

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

From

*National Population and Housing Census 2006- Priority Tables,
Multiple Indicators Cluster Survey (MICS) 2007, National
Demography and Health Survey (DHS) 2008, Lagos state
Household Survey 2010 and other Publications on Lagos State.*

Produced by
Lagos Bureau of Statistics (LBS)
Ministry of Economic Planning and Budget (MEPB)
The Secretariat, Alausa, Ikeja
E-mail: lasgstat@yahoo.com

PREFACE

The concept of further analysis of Lagos specific data/indicators was borne out of the recurring demand for evidence based information to monitor, evaluate and assess the quality and quantity of human resources available state wide. It is also based on the need to provide meaningful approach to harmonization of population based publications by local, national and international organization/government. Such publications include. National Population and Housing Census 2006 – priority tables, Multiple Indicators Cluster Surveys (MICS) – 2007, National Demography and Health Survey (NDHS) – 2008, Lagos State Household Surveys 2008 and 2010 as well as other publications on Lagos State.

A wide range of state specific indicators that were not in the original document were generated using the aforementioned publications. Such indicators include sex ratio, Ageing Index, Dependency Ratio, proportion of orphan & vulnerable children etc.

The project is sponsored by Lagos State Government and United Nation Population Fund (UNFPA) under the 6th LASG/UNFPA country programme. This maiden edition is the first attempt of the Bureau to bring together statistical publications on Lagos State from different sources with a view to creating a common platform for the numerous users and researchers on Lagos State data especially in the area of population, Health, children, youth and women.

The Bureau welcomes comments, suggestions and constructive criticism that will ensure better output in the subsequent edition.

Lagos Bureau of Statistics
Ministry of Economic Planning & Budget
Lagos State
January 2012

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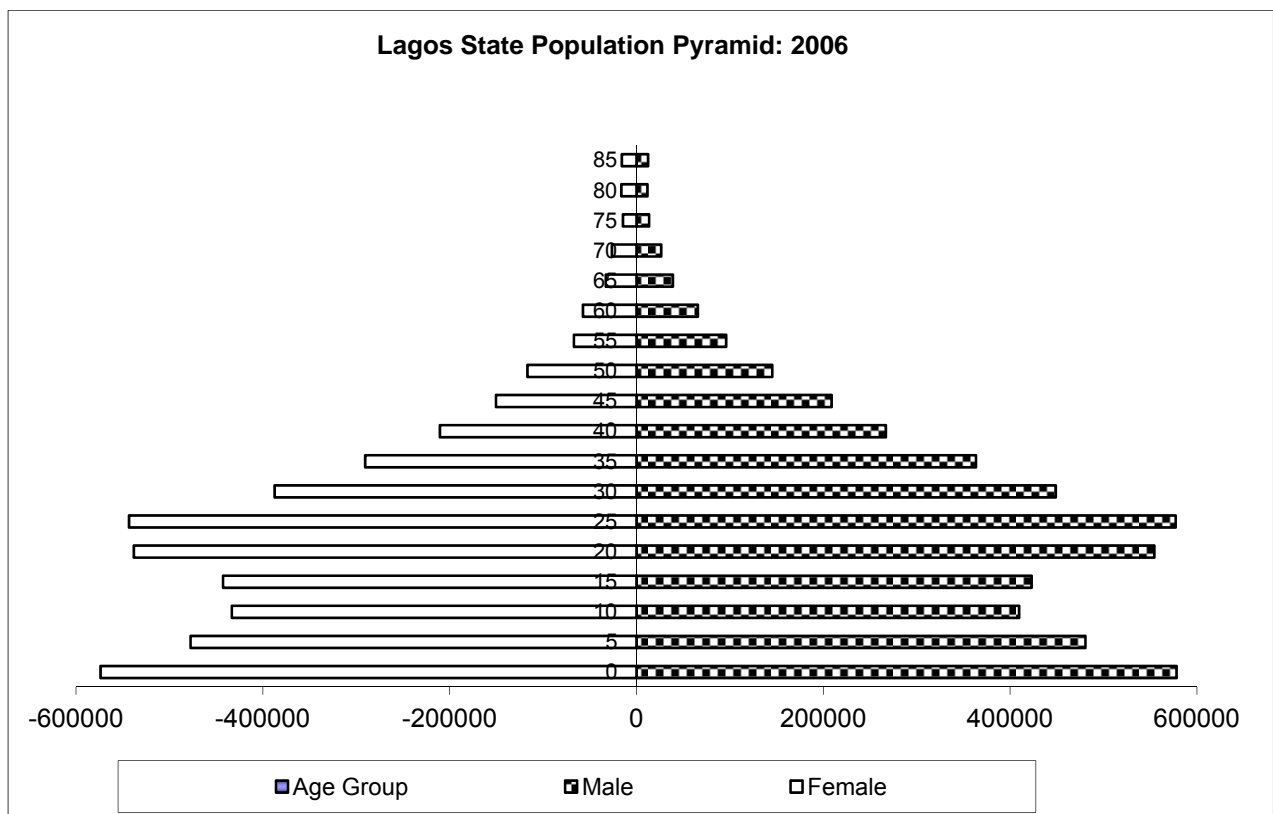
CHAPTER 1

HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS

DEMOGRAPHY AND DEVELOPMENT

Population studies remain one of the most important sources of information on the socio-economic well being of inhabitants of any geographical area of interest. It provides insights into structures, size and dynamics within the population. However, Census 2006 provides much more evidenced based information about the individuals, households and communal socio-economic wellbeing with a view to identifying the areas of strength and weakness, opportunity and threats as reported, experienced and assessed by the respondents.

