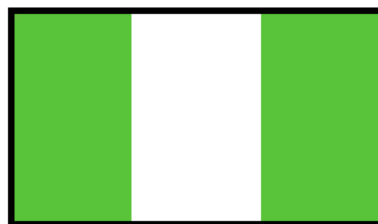

Nigeria

NIGERIA'S PROGRESS IN ACHIEVING POPULATION STABILIZATION 2011

BY

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1.0 Introduction

1.1: Geography

Nigeria lies between latitudes 4°16’ and 13°53’ north and longitudes 2°40’ and 14°41’ east. It has a total land area of 923,768 square kilometers thus, making it the fourteenth largest country in Africa. It is bordered in the north by Niger, in the north east by Chad, in the east by Cameroun, and by Benin in the west.

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.

1.2: History

Before 1914, the two territories in Nigeria- Northern and Southern Protectorates, were administered separately. The two territories were brought together to form one country (Nigeria) in 1914. In October 1960, Nigeria became independent as a federation of three regions-Northern, Western and Eastern, under a constitution that provided for parliamentary system of governance until 1979 when it was replaced by a republican order. In 1967, the regions were replaced by 12 states. In 1976, seven new states were created resulting in 19 states. In 1987, two new states were created making 21 altogether. In 1991, nine more states were created making a total of 30. The last creation of states in 1996 brought the total to 36 plus the Federal Capital Territory (FCT).

1.3: Population

The population of Nigeria has been increasing over the years. Apart from the 1952/53 census, all the censuses of the colonial period were based on estimates. The censuses indicated that Nigeria has a population of 30.42 million in 1952/53; 55.66 million in 1963; 79.76 million in 1973; 88.99 million in 1991 and 140.4 million in 2006 with an annual growth rate of about 3.2 percent and a sex ratio of 103. The country is made up of 36 states and Abuja, the Federal Capital Territory. These are grouped geopolitically into six zones: North Central, North East, North West, South East, South South, and South West. These zones are however, not closed zones as the population migrates in and out of one another. The spatial distribution of the population is uneven, vast areas in the chad basin, the middle Niger valley, the grass plains among others are sparsely populated while the most densely populated areas are found in most of the south east, south west and some pockets in the north such as Kano and environs, Katsina and Sokoto states. The average population density for the country in 2006 was 150 persons per square kilometer. 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. Majority

of the population reside in rural areas. The 1991 census revealed that only 36 percent of the population was urban, and this was to increase to 39 percent and 42 percent in 2000 and 2010 respectively. Projections show that the urban population will be 46 percent in 2020 (FGN, 2004).

1.4: Economy

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 ogf 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. The population living below national poverty line is 54.4 percent (UNFPA, 2011).

The Federal Government in 2003 came up with a new economic reform agenda- National Economic Empowerment and Development Strategy (NEEDS), 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 grew from almost zero in 1999 to no less than US $ 2 billions in 2003. Consequently the income grew 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.

Generally, the performance of Nigeria's economy as measured by the growth of real GDP improved significantly between 1999-2008. The real GDP grew at an annual average rate of 5.6 percent almost two times the estimated 3.0 percent growth rate of the population ensures a real per capita output growth of 2.6 percent. The non-oil sector which grew at an annual average rate of 9.48 percent was mainly responsible for the observed improved performance of the 2000s. The non-oil sector growth was as a growth in the sectors of agriculture and services. Also, the country's per capita GDP rose from N56,968.0 in 2000 to N170,122 in 2008 (NplC, 2009).

The rate of unemployment declined from 13.1 percent in 2000 to 12.6 percent in 2002. From 2005 to date however, the national unemployment rate has been increasing from 11.9 percent in 2009 to 12.3, 12.7, 14.9 and 19.7 percent in 2006, 2007, 2008 and 2009 respectively. In 2010, it increased to 21.1 percent (NBS, 2010).

Selected Human Development indicators in Nigeria based on UNDP (2010), show that the country ranks 142 with a Human Development Index (HDI) value of 0.423 and a life expectancy at birth of 48.4 years. The mean years of schooling was 5.0 compared with 8.9 expected years of schooling. The non income HDI value of 0.436.

