agreed conventions.

The current Population policy (2002) is set to achieve reduction of national population growth rate of 2 percent or lower by the year 2015; achieve a reduction in the total fertility rate of at least 0.6 child every 5 years; reduce infant mortality rate to 35 per 1000 live births by 2015; reduce child mortality rate to 45 per 1000 live births by 2015; reduce maternal mortality ratio to 125 per 100,000 live births by 2010 and to 75 by 2015; and achieve a 25 per cent reduction in HIV adult prevalence every five years.

Population factors were also recognized in the development of the Poverty Reduction Strategy Paper (PRSP) and the National Poverty Eradication Programme (NAPEP). In planning for the provision of social amenities population and environmental factors are taken account as a matter of policy. In the industrial sector, environmental impact assessment has been made a requirement in planning for their locations. The Federal Ministry of Environment is established to work with relevant Government ministries to ensure consideration of population and environmental issues in national and sectoral plans.

Population, Sustained Economic Growth and Poverty

Government realizes the fact that poverty is a major impediment to sustainable development and has put in place a number of programmes designed to increase people's access to employment, education, skills development, information and quality general and reproductive health services to reduce the scourge of poverty in the country.

In the health sector, some of the programmes include the Primary Health Care Scheme, National Programme on Immunization and the National Health Insurance Scheme. Improvement on the Universal Primary Education commenced in 2001 with the implementation of the Universal Basic Education programme while technical and vocational educations were revitalized to produce qualified middle-level human resources. Other programmes in the education sector include Adult Literacy Programmes and Nomadic Education. Other major government initiatives include Urban Mass Transit Programme, the National Directorate of Employment, Community/People's Banks, development of Small and Medium Scale Enterprises, power supply, road construction, and rehabilitation and improvement of telecommunication networks including rural telephone.

In addition a comprehensive National Poverty Eradication Programme was developed. The programme consists of Youth Empowerment, Rural Infrastructure Development, Social Welfare Scheme and National Resource Development and Conservation Schemes.

Population and Environment

One of the objectives of the National Policy on Environment is to encourage measures, which would sustain a balance between population and environment. Some of the strategies for the realization of this objective include addressing the issues of population growth and resource consumption in an integrated way, integration of population and environmental factors in national development planning among others. The institutional framework for the implementation of the policy was put in place and strengthened to ensure infusion of environment consciousness into the national planning and development processes. However, the environment continues to be threatened with the proportion of land area covered by forest dropping from 14.6% in 2000 to 12.6% in 2007. Gas flaring also constitutes environmental menace in the oil producing areas with the proportion of gas flare falling from 53% in 2000 to 34% in 2007. Progress towards achieving total elimination of gas flaring has been encouraging especially with the 2008 deadline given to oil producing companies to stop gas flaring. With respect to portable water, the proportion of people with access to safe drinking water dropped from 54% in 2000 to 50.71% in 2007. The growing problem of urban air pollution due to increasing number of highly polluting vehicles is a major challenge. At the moment the institutional framework for environment management is still weak, especially at the state and local government levels while appropriate framework for the participation of the private sector in environmental conservation and management is still lacking. Slow rate of introduction and adoption of efficient and environment friendly technologies in waste management, power generation and air pollution control in industries remains a problem. While poor housing financing and delivery systems have persistently excluded the poor from access to affordable housing, the high cost of land also compounds access of the poor to land.

Children and Youth

The establishment of Ministry of Women Affairs and Youth Development has been a major achievement in child and youth development in Nigeria. Following the Convention on the Rights of the Child (CRC) which Nigeria acceded to in 1999, the Child Rights Acts (CRA) N0 26 of 2003 was passed by the National Assembly. The act provides framework for the implementation of key principles related to the rights of children. 14 States out of the 36 states by 2006 have passed parallel laws relating to Children Rights. This landmark legislative achievement however has not translated to improved legal regime in the whole federation thereby making scope of enforcement very narrow. The act articulates the protection and participation rights of children in a manner hitherto unknown within the country's legal jurisprudence. The plight of children in conflicts and those displaced by conflicts is also not receiving adequate attention. The National Youth Development policy, which was put in place in 2001, is yet to be meaningfully implemented. The structures to ensure its effectiveness are yet to be developed.