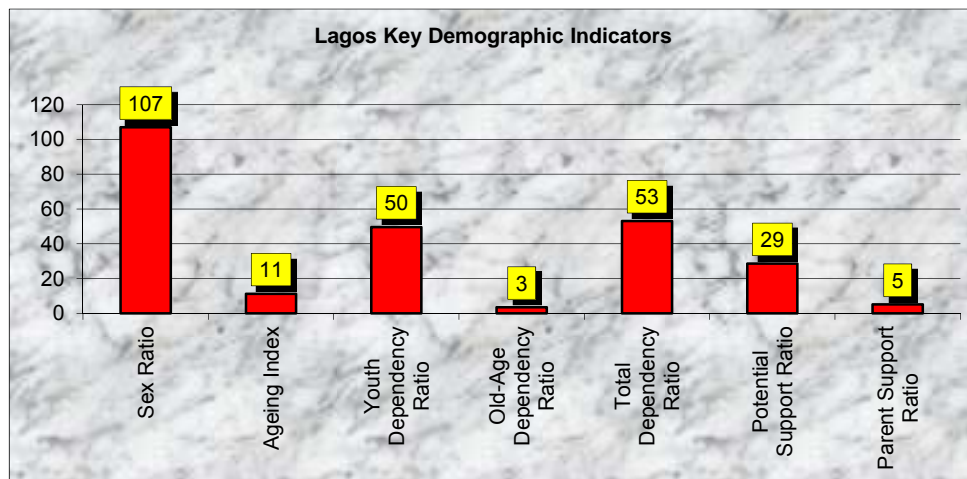
Fig 1: Population Pyramid



A **population pyramid**, also called an **age structure diagram**, is a graphical illustration that shows the distribution of various age groups in a population (typically that of a country or region of the world), which forms the shape of a pyramid when the population is growing. Population pyramids are often

viewed as the most effective way to graphically depict the age and sex distribution of a population, partly because of the very clear image these pyramids present. it is evident that size of the Lagos State population in different gender and age range could be easily determined. The State pyramid has a wide base, which indicated that there are a large proportion of young people in the State. It tapers very quickly as you go up into the older age groups, except age group 20-25 years for both male and female indicating a high proportion of people in that age bracket and continue to narrow down at the top thus reflecting a very small proportion of elderly people.

Fig 2: Demographic Indicators

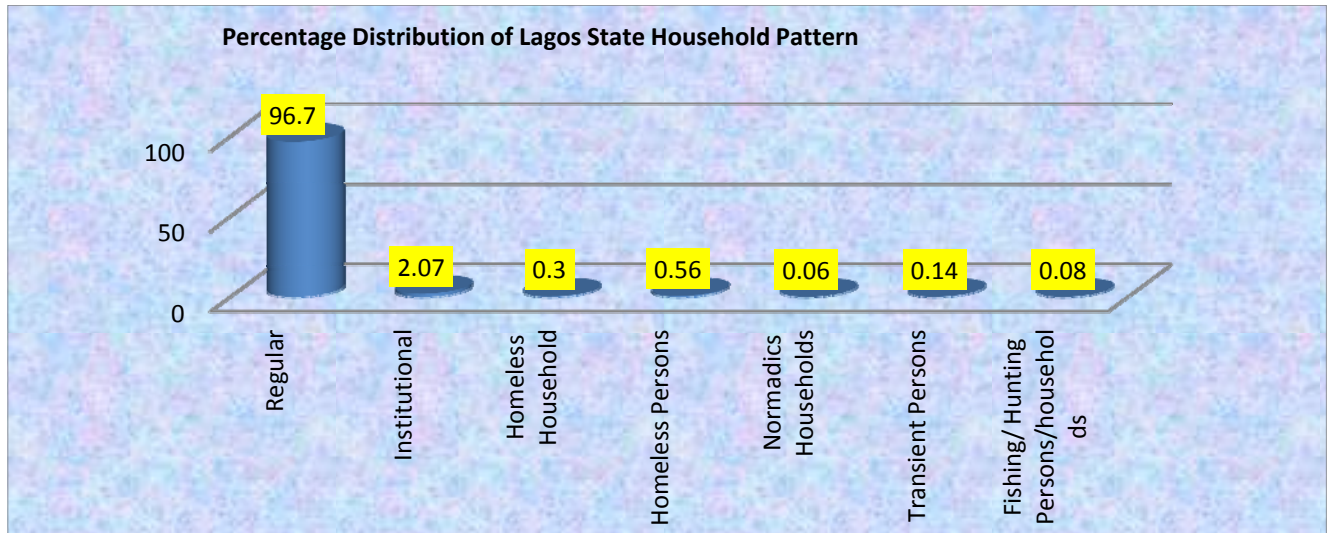


Further analysis showed that 52% of the State inhabitants were males and 47% were female. Thus giving a Sex Ratio of 107: 100 representing 107 males per 100 females; other population index were also computed for the State. Namely **Ageing Index** which simply referred to old age/ children ratio stood at 11:100, **Youth Dependency Ratio**- simply referred to as Youth (under 15)/ Labour force ratio which stood at 50 :100 implying 50 youth per 100 labour force **Old-Age Dependency Ratio**-3:100, **Total Dependency Ratio**- 53:100, **Potential Support Ratio**-**potential support ratio** i.e. the number of persons aged 15 to 64 per every person aged 65 or older, which stood at 29:100 and **Parent Support Ratio** i.e. the number of persons 85 years old and over per one hundred persons 50 to 64 years which also accounted for 5:100.

LAGOS STATE HOUSEHOLD PATTERN

The State according to Census 2006 report, was made up of 2,269,345 households comprising 2,195,842 (96.7%) regular households, 47,035 (2.07%) Institutional/ Census Functionaries, 6,915 (0.30%) Homeless Households, 12,922 (0.56%) Homeless Persons, 1,382 (0.06%) Nomadic / Households, 3,333 (0.14%) Transient Persons and 1,916 (0.08%) Fishing and hunting Persons/ Households respectively.