Then Nigeria came up with Vision20:2020, the economic transformation blueprint which is a long term plan for stimulating Nigeria's economic growth. It articulates Nigeria's economic growth and development strategies for the eleven-year period (2009-2020). The Vision captures the key principles and thrusts of Millennium Development Goals (MGDs), NEEDS and the Seven Point Agenda situating both within a single, long term strategic planning perspective. Recognising the large human and natural endowments of the nation, the blueprint expresses Nigeria's intend to improve the living standard of her citizens and place the country among the top 20 economies in the world with a minimum GDP of $900 billion and a per capita income of not less than $4000 per annum (NplC, 2009). By implication, Nigeria's economy must grow at an average of 13.8 percent during the time period, driven by the agricultural and industrial sectors over the medium term while a transition to a service –based economy is envisaged from 2018. The vision represents the desire to transform Nigeria socially, economically, institutionally and environmentally.

2.0 Policy Environment

2.1 National Policy on Population

The Federal Government of Nigeria approved the National Policy on Population (NPP) for Development, Unity, Progress and Self Reliance in 1988, in response to the pattern of population growth and its adverse effect on national development. However, the NPP 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. In addition, the emergence of new issues such as HIV/AIDS, poverty, gender inequality among others, have necessitated a review of the 1988 NPP. The new National Policy on Population For Sustainable Development was approved by the government in 2004 and launched in February 2005.

The overall goal of the National Policy on Population For Sustainable Development is the improvement of the quality of life and the standards of living of the people of Nigeria (FGN, 2004). The specific goals are:

- Achievement of sustained economic growth, poverty eradication, protection and preservation of the environment and provision of quality social services;
- Achievement of a balance between the rate of population growth, available resources, and the social and economic development of the country;
- Progress towards a complete demographic transition to a reasonable growth in birth rates and low death rates;
- Improvement in the reproductive health of all Nigerians at every stage of the life cycle;
- Acceleration of a strong and immediate response to the HIV/AIDS and other related infectious diseases;
- Progress in achieving balanced and integrated urban and rural development.

  To guide policy, programme planning and implementation, the following targets were set:

- Reduce the national population growth rate to 2percent or lower by 2015;
- Reduce the total fertility rate by at least 0.6 children every five years by encouraging child spacing through the use of family planning;
- Increase the contraceptive prevalence rate for modern methods by at least two percentage points per year through the use of family planning;

- Reduce the infant mortality rate to 35 per 1,000 live births by 2015;
- Reduce the child mortality rate to 45 per 1,000 live births by 2010;
- Reduce the maternal mortality ratio to 125 per 100,000 live births by 2010 and to 75 by 2015;
- Achieve sustainable universal basic education as soon as possible before 2015;
- Eliminate the gap between males and females in school enrolment at all levels and in vocational and technical education by 2015;
- Eliminate illiteracy by 2020; and
- Achieve at least a 25 percent reduction in HIV/AIDS adult prevalence every five years.

In realization of the fact that the implementation of the NPP is a complex and multi-sectoral activity, the institutional framework for its implementation saddled the task of implementation on all tiers and relevant agencies of government, the private sector, non-governmental organizations and communities.

2.2 Other Policies

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).

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.

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. National Policy on Food and Nutrition (2000) and the National Policy on Women (1995) later developed into the National Gender Policy (2004), 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 Strategies such as the National Poverty Eradication Programme (NAPEP). In planning for the provision of social amenities population and environmental factors are taken into 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 environmental issues in national and sectoral plans. 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.

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.

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 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.

On education, Nigeria is a signatory to many conventions on education. These include the 1990 World Conference on Education for All (EFA) in Jomtien, the Ouagadougou (1992) 'Declaration on the Education of Women and Girls', the Dakar (2002) Framework for Action which declared the basic learning needs of all- 'Education for All (EFA). 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.

In the health sector, some of the programmes include the Primary Health Care Scheme; National Programme on Immunization, nutrition and HIV/AIDS; the National Health Insurance Scheme; the National Health Policy (1996); HIV/AIDS Policy (2001); Adolescent' Reproductive Health Policy (2001); Roll back Malaria; the Integrated Management of Childhood Illness (IMCI-1996-2006); the Integrated Child Survival and Development Strategic Framework and Platform of Action (2005-2009). To tackle HIV/AIDS, various control programmes at the National, State and Local Government levels have been initiated namely National Agency for the Control of AIDS, (NACA), State Agency for the Control of AIDS (SACA) and Local (Government) Agency for the Control of AIDS (LACA) respectively. To eradicate fake drugs and adulterated food materials, the National Agency for Food and Drug Administration and control (NAFDAC) was established.

2.3 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. The programmes to address poverty include National Poverty Eradication Programme (NAPEP) including the Youth Empowerment Scheme (YES) and Rural Infrastructures Development Scheme (RIDS), the Social Welfare Services Scheme (SOWESS), National Directorate of Employment (NDE), Other major government initiatives include Urban Mass Transit Programme, Community/People's Banks, development of Small and Medium Scale Enterprises, the National Economic Empowerment and Development Strategy (NEEDS) and Vision 20:2020 which captures the key principles and thrusts of NEEDS and the Seven Point Agenda.