To address the problem of human trafficking, especially child trafficking, the Nigeria 1999 constitution prohibit the abduction, sale of or traffic in children for any purpose or in any form. In 2006, the National Agency for the Prohibition of Traffic in Persons (NAPTIP) report on situation assessment in Child Trafficking in Southern Nigeria states showed that 46% of repatriated victims of international trafficking in Nigeria are children with a female and male ration of 7:3. They are engaged in various activities e.g. Prostitution 46%, domestic labour 21%, forced labour 15%, and entertainment 8%. Internal trafficking is also common in Nigeria. 32% are for forced labour, 31% for domestic Labour and prostitution 30%. The criminal code which operates in Southern Nigeria prescribe sanctions against persons who would trade in prostitution, facilitate the transport of human beings within or outside the country for commercial sexual exploitation or make profit from related activities.

To further embrace the challenges of the youth, the government inaugurated the children's Parliament in 2002. The parliament played active roles in the advocacy that ensured the successful passage of the Child Rights Acts at the federal level in 2003. Though there are guidelines for election into the National children's Parliament the challenge remains how to make the Parliament truly national and representation of the Nigerian children as representation is dominated by the children of the elite. This put question on the notion of equal rights among the children.

Adolescent

The national policy on adolescent was developed in 1995. A revised national policy on population deals with strategies relating to the rights and reproductive health of adolescents. The National curriculum and guidelines on sexuality education have been developed and approved by the Federal Ministry of Education and it is being implemented in most parts of the country. Youth friendly clinics, which cater for in and out of school youths have been built and NGOs and CBOs are encouraged to support programmes for young persons. A programme, which integrates population and family life education into 7 key subjects in post primary schools, is being implemented in most parts of the country.

In many societies in Nigeria, virginity at marriage is celebrated and promiscuity is sanctioned socially or otherwise. The culture of abstinence before marriage contributes also to adolescent reproductive health. As at 2003, one third of women age 25-49 reported that they had had sexual intercourse by age 15. By age 20 more than three quarters of women and by age 25, nine in ten women had sexual intercourse. One quarter of teenage women has given birth or is pregnant. Early childbearing is more of a rural phenomenon, with 30% of rural women age 15-19 having began child bearing compared with 17 percent in urban women in the same age group. Overall, median age at first birth is increasing, whereas median age at first birth is less than 19 years among over age 35.

According to UNICEF, 2001 the early marriage is partly responsible for high Maternal Mortality among children under 16 which is found to be six times higher than for young women aged 20-24. In addressing the challenges, Government in collaboration with NGOs engaged Print and Electronic media, including posters, leaflets; fliers and television soap opera to disseminate information on adolescent reproductive health. Under various donor-assisted programmes of government, capacity building on dissemination of information on adolescent reproductive health is ongoing.

Gender Equality, Equity and Women Empowerment

Nigeria today is signatory and ratified about ten key instruments designed to protect the rights of women, promote equality and eliminate sex based discrimination. The instrument include CEDAW and its optional Protocol, Beijing Platform for Action, Rio+10 Declaration, AU Protocol to the African Charter on the Rights of Women in Africa among others. A national Gender Policy was launched in 2007 to replace the 2002 National Women Policy. The policy provides a framework for the implementation and defence of the rights of women. However, despite the evidence records of compliance and identification with progress in the international community on improving the situation of women, gaps remain in the non passage of the federal bill on violence Against Women, poor enforcement of extant policies and inconsistent implementation of key principles such as affirmative action in elective positions and appointments to political offices. Women's participation remains hinged on appointments that fall far less of the affirmative action request of 30%. Available records from Federal Ministry of Women Affairs in 2006 shows

that women in industrial sector amount to 11% while their percentages in the informal sector associated with lower status and poverty is 87%. The proportion of the women in the Federal Civil Service is 24% and women hold less than 14% of top management positions. Among the 70% of the population living below the poverty line, over 65% are women. Women constituted 20% of the federal cabinet with key portfolio in finance, power and steel, science and technology, women Affairs environment and housing. 22% of the Federal Permanent Secretary are women as against 10% in 1999. In political participation, the country observed 2 % increase in the number of women over the past three general elections in 1999, 2003 and 2007, with the number of women senators increasing from 3 to nine, and women in the state houses of assembly increasing from 12 to 54. A slight increase in women's appointment to decision making within the public and private sectors in the period under review In spite of the constitutional guarantee of equality, freedom of association and freedom from discrimination, women remain on the fringes of Nigeria political and public life. A number of measures initiated to improve the situation are yet to reach fruition due to resistant and lack of political will. The protection rights of women remained unrealized because of increased poverty, non enforcement of laws and policies and inadequate public education and enlightenments on the rights of women.