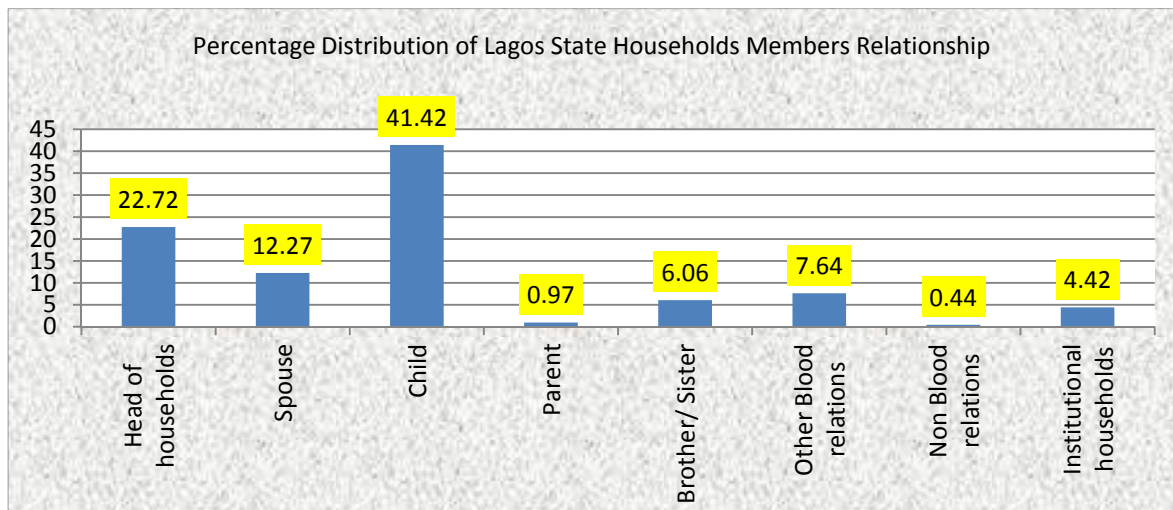
Fig 3: Household Pattern



RELATIONSHIP TO THE HEAD OF HOUSEHOLD

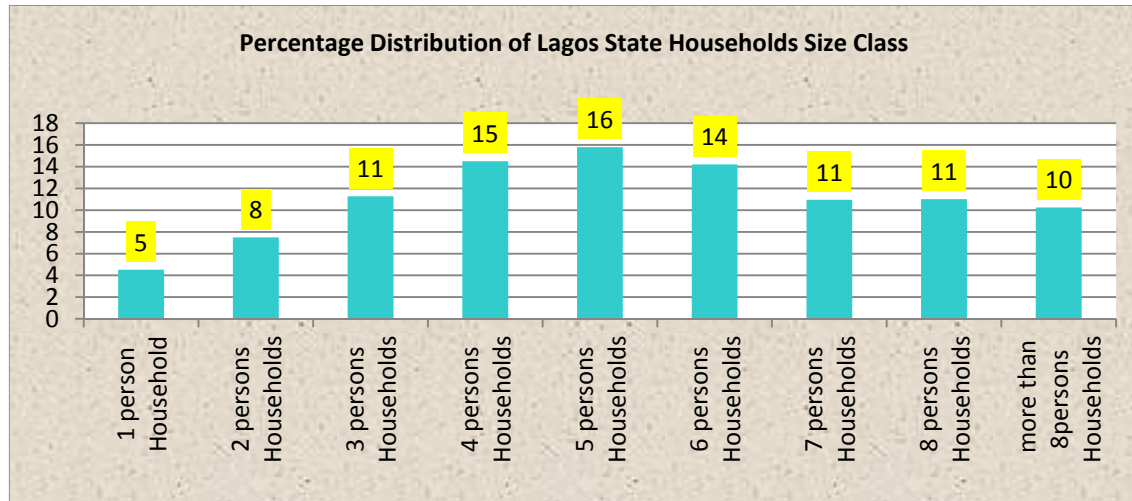
Relationship to household heads was also examined and the result showed that 22.72% of respondents were household heads, 12.27% of them were spouses, 41.42% of household members in Lagos were children, brothers and sisters constituted 6.06% of the household members and parents accounted for 0.97% of them. In addition, other blood relations comprised 7.64% of the household members, Non Blood relations constituted 0.44% while Institutional households also accounted for 4.42% of household members.