2.4 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 14.6percent in 2000 to 12.6 percent in 2007 and to 9.9percent in 2009. The forests provide employment for more than two million people especially in fuelwood harvesting and poles.Gas flaring also constitutes environmental menace in the oil producing areas with the proportion of gas flare falling from 53percent in 2000 to 34 percent 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 percent in 2000 to 49.1 percent in 2007. The proportion increased to 55.8 percent and 58.9 percent in 2008 and 2009 respectively. It is targeted that by 2015, the proportion should increase to 77 percent. Also, the proportion of population using an improved sanitation facility increased from 33 percent in 2006 to 42.9 percent and 53.8 percent in 2007 and 2008 respectively. It then declined to 51.6 percent in 2009. It is targeted that by 2015, the proportion of population using an improved sanitation facility should be 70 percent (FGN, 2010).

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.

2.5 Population Situation

2.5.1 Population Size and Growth

Nigeria, the most populous country in Africa and one of the ten most populous countries in the world has experience rapid population growth over the years. The post colonial censuses indicate that the population has been increasing from 55.66 in 1963 to 79.76 in 1973, 88.99 in 1991 and 104.43 in 2006. The population growth rate over the years have not been stable, varying from 6.04 percent in 1963 to 4.82 percent in 1973, further declining to 2.82 percent in 1991 and then rising to 3.18 percent in 2006. This growth rate raises concern on the possibility of achieving the target 2 percent or lower by 2015.

2.5.2 Fertility Rate

The 2008 Total Fertility Rate (TFR) for Nigeria is 5.7 births per woman, indicating no change from the 2003 NDHS figure of 5.7. These figures are slightly higher than the 1999 TFR of 5.2, but they are lower than the TFR of 6.0 in 1990 (NPC and ICF Macro, 2009).

The 2008 NDHS data show variations in TFR by area of residence, zone, education and wealth quintile. Rural areas have a higher TFR of 6.3 compared with 4.7 for urban areas (Figure 1).

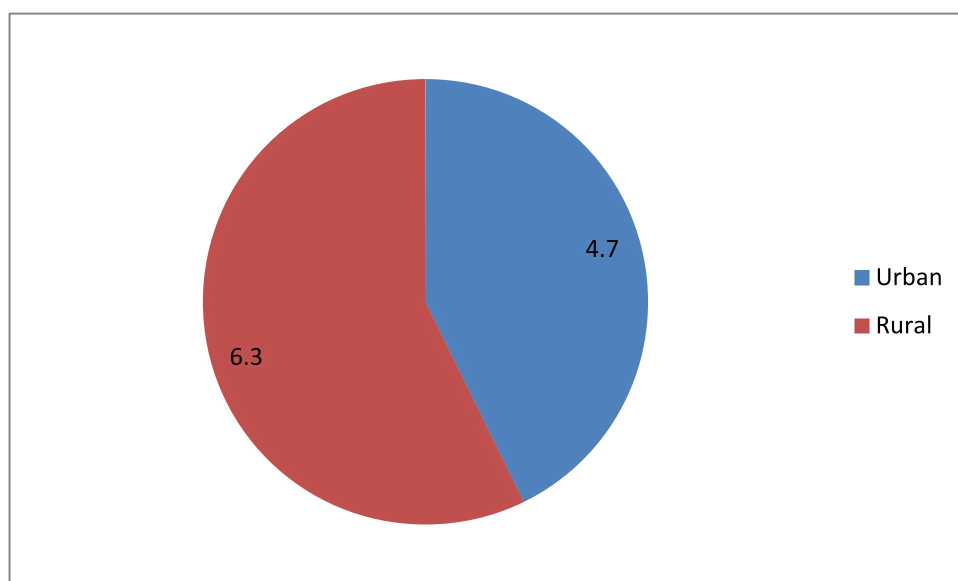

Fig.1: Total Fertility Rate by Place of Residence, 2008

Similarly, the more urbanized zones – South east, south south and south west have lower TFRs of 4.8, 4.7 and 4.5 respectively compared with the less urbanized zones – North west (7.3), north east (7.2) and north central (5.4) (Figure 2).