The National Gender Policy launched in May 2007 is expected to guide activities towards eliminating discrimination and improving the participation of women in national life. The challenge is bridging the gap between policy and practice. The National Assembly has passed the bill on women trafficking and the Federal Government is supporting private initiatives to eradicate trafficking in women. One of the NGOs, with the strong government support, which has recorded remarkable success towards eradicating illegal trafficking of women and children, is Women Trafficking and Child Labour Eradication Foundation. The bill on Female Genital Mutilation has already been passed by the National Assembly and some states Houses of Assembly, while there is a national plan of action for its elimination. To create awareness on the issue of gender-based violence, the tempo of IEC, advocacy/sensitization campaigns have increased with the support of multi and bilateral donors agencies.

The 2006 census figure indicates that men outnumbered women by mere 3%. By the almost equal numbers of men to women it is expedient to take affirmative actions towards increasing women's participation if sustainable development is to be achieved.

Education

In 2000, government replaced the Universal Primary Education (UPE), which provided for six years free and compulsory education with the Universal Basic Education (UBE), which stipulates nine years of free and compulsory education; this was aimed at improving access to primary and at least three years of secondary education where vocational courses are encouraged.

The country is steadily marching towards achieving the goal of Universal Basic Education by 2015. Net enrolment ratio in primary education has consistently increased from about eight in every ten eligible children in 2004 to nine in 2007. There has also been upsurge in the establishment of private schools thereby leading to increase in literacy rate with urban areas benefiting more than rural areas.

On girl child enrollment, the proportion of girls enrolled for primary, secondary and tertiary education is still lower than boys (about 8 girls to every 10 boys) but there had been gradual increase from 2000-2007 for primary schools while steady increase was observed for secondary school enrollment from 2005

The curriculum for sexuality education had been adopted by the Federal Ministry of Education and is being implemented in schools in many States. The curriculum integrates gender relations, which ensures that attitudes, which encourages both sexes to view and relates with each other as equals are thought in schools. As part of the general guidelines for the production of educational materials including textbooks, educational materials that promote gender bias and disrespect for women and the girl child are disallowed.

Reproductive Rights and Reproductive Health

Although the simplified versions of the CEDAW and Beijing PFA have been produced and disseminated to enhance better understanding and application of the documents, the level of awareness concerning sexual reproductive rights as provided in international instrument and the country laws and policies remained very low.

The reproductive health and adolescent reproductive health policies and strategic frameworks for implementation were developed to provide the policy and implementation frameworks for increased access to quality Reproductive Health services. The Policy documents also contain measures relating to reproductive rights and free informed choice, but no legislative provision or visible institution framework is in place to enforce reproductive rights.

All the components of reproductive and sexual health services including Maternal and Child Health, Family Planning, Safe Motherhood, Integrated Management of Childhood Illness and Adolescent Reproductive Health have been integrated in the guidelines and standing orders for primary health care services which were developed in the post ICPD period.

To re-enforce the right to sexual and reproductive choices, the Ministry of Health put in place measures to expand access to contraceptives including the Emergency Contraceptive and modern methods such as Norplant and Female condom which is currently being promoted while training plans for female condom have been concluded. The Ministry is also working with Campaign Against Unwanted Pregnancy to develop a bill on expanded access to post abortion care and management of post abortion complications as a sexual and reproductive right choice.

Government has also been responding favourably to demands for reforms, review of the law, the constitution and policies. One area where a lot of gains have been made is in breaking the silence on Sexuality and reproductive health education especially as it concerns adolescents. There is a general awareness, however a lot is still required to educate the populace sufficiently and diverse strategies including translations, production of simplified versions, radio jingles posters, drama etc are some of the strategies being considered to increase the knowledge base of sexual reproductive rights in addition to already existing initiatives.

The Federal Ministry of Work is also working with campaign Against Unwanted Pregnancy an NGO, to develop a bill on expanded access to post abortion care and management of post abortion complications as a sexual and reproductive right choice. The bill has a component on pregnancy prevention through the promotion of contraceptives for all sexually active persons, and opens access to safe abortion services based on specific indicators which include rape and contraceptive failure as well as when the mother's life is in danger. The bill also provides for comprehensive counseling services to explore the option of adoption and fostering by clients who may choose to keep the pregnancy to full term.

Sexual and reproductive rights and health are also being promoted especially in the areas of cultural beliefs and negative attitudes to sexual and reproductive rights issues. Advocacy and

awareness creation on the provisions of sexual rights using the international and national instruments are some of the strategies being used.

A number of national instruments including laws and policies have clearly articulated provisions against forced marriages, teenage pregnancy, discrimination against women and gender-based violence of whatever form. Mass and alternative media are used to create the necessary awareness about gender based violence.