Fig 4: Relationship to head of household



LAGOS STATE SIZE CLASS OF HOUSEHOLDS

Fig 5: Size class of household

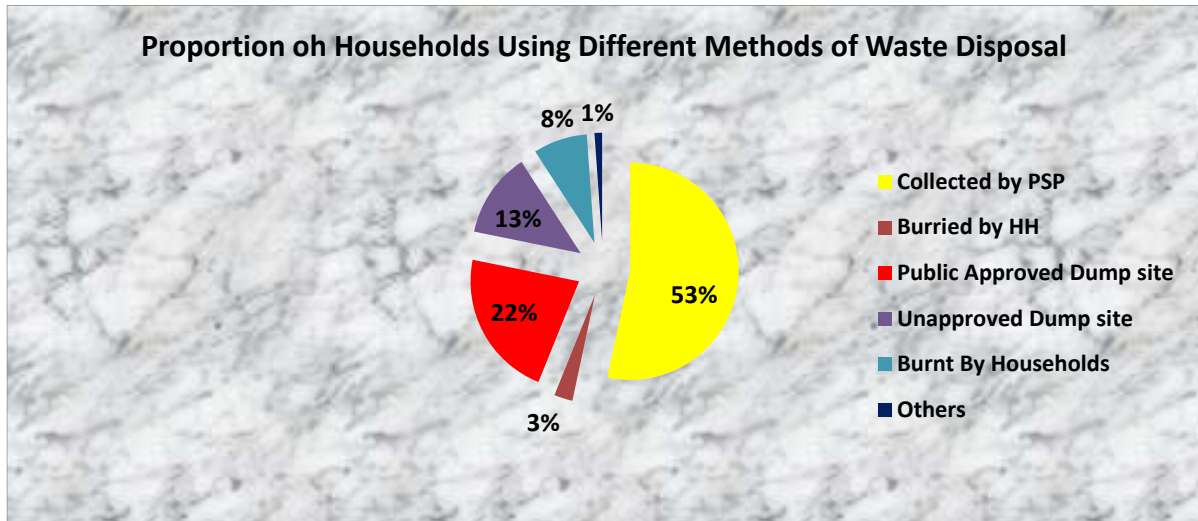


Census 2006 revealed that an average household in the State comprised five (5) members (using median approach) however, The analysis also revealed that the State has a higher preponderance of household members with size far above the State average of 5.i.e. 6 persons households accounted for 14% of the entire Lagos households. 11% each accounted for 7-persons and 8-persons households while more than 8-persons households accounted for 10% respectively.

HOUSEHOLD WASTE DISPOSAL METHOD

Effective and efficient waste disposal mechanism is a reflection of good environmental management. The availability of wide range of means of waste disposal provides the households with opportunity, access and choices to undertake methods that best suits their purpose. Census 2006 revealed that 53% of the Lagos households patronized public and private refuse collectors, 22% of them used Public Approved Dump Site, 13% of them also used Unapproved Dump Site, 8% burnt by households while others form of waste disposal represent only 1%.

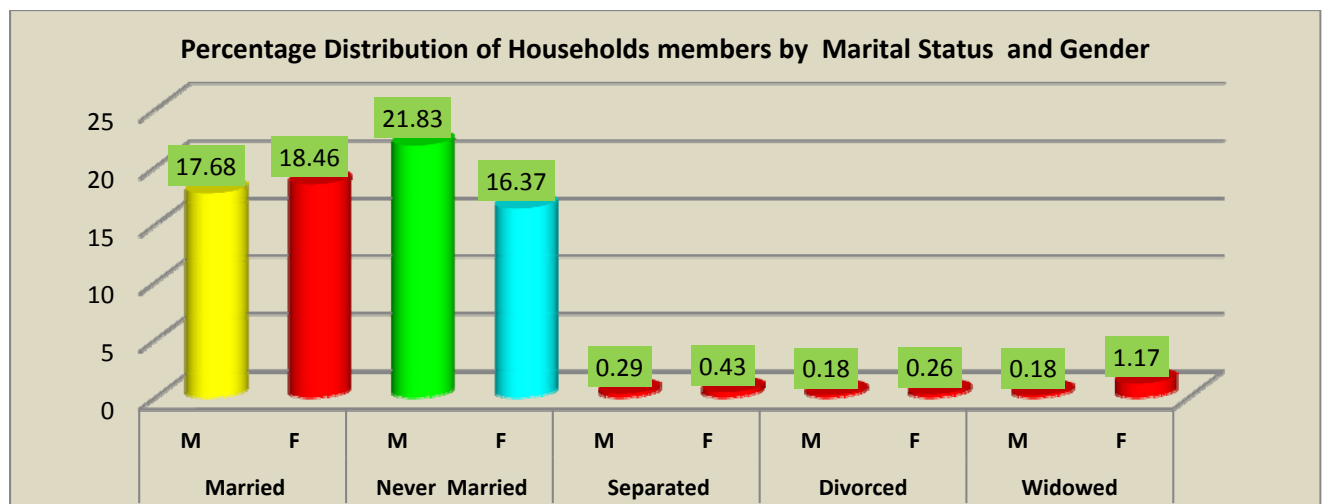
Fig 6: Household waste disposal method



HOUSEHOLD MARITAL STATUS

The social co-habitation is an important demographic issue. It identifies the social interaction within a population especially among the opposite sexes and promotes inter- family understanding. Thus marital status is the statistical terms usually use to capture information on social-cohabitation level within the population. It is defined as is the civil status of each individual in relation to the marriage laws or customs of the community, local government or country, i.e. single, married, widowed, divorced, married but legally separated and others such as de facto union.