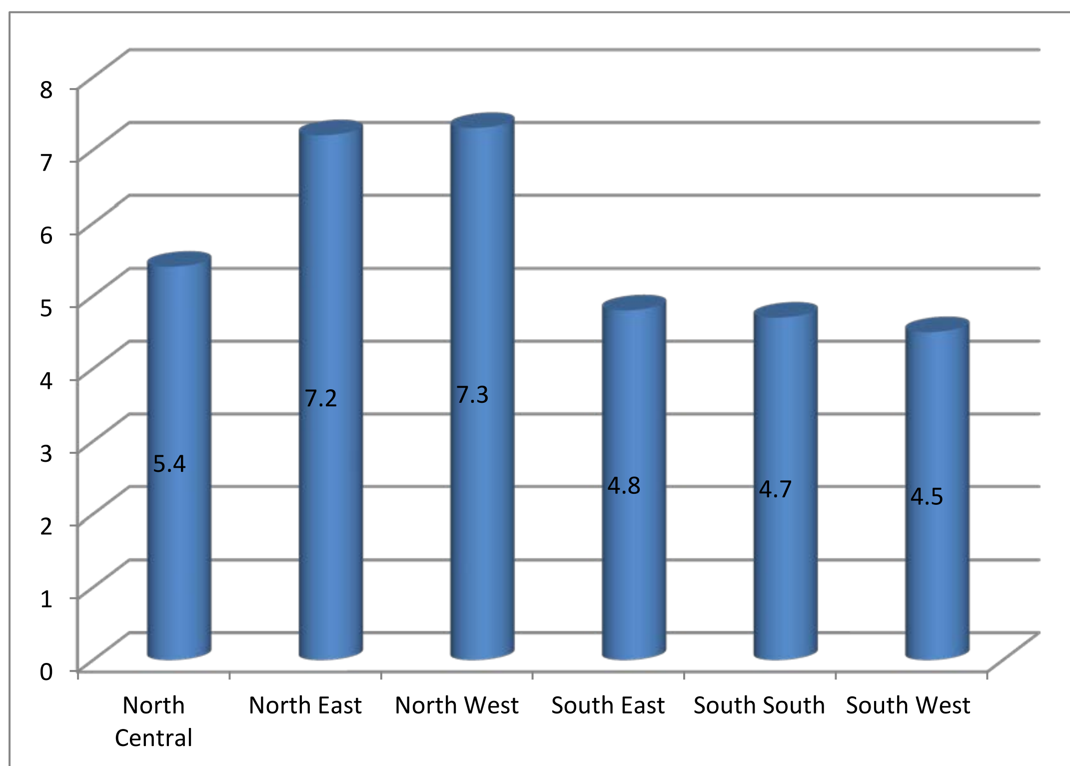

Fig. 2: Total Fertility Rate By Region, 2008

The TFR also deceases with increasing level of education from 7.3 births per woman for women with no education to 2.9 for women with more than secondary education. On the basis of wealth, women in the highest wealth quintile have a TFR of 4.0 compared with 7.1 for women in the lowest quintile.

The 2008 NDHS also revealed that 4 percent of births are unwanted, while 7 percent are mistimed. If the unwanted births were prevented, women would have an average of 5.3 children compared with the 5.7 recorded.

Generally, the data thus imply that for fertility to decline, the conditions in rural areas promoting high fertility must be addressed. Similarly, the education of women beyond secondary school level should be encouraged and efforts at reduction of poverty level should be intensified by all stakeholders.

2.5.3 Family Planning

Family planning refers to a conscious effort by a couple to limit or space the number of children they want to have through the use of contraceptive methods (NPC and ICF Macro, 2009).
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 (CBMC) 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.

There is a general widespread knowledge of contraceptive methods in Nigeria. The knowledge is higher (90 percent) for men than women (72 percent) (Figure 3).