Fertility Rate and Family Planning

The total fertility rate in Nigeria as at 2003 NDHS was 5.7% compared with previous national surveys. The 2003 NDHS shows a decline in fertility over the last two decades from a fertility rate of 6.3% in 1981-1982, 6.0 in 19990 to 5.7 in 2003 NDHS. However, the 2003 NDHS rate of 5.7 is significantly higher than the 1999 NDHS rate of 5.2.

The Planned Parenthood Federation of Nigeria for many years played a vital role in ensuring access to Family Planning commodities. The NGO, in fulfillment of ICPD PoA mandate has undergone re-structuring to make it more effective and relevant. The most important transformation is the shift from Family Planning to reproductive health and the inclusion of youth friendly services.

Advocacy efforts are being intensified to secure funding from Government and donor agencies to ensure uninterrupted supply of contraceptives. Government is already committing funds to ensure that full range of commodities is available. In addition, female condom has been introduced and formally launched and service guidelines reviewed to include female condom and the emergency contraceptives and capacity building for service provider is ongoing in this regards. Community based management committees have been formed within the context of primary health care to encourage communities.

Other partners involved in the Family Planning provision include Society for Family Health (SFH) in the area of reduction of HIV/AIDS and STIs and unplanned pregnancies, Family Health International, Youth Development Initiative and Women's Health Empowerment Action Project and Youth Action Rangers of Nigeria.

HIV/AIDS prevention

A multi-sectoral approach has been established in the fight against HIV/AIDS. There are action committees at all levels including the National Agency for Control of AIDS (NACA), State Agency (SACA), Local Government Agency and a Community Agency for Control of AIDS NGOs, private sector and faith based organizations and network of People Living with AIDS are actively involved and they partner with government in the fight. Between 2003- 2005 the prevalence rate of HIV/AIDS dropped from about 5 in every 100 Nigerians to 4. This reflects a downward trend in HIV/AIDS prevalence. The HIV prevalence among pregnant women aged 15-49 years also declined over the last few years from 6 of every 100 pregnant women aged 15-49 in 2001 to 5 in 2003 and 4v in 2005. The same trend has been observed among young pregnant women aged 15-24. Resource drive and actual allocation to HIV/AIDS programme has also increased in recent times

Strategies involved in HIV prevention include voluntary counseling, voluntary testing, condom use and its availability and targeted interventions to most vulnerable groups. The current interventions include the five-year National Strategic framework for Action (2005-2009), which is

guiding the national response to HIV/AIDS and the National Policy on HIV/AIDS in the workplace. Programme health information posts are being established at major areas like brothels, motor garages including others designated as “high risk areas” by government in partnership with NGOs. IEC materials, condom, voluntary counseling and referral for testing are also provided to commercial sex worker, long distance drivers and other high risk groups. Government have also started training for Peer health educators and peer counselors

Since HIV prevalence in younger age is accepted to be indicative of the level of HIV incidence, this development suggests a modest decline in the number of new infections in the country. Reported cases of malaria and tuberculosis are also on a downward spiral. The prevalence rate of malaria decline from 2,024 per 100,000 in 2000 to 1,158 per 100,000 in 2004, while that of tuberculosis decline from 16 per 100,000 in 2000 to 7 % in 2004. Remarkable achievement has been recorded in reversing the incident of malaria and other major diseases with the introduction of the Roll Back Malaria initiative in Nigeria and several control activities under the major strategic intervention.

Infant Mortality

Efforts of the government in addressing the issue of high infant mortality include introduction of Integrated Management of Childhood illness (IMCI) Strategy, Integrated Maternal Newborn and Child Health Strategy, Intensive capacity building for health workers and community resource persons and the integrated child survival and development Strategic Framework and Plan of Action (2005-2009) to guide implementation child survival interventions by government at all levels.

However, the emerging trend in child and mother mortality are worrisome with the infant mortality rate actually rising from 81% per 1000 live births in year 2000 to 86 per 1000 live births in 2007. The proportion of one- year-olds fully immunized increased from 32.8% in 2000 to 60% in 2007. This represents an increase of 50% increase over a period of seven years. However there are some regional disparities. The three regions with the lowest percentage of children receiving no vaccination are the South West, South and South East respectively. In the South about 6.5% of children age 12-23 months did not receive vaccination. The success of vaccination is attributable to the national programme on immunization, which lays out plan of action for achieving total coverage. Under five-mortality rate also increased from 183.75 per 1000 live births in 2000 to 201 per 1000 live births in 2007. To enhance the survival status of mother and child especially in the rural areas, vitamin A supplements are distributed to children and women and youth friendly services integrated into local health facilities.