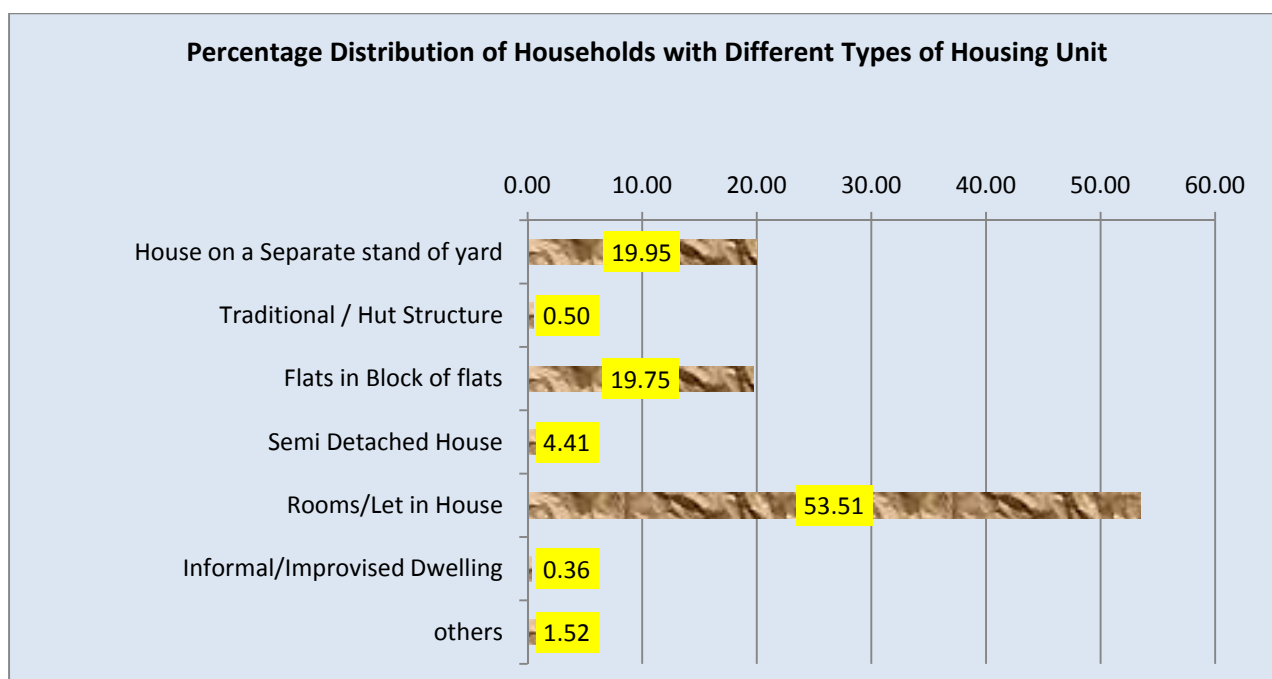
Fig 7: Household Marital Status



Census 2006 revealed that 36.14% of the State households irrespective of their gender were reportedly **married** (with more married female inhabitants (18.46%) than male 17.68%). Those that were **never married** constituted 38.2% comprising 21.83% male and 16.37% female. Household members that were either **separated, divorced or widowed** accounted for 0.72%, 0.44% and 1.35% respectively. Out of these groups, the female constituted a large proportion of 0.43%, 0.26% and 1.17% respectively.

HOUSEHOLDS HOUSING UNIT TYPE

Fig 8: Households housing unit type



Cardinal to improved standard of living is the quality of housing unit/shelter being used by the households. Census 2006 revealed that 53.51% households members reportedly lived in **Rooms/ Let in House**, 19.95% of them reside in **House on a separate stand or yard**, 19.75% of them also lived in **Flats in Block of Flats** and 4.41% of the households occupied **Semi Detached House**. Traditional/ Hut Structure, Informal/Improvised Dwelling and others were inhabited by 0.5%, 0.36% and 1.52% of the households respectively.

On Tenure status, 75% of household population rent their dwelling and only 17.6% owned while others (7.4%) represent free occupiers respectively.

In addition, type of main material used for roof, floor and wall of the dwelling unit was also analysed, it was revealed that 45% of the households reportedly used slate/asbestos for roof of their dwelling, 32% indicated corrugated metal/zinc sheet while only 16% and 3% reportedly used cement/concrete, as roofing tiles respectively. Similarly, the result showed that 84.8% of the household purportedly used cement/concrete for floor, while 92% them also indicated cement/ concrete as material used for wall.

HOUSEHOLDS DISABILITY BY GENDER

World health Organisation (WHO) defined Disabilities as “an umbrella term, covering impairments, activity limitations, and participation restrictions”. The issues of population that are challenged physically and mentally had become a recurring phenomenon and therefore deserved special attention and their proportion across the states of the federation were duly captured in 2006 Census in Lagos State. It was revealed that **1.8%** of the entire population in the State was reportedly challenged physically or mentally in one way or the other. Further breakdown revealed that those that were visually impaired (Seeing) constitute 0.39% male and 0.33% female, Hearing impaired members of households represent 0.098% male and 0.11% female, Ditto household members that are speech, mobility and mentally impaired which comprised of 0.15% male and 0.14% Female, 0.03% male and 0.115% female, 0.05% male and 0.04% female respectively. On the other hand, 0.113% male and 0.103% female constituted of households with other form of disability respectively.