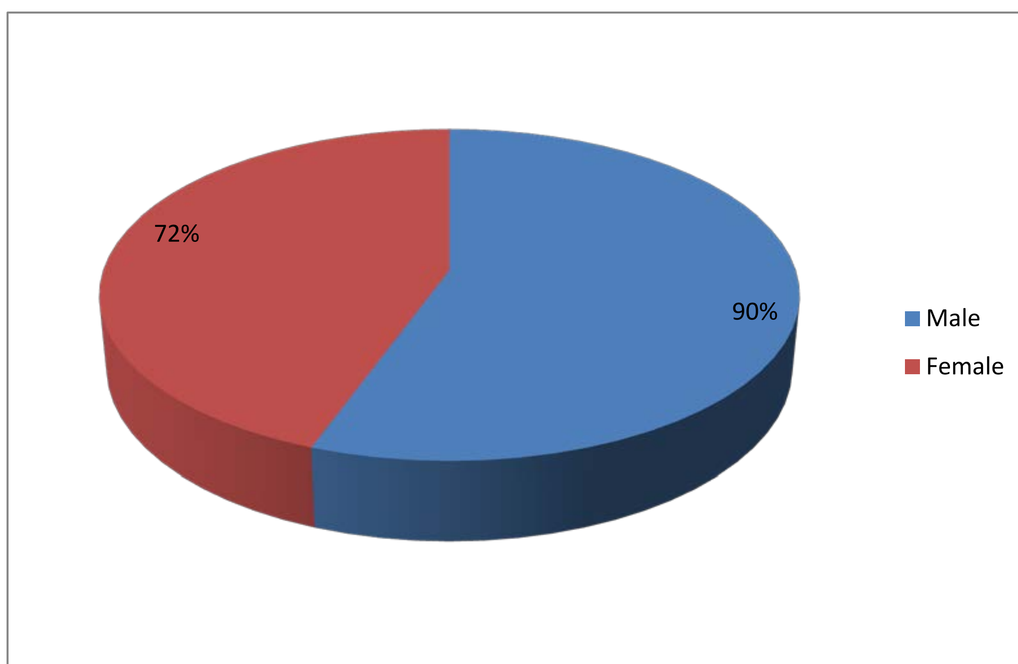

Fig.3: Knowledge of Contraceptive Methods by Sex

Unfortunately, the knowledge of methods of contraceptives is not match by the use. Only 28.6
percent of women reported ever using a method of contraception. The male condom is the most commonly used modern method (12 percent), followed by the pill (6 percent) and the injectables (5percent). Among males, 40.2 percent reported ever using a method. The male condom is the most widely used (33percent) modern method while the male sterilization is the least used (< 1percent).

The lack of use of contraception implies sustaining the current relatively high fertility levels.

2.5.4 Child Mortality

Nigeria has made several policies that will positively affect the health of the population even before making a commitment to the achievement of the MDGs

These policies notwithstanding, emerging trend in Under-five Mortality (U5M) is of grave concern as indicated in Table 1.

Table 1: Indicators of Under Five Mortality Rate (1990-2009)

Indicator	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2
Under- five mortality rate (per 1,000 live births)	191	183.75	183.75	183.75	201	201	201	201	138	157	NA	
Infant mortality rate (per 1,000 live births)	91	81.38	81.38	81.38	100	100	100	100	86	75	NA	
Percentage of one-year olds fully immunized against measles.	46	32.8	41.1	61.8	31.4	50	60	60	60	41.4	74.3	

The data on under-five mortality shows that the figure has increased from 138 to 157 per 1,000 live births. With only four years left, the target of reducing under five mortality to the target of 63.7 by 2015 may be a mirage.

The infant mortality rate actually rose from about 80 per 1000 live births in year 2000 to 86 per 2000 live births in 2007, and declined to 75 per 1000 live births in 2008. This again gives room for concern on the possibility of achieving the target of 30.3 per 1000 live births by 2015 (FGN, 2010)

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 percent of children age 12-23 months did not receive vaccination. The figure rose to 74.3percent in 2009 thus, giving strong indication that the target of 100 percent coverage by 2015 may be possible. The success of vaccination is attributable to the national programme on immunization, which lays out plan of action for achieving total coverage.

The major challenges in reversing the trend which are likely to affect the achievement of the target by 2015 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.

2.5.5 Maternal Mortality and Safe Motherhood

Goal 5 of the Millennium Development is to 'improve maternal health', with a target of reducing by three quarters, between 1990 and 2015 the maternal mortality ratio. The NPP also targets reducing the maternal mortality ratio to 125 per 100,000 live births by 2010 and to 75 by 2015.

Available data shows that Maternal Mortality Rate (MMR) in the late 1990s was 1,000 per 100,000 live births. This dropped to 704 per 100,000 live births between 2000 to 2002. It increased again to 800 per 100,000 live births for the years 2003 to 2007, before declining to 545 in 2008.

The health care received by pregnant women during pregnancy, at delivery and after delivery is important for the mother and child's survival. The care received by a mother during

pregnancy and at delivery indicates the status of maternal and child health in a society. Ante natal care (ANC) is aimed at ensuring that both the mother and baby have the best possible health outcomes.

The proportion of Nigerian women with live birth in the five years preceding the 2003 and 2008 NDHS surveys who did not receive antenatal care at all decreased only slightly from 36.9 percent in 2003 to 36.3 percent in 2008. In fact, there is a slight decline in the proportion of pregnant women who receive antenatal care from professional medical workers from 60.1 percent in 2003 to 60 percent in 2008. However there is largely zonal disparity in the proportion of women who did not receive antenatal care (Figure 4).