The major challenges in reversing the trend include high level of ignorance among parents, in respect to adopting conventional health seeking behaviour and certain religious and cultural beliefs, which prevent access to children for immunization and adoption of safe health seeking practice. The health sector is also not adequately funded. Also there are problems associated with access to beneficiaries in the riverine areas, which hinders movement of equipment and medical equipment.

Maternal Mortality and Safe Motherhood

The Emerging trend in maternal mortality is worrisome as one third of all women delivered in health facilities over the five-year period preceding the 2003 NDHS. At present the Maternal Mortality Rate is 828 deaths per 100,000 live births, as compared to 531 deaths per 100,000 live births in the rural areas. Approximately two thirds of all Nigerian women and three quarters of

rural Nigerian women deliver outside of health facilities and without medically skilled attendants present. The factors responsible for this include attitudes towards antenatal and postnatal care and the quality of health delivery, which indicates that progress towards the attainment of the target, is still slow. About 37% of Nigerian women with live birth in the five years preceding the 2003 NDHS survey did not receive antenatal care at all while 58% of pregnant women receive antenatal care from modern health facilities. There was a mark difference of 6% between the 1999 survey and 2003 survey as 64%. However there is largely zonal disparity in the proportion of women who did not receive antenatal care. The zones with the highest proportions are the north west (59%), north east (47%) and north central (25%) . The South South is 17% while the South East and South West have remarkable low percentage of approximately 1% and 2% respectively. The place of delivery and type of assistance rendered during delivery is crucial to maternal survival. Complications and emergencies leading to mortality more often than not arise. According to 2003 NDHS, 66% of deliveries occurred at home with only 32.6% taking place in health facilities. By comparison, in 1999, 58% of the deliveries were at home and 37% were in health care facilities. Overall, only 35% of births are attended by doctors, nurses or midwives, 20% by traditional birth attendants, 26% by relatives or untrained persons, 1.1% by community health workers and 17% by no one.

Under the Safe Motherhood initiative of the Federal Government, various lives saving skills curriculum were developed and adapted to train different levels of healthcare providers. Other programmes and initiatives embarked upon by Government to ensure safety of mother and child include the Baby Friendly Initiatives which encourages exclusive breastfeeding of the child up to six months and Women and Children Friendly Health Services, an integrated approach which addresses issues on breastfeeding, nutrition, safe motherhood, roll back malaria, immunization and HIV/AIDS. This aimed at accelerating the reduction of maternal, neonatal and infant morbidity and mortality by the year 2010.

Population Information, Education and Communication

Some response have been made to promote general awareness on population and development issues and to reduce resistance to issues such as family planning, reproductive and sexual health rights and elimination of harmful traditional practices such as female genital cutting, human trafficking and other forms of gender-based violence. To this end, steps have been taken to ensure relevant portions of international conventions are incorporated into local laws and policy frameworks. In response to the need for dissemination of information, the Population Information and Communication Bureau was established in 2002.

The News Agency of Nigeria under the “Partnership with the Mass Media to Increase Awareness about Population Issues” project trained journalists in reporting of population-related issues. This project has resulted in wider coverage and better quality of reports of reproductive health and reproductive rights issues in the mass media. Media organizations including government television and radio network have established desks devoted to population and development, including reproductive health, gender and related issues.

Some NGOs are engaged in advocacy to stop trafficking of Nigerian women for sexual exploitation. The traditional folk media that remain critical to information dissemination in rural Nigeria complements these initiatives.

Partnership with the NGOs

In an effort to mobilize the different sectors in the fight against HIV/AIDS in 2002, the Presidential Forum on HIV/AIDS organized the private sector, the public sector and civil society groups to discuss strategies and commitments to synergies the fight against the scourge. Government has also entered partnership with Bill Gates Foundation and drug manufacturing companies, which are currently providing support for the prevention of mother to child transmission. Presently some civil society organizations are working with the bank sector and pharmaceutical companies to implement activities in the area of HIV prevention and support to those affected with the virus.

The Department of Community Development and Population Activities serves as the Secretariat of the NGO Forum, Reproductive Health Committee, Information Education Communication Committees, and Donors Forum which were set up to coordinate the efforts of government and others including NGOs and CBOs in population programmes.