Fig 9: Households disability by gender

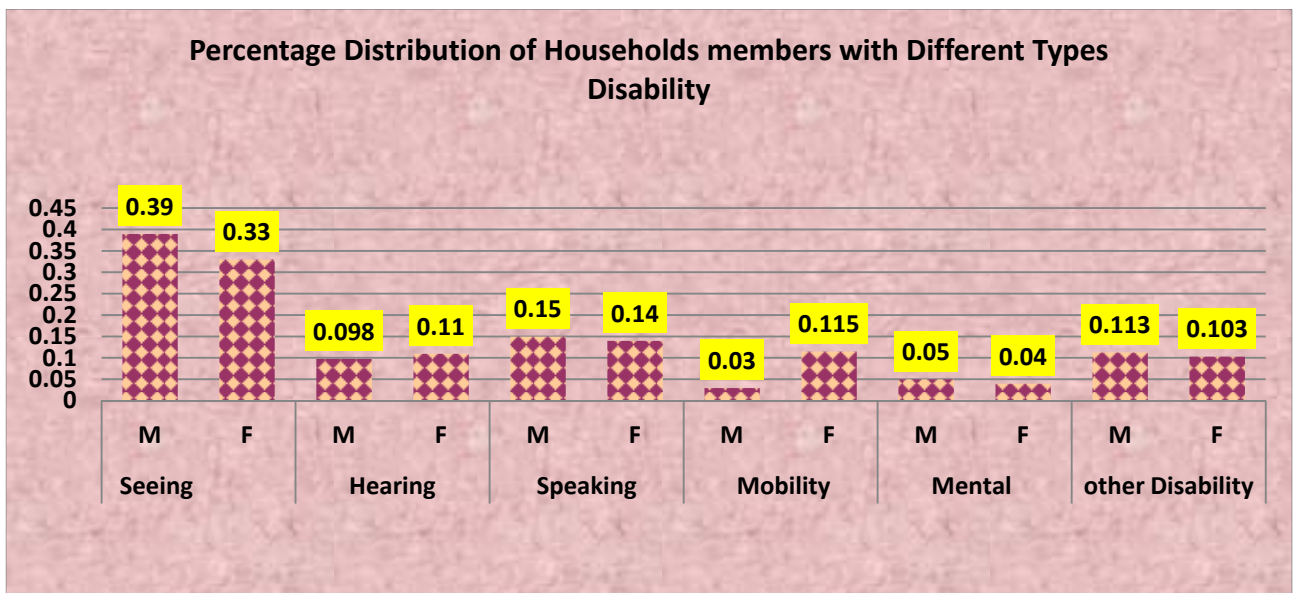
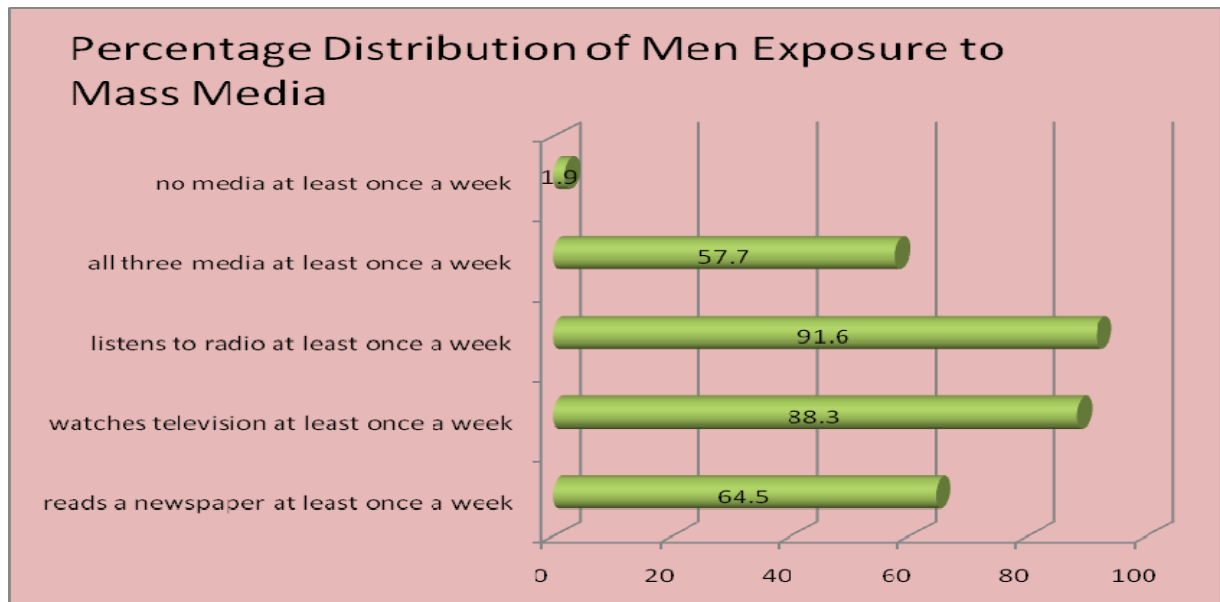
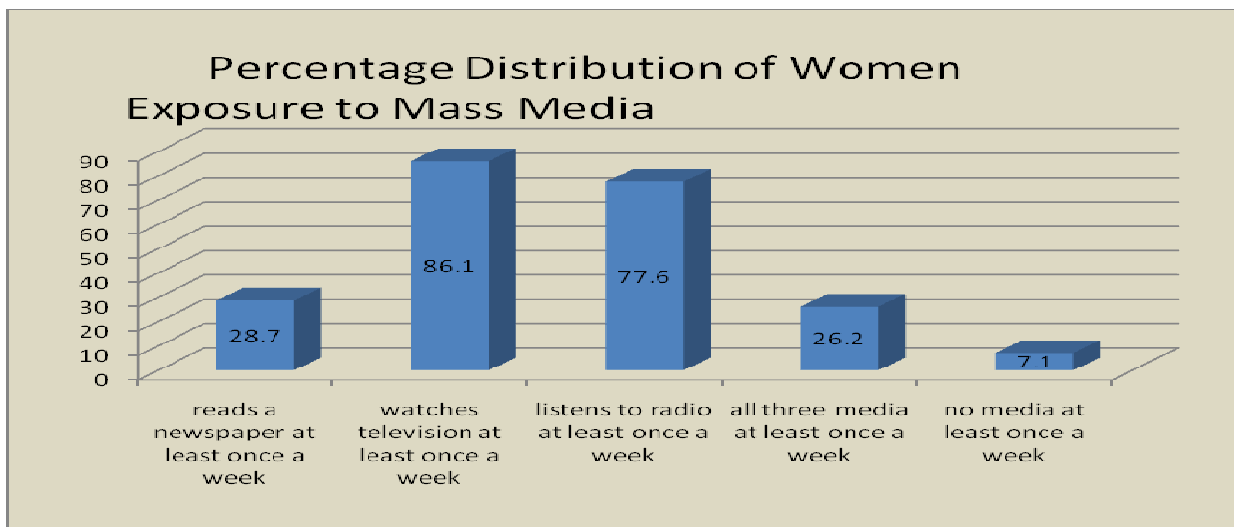


Fig 10: Men Exposure to Media



Access to information (exposure to media) among the State inhabitants and sources of the information were also examined on weekly basis. The analysis shows that more men watch television than read newspapers at least once a week. Thus 64.5% of men read a newspaper at least once a week while 88.3% watches television at least once a week. The finding also revealed that 91.6% of men listen to radio at least once a week while 57.7% participated in all the three at least once a week.