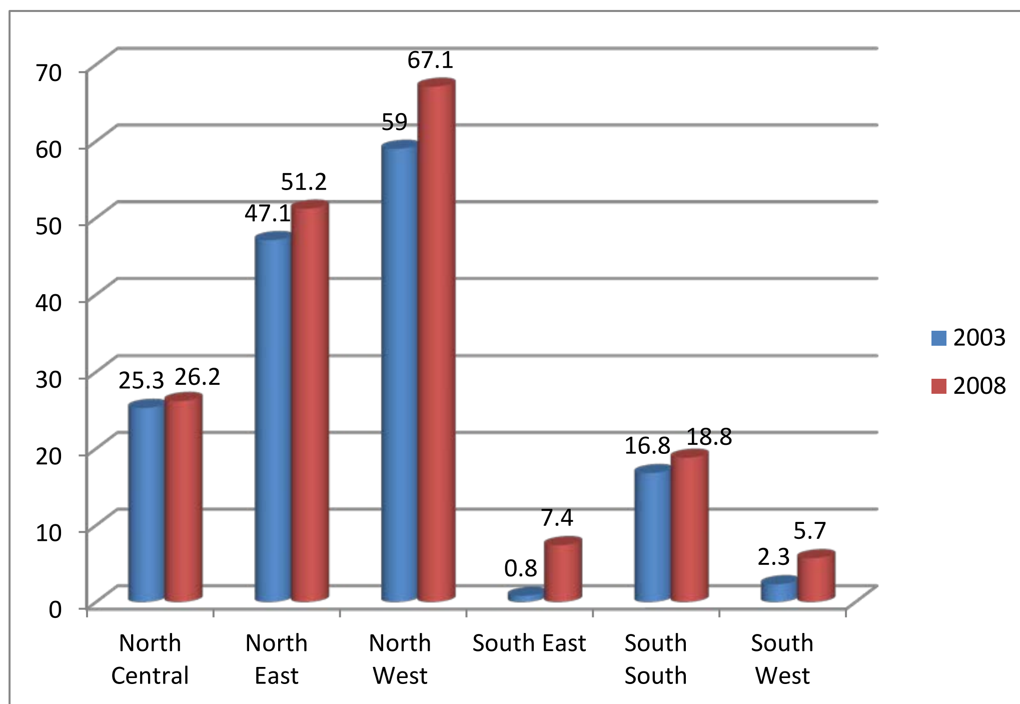

Fig.4: Proportion of Women who Did Not Received Antenatal Care by Zone.

The zones with the highest proportion are the north west (59.0 percent in 2003 and 67.1 percent in 2008), while the South East and South west have the lowest percentages of 0.8 and 2.3 in 2003 and 7.4 and 5.7 in 2008 respectively.

Also, 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. There is a slight decrease in the proportion of mothers whose deliveries occur at home from 66.4 percent in 2003 to 62 percent in 2008. Thus, only 32.6 percent deliveries took place in health facilities in 2003 compared with 35 percent in 2008. Overall, in 2003, only 36.3 percent of births were attended to by doctors, nurses/midwives or community health extension worker, 20.4 percent by traditional birth attendants, 25.6 percent by relatives or untrained persons, and 16.9 percent by no one, compared with 38.9 percent, 21.6 percent, 18.8 percent and 19.3 percent of births attended to by doctors, nurses/midwives or community health extension worker, traditional birth attendants, relatives or untrained persons, and by no one respectively in 2008 (NPC and ICF Macro, 2003, 2008).

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.

To address the maternal health challenge, there is need to address cultural and attitudinal factors to health care seeking behavior especially in the northern parts of the country, coupled with the need to provide more health facilities and services in the rural areas. There is also need to train more medical personnel and build the capacity of traditional birth attendants.

2.5.6 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 percent. Of recent, women in Nigeria have been clamouring for a 35 percent affirmative action.

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 54.4% of the population living below the poverty lion, 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 three to four and to nine in the above years respectively. In 2011, the number reduced to seven female senators. At the Federal House of Representatives, the number of females out of 360 members increased from 12 to 22 to 28 in 1999, 2003 and 2007 respectively (NBS, 2009). In 2011, the number decreased to 21. At the State houses of Assembly, the number of females increased from 21 in 1999 to 34 in 2003 and to 53 in 2007. In 2011, the number increased to 57. There are however, increases 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.