Government is also involved in south-to-south partnerships. Nigeria formally became a member of Partners in 2002, South-South collaboration in Population and Development with headquarters in Bangladesh. The forum provides opportunity for experience sharing amongst a member of developing countries of the world to lobby for policy change on population issues and platform upon which member states developed and presented a common front on population issues. Nigeria is the current chair of the ECOWAS initiative aimed at reversing trend in human trafficking. Also under South- South partnership, many NGOs are members of the Reproductive Health Partnership of NGOs in Sub-Saharan Africa, Nairobi. Nigeria is also a member of AMANITARE, a network of African Feminist working in areas of Sexual Reproductive Health and Rights.

The Federal Ministry of Health in collaboration with civil society develops Sexual Reproductive Health manuals, medical protocols and guidelines. Drafting of policies and bills, and review of laws has been done with the input of civil society groups. Many NGOs in Nigeria enjoy moral and logistics support from the government while some NGOs assist some government departments in capacity building.

There is also collaboration between NGOs in the implementation of programmes of common interest. The civil societies have also collaborated with UN agencies, bilateral, multilateral and international NGOs to implement programmes.

Funding

Domestic resources for the implementation of Population and Development and reproductive health programmes have increased since ICPD but not sufficient enough to make meaningful impact. The inflationary trend has reduced the impact of the perceived increase.

A major obstacle to increasing resource mobilization in line with ICPD resource goals has been downward trend in Official Development Assistance (ODA). The ODA for Africa declined from USD 17.4 billion in 1998, USD 15.9 billion in 1999, and USD 15.6 billion in 2000 due to budgetary constraints from donor States and the diversion of limited resources to humanitarian and peacekeeping efforts. In 2001, it rose to USD 16.2 billion (ADB, 2002). Other problems identified include insufficient financial management capacity for resource allocation, tracking and reporting on the use of funds, lack of resource coordination mechanisms, and difficulties in absorption of the funds allocated because of complexity of withdrawal and management procedures.

SITUATION ANALYSIS

Population Trends

The 2006 housing and population census estimated the country's population at 140 million making Nigeria the tenth largest country in the world and the most populous in Africa. The new census figures suggest an upward trend in the population growth rate from 2.8% to 3.2%. Children are said to account for about 51% of the population with over 45% being within the aggregate bracket 0-14 while only 3.37% of the population is 65 years old and older. With women accounting for about half of the total population, Nigeria's population is predominantly comprised of children and women. Therefore it is expedient to take affirmative actions towards increasing women participation if sustainable development is to be achieved.

The current annual growth rate of 3.2% shows an incline from a rate of about 2.9 % in the 90s. At this rate, Nigeria is one of the fastest growing populations in the world. Projections based on the 2006 census figures and the current growth rate show that the population would be 178.6 million in 2015 and 235 million in 2025 (NPC, 1998). At this rate population would double in about 20 years. About half of the population (44.9%) is under 15 years of age and old people, that is those 65 years and above, constituted 3.3%. the working population (aged 15-64) makes up only 51.8% of the population. This young population structure translates to an overall dependency ratio of 93.2. The index of economic dependency however shows a grater burden for employed people, as there are 259 dependents for every 100 workers (UNS, 2001).

Population and Development Strategies

Apart from the 1991 population census, the National Population Commission conducted Sentinel Surveys in 1994 and 2000 to provide baseline data for monitoring and evaluating the National Population Programme. Socio-demographic data are also available from the 1999 and 2003 National Demographic Heath Surveys. The National Bureau of Statistics periodically collects socio economic and demographic data with the National Integrated Survey of Households (NISH) and the Multiple Indicator Cluster Survey and the annually conducted General Household Survey. Health data are also collected in the Ministry of Health through departments of Planning and Statistics and National Health Management Information System.

The UN agencies including UNICEF, UNFPA, UNDP and WHO have supported efforts at data collection analysis and dissemination on population and health issues, which could be accessed for population, programme formulation, monitoring and evaluation.

Database also exists in National Planning Commission, which coordinates South-South collaboration activities.

Population Distribution and Urbanization

The population density of Nigeria in 1991 was 96 persons per square kilometer. By current projection, the population density is about 144 persons per square kilometer. About 64% of the population lives in the rural areas, but the urban population is growing and has grown by about 4.5% in the past decade. The proportion of the urban estimated at about 36% in 1999 is expected to rise to 42% in 2010 and 46% in 2020. The pattern of internal migration is mainly rural to urban. The low level of socio economic development in rural areas, which is evidenced by the absence of modern socio amenities, is the major push factor for migration. The young and able bodied dominated the movement and this results in a drain in rural human resource. Agriculture,

which is the mainstay of the economy, suffers from insufficient labour force while there is underemployment and unemployment in the cities. Most urban residents live in squalid and congested environments, poverty is wide spread, crime rates are high, health services are inadequate and portable water, good roads and electricity are lacking.