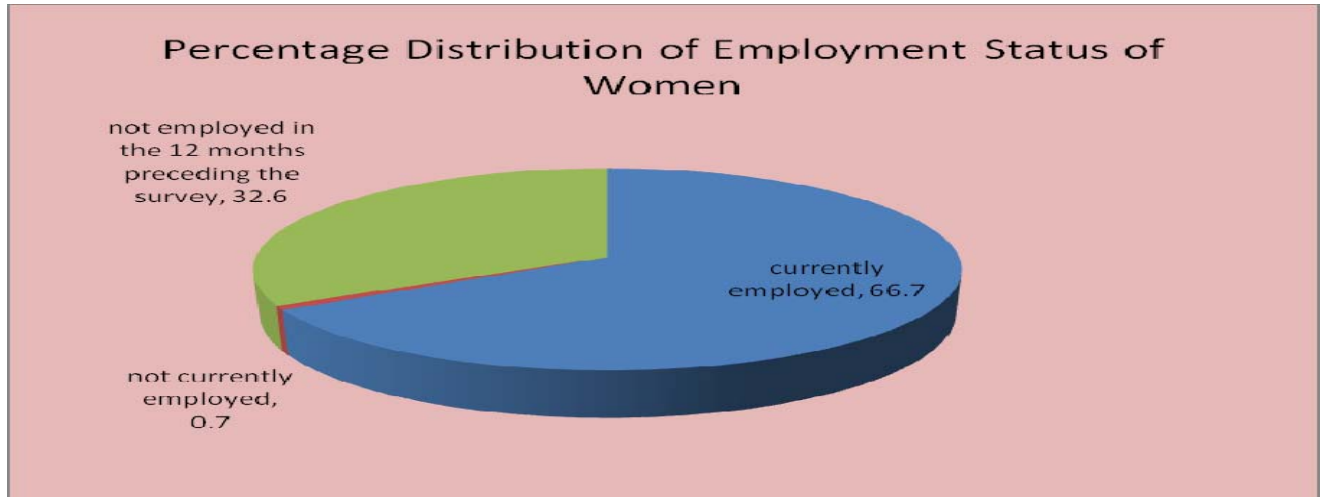
Fig 11: Women Exposure to Media



The finding revealed that 28.7% of women read a newspaper at least once a week while 86.1% watches television at least once a week. The analysis further shows that 77.6%, 26.3% listens to radio and

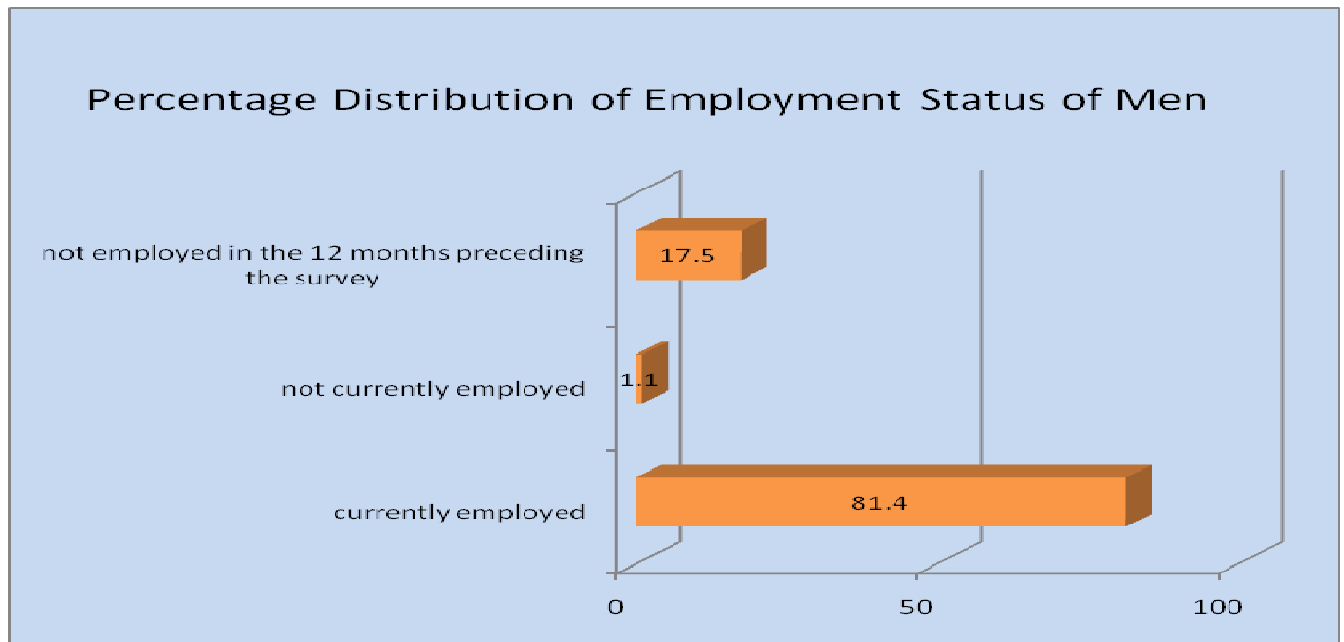
participated in the use of the three media at least once a week respectively. Gender implication of media exposure on weekly basis showed that more men read newspapers and listen to radios while more women watch television.