Women’s economic and political empowerment through employment and participation is very crucial in population stabilization. First, it enhances their status and increases their

control over income and resources and a greater say in family decision making, including fertility decisions, second, the conflict between their productive and reproductive roles increases the opportunity cost of having children, third, their employment and income earning capacity enhances their economic and financial independence thereby, reducing the need to have children as a form of old age security as well as reduce sex preference for children and changes their attitudes toward the value of daughters, Fourth, it increases their investment in girls' education thus, raising the age at first marriage and age at first pregnancy.

2.5.7 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. By 2007 and 2008, the number of States had increased to 16 and 21 respectively (UNICEF,2007) and by 2009, 23 states including the FCT have passed the Act. In 2003 also, the Federal Government inaugurated the children's parliament to enhance children's participation in issues affecting their lives. 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 labour15%, 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.

2.5.8 Adolescent

The 2006 Population and Housing census shows that adolescents aged 10-24 constitute 31.7 percent of the country's population, made up of 50.1pecent males and 49.9 percent females. The data also showed that 16 percent of them were married. More female adolescents (25.5 percent) were married compared with 15.8 percent of both sexes. By age 20-24, almost half (48.5 percent) of female adolescents were married. The 2008 NDHS data revealed that 16

percent of young women and 6 percent of young men aged 15-24 initiated sexual activity before age 15. It showed that contraceptive use among adolescents aged 15-24 is low. Only 13.1 percent of them were 'currently using' family planning. Thus, by age 24, those who are currently married, had a mean of about two children. Of grave concern is the fact that the adolescents aged 15-19 and 20-24 have 5.5 a mean ideal number of children of 5.5 and 5.7 respectively, compared with a mean of 6.9 and 7.3 for women aged 40-44 and 45-49 respectively. The proportion of adolescents married, use of contraception, age at first marriage, family size and family size preferences all have implication for population stabilization. The more youthful marriage is less common, contraceptive use is high, age at first marriage is raised, family size is low, the more likely for population stabilization in the near future.

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.

2.5.9 Education

Literacy and educational attainment are basic indices of human development. There is a correlation between education and development such that countries which are developed are those which invest in 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 81.1 percent in 2004 to 88.8 percent in 2008. However, there are slight decreases in the proportion of pupils starting primary 1 who reach primary 5 from 74 percent in 2004 to 72.3 percent in 2008 and from 82 percent to 67.5 percent in primary 6 completion rate. But there is a gradual increase in literacy rate of 15-24 year olds from 60.4 percent in 2004 to 80.0 percent in 2008 (Table 1). This might not be unconnected to the upsurge in the establishment of private schools especially in the urban areas.

Table 1: Net Enrolment Ratio in Primary School, Proportion Enrolled who Reach Primary 5 and Complete Primary 6 (2004-2008)

Indicator (%)	2004	2005	2006	2007	2008	2009	2010	2015 Target
Net Enrolment in Pimary Education	81.1	84.6	87.9	89.6	88.8	NA	NA	100
Proportion of Pupils Starting Primary 1 who Reach Primary 6	74.0	74 .0	74.0	74.0	72.3	NA	NA	100
Primary 6 Completion Rate	82	69.2	67.5	67.5	NA	NA	NA	100
Literacy Rate of 15-24 Year Olds	60.4	76.2	80.2	81.4	80.0	NA	NA	100

Source: FGN (2010) Nigeria Millennium Development Goals Report, 2010.

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 ratio of girls to boys in primary education rose from 78 in 2000 to 93.6 in 2007 with a target of 100 in 2015. The ratio of girls to boys in secondary education also rose from 90 in 2005 to 97.6 in 2007 with a target of 100 in 2015 (FGN, 2008).

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.

2.5.10 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.

A study by Mundi (2005), showed that only 32.5 percent of respondents chose their marriage partners themselves. About 89.7 percent believe they have a right to determine the number of children they want (but with the husband's consent for peace to reign), However, only 33.3 percent and 26.5 percent were of the opinion that a woman has a right to determine the time/spacing of children and has a right to refuse her husband sex (for a reason) respectively.

The 2008 NDHS showed that about 47 percent of women believe wives are justified in refusing sexual intercourse with their husband or partner when she knows that he has a sexually transmitted disease, he has intercourse with other women or when she is tired and not in the mood. About 12 percent believed she is not justified for whatever reason. The data revealed variation between urban and rural areas with more (49 percent) women in urban areas agreeing that she is justified compared with 45 percent of women in rural areas.