Maternal Mortality and Morbidity

The available data shows that while the maternal mortality rate in the early 90s was between 1400 and 1500, it dropped to 1000 per 100,000 live births in the late 1990s to 2001. In 1999 the rate further dropped to 704 per 100,000 live births. The current maternal mortality ratio of 800 per 100,000 live births in Nigeria is one of the highest (FOS/UNICEF, 2000). The proportion of births attended by skilled medical personnel dropped from 45% in the early 1990s to 31% in 1998 but rose again to 42% in 2000, and 63% in 2003 (NDHS, 1999, 2003) Factors associated with the high maternal mortality rates include births at very young ages, which accounts for high parity prevalence in the country. Other contributing factors are delay at home and delay in gaining access to health facilities. In 1990 about 40% of women lived more than 10-30 miles away from the closest healthcare center. (NBOS,1990). According to NPC, 2000, only about 37 % of the births were delivered in a health facility while in 1990, the figure was 31% thus indicating an increase. Inadequate health care facilities and lack of skilled personnel are also contributory factors.

Infant Mortality

The NDHS 2003 indicates infants' mortality of 100 in 1000 births and under five mortality rates of 201 in every 1000 birth. The rate is quite alarming. Child survival to some extent depends on immunization against childhood diseases. In 2000 about 49% of parents presented the immunization cards as evidence of immunization for their children. Available data shows that only 12% of children in Nigeria are fully immunized while 57% received the first dose of polio vaccine in 2000 but the % of coverage dropped to 47% and to 28% for the second and third doses respectively. National immunization coverage continued to plummet from 30% in 1990 to 17% in 1999, 12% in 2000 and 13 % in 2003. The urban and rural immunization coverage remained 19% and 8% respectively. The implication of this is illness, disability and often death from preventable diseases. The infant and under- 5 mortality rates reflect the level of the management of childhood illnesses including immunization in the country.

HIV/AIDS

Since its discovery in Nigeria in 1986, HIV infections have continued to rise exceptionally. Nigeria is the first country with a population of over 100 million to cross 5% infection rate. From an infection rate of 1.8% in 1991, HIV infection rates have risen progressively through 5.4% in 1999 to 5.8% in 2002. The figure, which is based on reported cases only suggest that one Nigerian gets infected every minute of the day. Young people age 20-24 have the highest prevalence rate put at 8.1% while the aged 15-29 years contribute 62% of the total cumulative HIV/AIDS cases (Federal Ministry of Health, 1999). Despite their vulnerability, over 70% of the young people rated themselves at "no risk at all" (NPC, 1999).

The same group of population reported a very low use of contraceptive including condom. Only 7% of sexually active girls age 15-19 and 20% of their male counterparts use condoms (NPC, 1999), while 45% of women aged 15-49 and 63% of men aged 15-49 uses condoms as prevention against HIV (NDHS, 2003). About 80% of HIV infection is through sexual transmission. In 1999 between 41,000 and 64,000 children were estimated to have died from HIV/AIDS (UNS, 2001).

The 1999 and 2003 NDHS reported that 74% and 86% respectively of women and 90% and 97% respectively of men have heard of HIV/AIDS.

However the large numbers of people who have heard about the infection are misinformed about the mode of transmission. One out of five respondents in 1994 listed circumcision, kissing and mosquito bite as modes of transmission (NPC, 2000). Despite the increase awareness, the rates of new infections are rising progressively which indicates that the knowledge gained from ongoing interventions have not yet been translated into behavioural change. Factors that continued to predispose Nigerians to the infection include misinformation, denial, risky sexual behaviour, lack of information and skills to negotiate sexual limits amongst younger women and reluctance of the majority of people to know their HIV status.

Fertility

The high prevalence of child bearing at early age in Nigeria reflects the age of exposure to sexual intercourse. Available data shows that 48.6% of adolescent aged 15-19 years old are sexually active while over two fifths of women aged 20 years above had become mothers before the age of 20 (NPC, 2002). Generally, adolescents in Nigeria contribute up to 16% to the total fertility rate of the country. The median age at first intercourse is 16 years. Women tend to engage in sexual intercourse earlier than men with a median age of first intercourse of 18 and 20 respectively.