2.5.11 HIV/AIDS prevention

The first case of HIV/AIDS in Nigeria was reported in 1986, and Nigeria is said to rank second after South Africa in the number of people living with the disease. The country is therefore, committed to monitoring progress in reducing the spread of the disease. It is also committed to achieving the MDG of combating HIV/AIDS, Malaria and other diseases. As a step towards strengthening the HIV national response, Nigeria's HIV/AIDS policy was reviewed. The national strategic framework 2005-2009 was also reviewed for a new one for 2010-2015. This is towards promoting behavioural change to reduce new HIV infections.

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.

Trends in HIV/AIDS prevalence shows an increase from 1.8 percent in 1991 to 3.8 percent in 1993, 4.5 percent and 5.4 percent in 1995/96 and 1999 respectively. It reached a peak of 5.8 percent in 2001 before beginning to decline to 5 percent in 2003 and then 4.4 percent, 4.6 percent and 4.1 percent in 2005, 2008 and 2010 respectively (NACA, 2011).

HIV prevalence among youth age 15-24 declined from 6 percent in 2001 to 4.3 percent in 2005, 4.2 percent in 2008 and 4.1 percent in 2010 (NACA, 2011). Generally, HIV prevalence varies based on some demographic and social characteristics. For instance, Prevalence was higher among females (4.0 percent) than among males (3.2 percent), slightly higher in urban areas (3.8 percent) compared with rural areas (3.5 percent), highest in the north central (5.7 percent) compared with the south east (2.6 percent) and higher among those with tertiary education (4.0 percent) compared with those without education (2.7 percent) (NACA and UNAIDS, 2010).

Among key population at higher risk, HIV prevalence was 24 percent among sex workers, 17 percent among men having sex with men and 4 percent among injecting drug users.

Heterosexual sex is the primary source of the epidemic accounting for more than 80 percent of HIV transmission in Nigeria. The drivers of the epidemic in the country include high illiteracy, high rates of Sexually Transmitted Infections (STIs) in vulnerable groups, poverty, low condom use and general lack of perceived personal risk.

Table 2 presents data on the HIV/AIDS status of Nigeria in 2010.

Table 2: HIV/AIDS Status at a Glance (Nigeria)

National Median HIV prevalence (ANC)	4.1%
Estimated number of people living with HIV/AIDS	Total: 3.1 million
Annual HIV Positive births	Total: 56,681
Cumulative AIDS death	Total: 2.1 million (Male 970,000; Female 1.61 million)
Annual AIDS death	Total: 215,130 (Male 96,740; Female 118,390)
Number requiring Antiretroviral therapy	Total: 1,512,720 (Adult 1,300,000; Children 212,720)
New HIV infection	Total:281,180 (Adult 126,260; Children 154,920)
Total AIDS Orphans	2,229,883

Source: NACA (2011)

The data shows that generally, females are more affected by the disease than males. Therefore, addressing gender issues especially inequality, is crucial for the control of the disease.

Strategies involved in HIV prevention include voluntary counseling and testing, condom use and its availability and targeted interventions to most vulnerable groups. Between January to December, 2010, the number of health facilities providing HIV counseling and testing were 1064. In the same period, 2, 287,805 people aged 15 years and older were counseled, tested and received their results made up of 656,706 men and 1,631,099 women.

NACA and her partners also developed a six year strategic Plan programme implementation framework to address vulnerability issues and mitigate impact of HIV/AIDS on women and girls through a number of strategic interventions which include among others strengthening the capacity of females and male agents and champions to act to reverse harmful traditional/cultural practices; strengthening women and girls leadership and life skills in schools, workplaces and community; integrating HIV into reproductive health services; improving access of all pregnant women to HIV counseling and testing and positive women to medicines to reduce mother to child transmission, as well as food supplements and quality infant feeding counseling; advocating for all HIV exposed infants to have access to early infant diagnosis and ARV prophylaxis (NACA, 2011).

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 1,157 per 100,000 in 2007, while the deaths per 100,000 declined from 0.23 in 2000 to 0.16 in 2007. Tuberculosis prevalence also declined from 15.74 per 100,000 in 2000 to 7.07 per 100,000 in 2007, while the death rates also fell from 1.57 per 100,000 in the year 2000 to 1.50 in 2007. . 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.

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. In the same manner the West African Reproductive Health Network (WARHM) was launched in Abuja, Nigeria in 2005 with Nigeria as headquarter. Members of the WARHM were drawn from ECOWAS Countries mainly Liberia, Gambia, Senegal, Benin Republic and Sierra Leone. These fora provide opportunity for experience sharing amongst 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. 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 Heath 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.

Population and Development Strategies and Partners

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, 2003 and 2008 National Demographic Health 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, World Bank and USAID 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.

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