The total fertility rates in the country are 5.7% (NDHS, 2003). Although the fertility rate is high, some decline has been recorded over the years. Some of the economic reasons advanced for the decline include the structural adjustment policies such as removal of subsidies on social facilities and amenities such as education, housing and health care among others. Research findings have shown that some Nigerian adults with small family size would have more children under better economic situations. Traditional practices in some parts of the country encourage early marriage and rewards high parity while family planning practices are discouraged.

Family Planning

Knowledge of modern contraceptive method is high in Nigeria. About 78% of the population knows at least one method of contraception while 76% have knowledge of any modern method (NDHS, 2003). However this does not translate to usage. Only 13.3% of the women have ever used a method. The highest level of usage is among women age 35-39 while only 8.0% has ever used any modern method and the pill is the most popularly used contraceptive in Nigeria (NDHS, 2003).

About 63% of age between 15-49 reported the use of condoms while 45% of women of the same age reported the use of condom for dual protection. Survey reports show that 40% of women reporting for abortions procure abortion because the pregnancy is unplanned (CAUP, 1999). This portends a high level of unmet needs in contraceptives services. Unplanned pregnancies continued to be recorded as a result of inadequate spousal support, limited access and inadequate knowledge of fertility period and birth control devices and methods. Contraceptive failure and side effects have also made the list of factors, which militate against the use of contraception.

Spousal support in family planning especially in contraceptive usage is very low. In the 2000 sentinel survey conducted by National Population Commission, 15% of husbands aged 25-29 are reported to have allowed the use of modern methods (NPC, 2000). This implies that there is more work to be done to enable men support rather than allow the use of contraception.

Women Rights and Gender Relations

An estimated 50% of the population of Nigeria is made of women and girls, however the gender disparity in access to education seems to have reduced considerably. At the primary school level, the gender ratio increased from 0.76% in 1990 to 0.79 in 1995 and 0.96 in 2000. The secondary level, the gender ratio increased from 0.75% in 1990 to 0.95 in 1994 but declined to an all time low of 0.65 in 1996. Nonetheless the ratio, which displayed an upward trend from 1997, reached 0.85 in 2000 and increased further to 0.92 in 2002. In spite of the generally positive trend of female participation in education, overall national literacy levels remain low declining from 58% in 1990 to 49% in 2001. During the same period literacy rates for women and girls declined from 44% to 41%.

Factors responsible for the observed gap between male and female access to education include cultural beliefs and the economic condition of the family, which forced female child to early marriage and child labour. Available data however indicate that women have become increasingly represented in wage employment in non-agricultural sector. General Household Surveys of Federal Office of Statistics indicate that the share of women in wage employment in the sector stood at 46% in 1996 but by 1997 it rose to 62% in 2000. This upward trend was attributed to several women-focused policies and programmes such as Family Support Programme, Family Economic Advancement Programme initiated and implemented in the 1990s.

On women participation, the figures for elected officers by gender in 1999 and 2003 general elections indicated that some progress has been made in increasing the political activities of women since 1999. The women representation in the Senate increased from 2.8% to 3.7% while representation at the House of Representatives increased from 3.6% to 4.2% over the same period. A major challenge impending gender equality is the problem of developing capacity for mainstreaming gender and implementing existing policies including the national policy on women and domestication of CEDAW.

Indicators

Indicator	1990	2000	2003	2006	Source
Proportion of population below the national poverty line	46.3%	65.6%	70.1%		Federal Office of Statistics
GDP	2.7%	2.8%	3.8%		Human Development Index (HDI) report
Annual population growth rate	3.0%	2.9%	2.9%	3.2%	1991 National population census
Life expectancy at birth (year)					National census and WHO estimates
Male	52.6	46.8			
Female	53.8	48.2			
Infant mortality rate (%)	93	105	100		NDHS)

Contraceptive prevalence rate-modern methods (%)	6%	8.6%	8.0%		NDHS
Unmet need for family planning (%)	21%	13.3%	17%		NDHS
Maternal mortality ratio (per 100,000)	-	800	820		NDHS
Proportion (%) of births assisted by skilled health personnel	30.9%	41.6%	33.3%		NDHS
Adolescent fertility rate: 15-19 year old (%)	28.3%	30%	25%		NDHS
HIV prevalence rate among persons aged 15-24 old (%)		6.5%			National AIDS control Programme
Adult (15+) literacy rate (%)					1991 National census, FOS
Male	67.6	58.0	73%		
Female	43.7	40.7	48%		
Net enrolment rates at Primary level (%)					
Male		51.5%			FOS
Female					
Proportion (%) of women parliamentarians		3.4%			UNIFEM
Total Fertility rate	6.0%	6.0%	5.7%		NDHS