Fig 12: Employment Status of Women



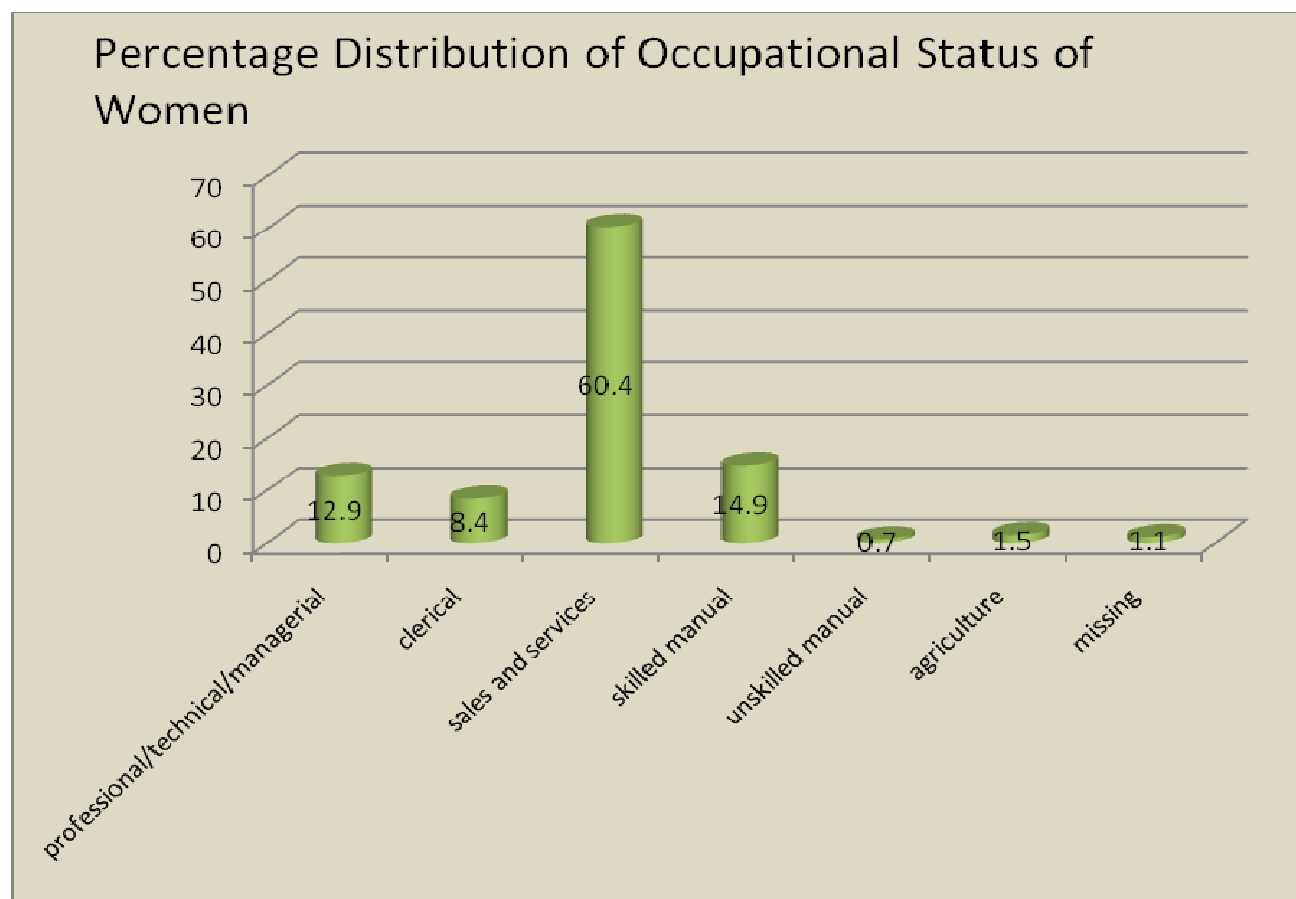
Women empowerment is one of the eight (8) Millennium Development Goals (MDG) and efforts are being intensified to achieve the goals by 2015. The survey revealed that 66.7% of women in Lagos State are currently employed, 32.6% of them had not been employed in last twelve months preceding the survey while 0.7% of them are currently unemployed.

Fig 13: Employment Status of Men



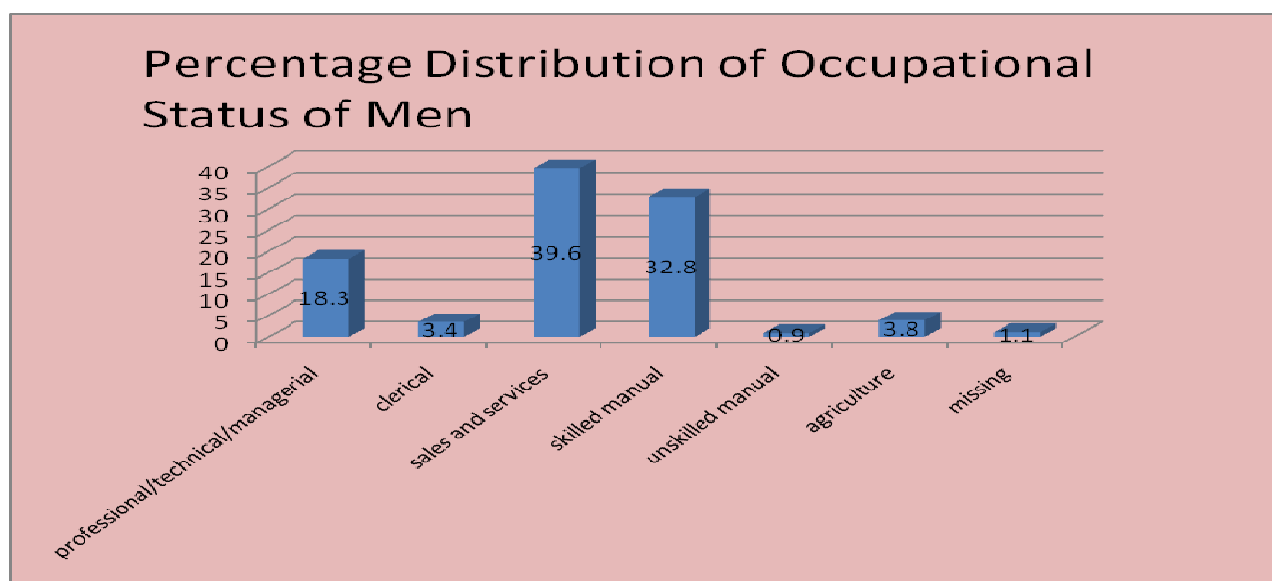
Status in employment refers to the status of an economically active person with respect to his or her employment, that is to say, the type of explicit or implicit contract of employment with other persons or organizations that the person has in his/her job. Employment status of men in the State indicated that 81.4% of them are currently employed while 17.5% had not being employed in the last twelve months preceding the survey also 1.1% are not currently employed.

Fig 14: Occupational Status of Women



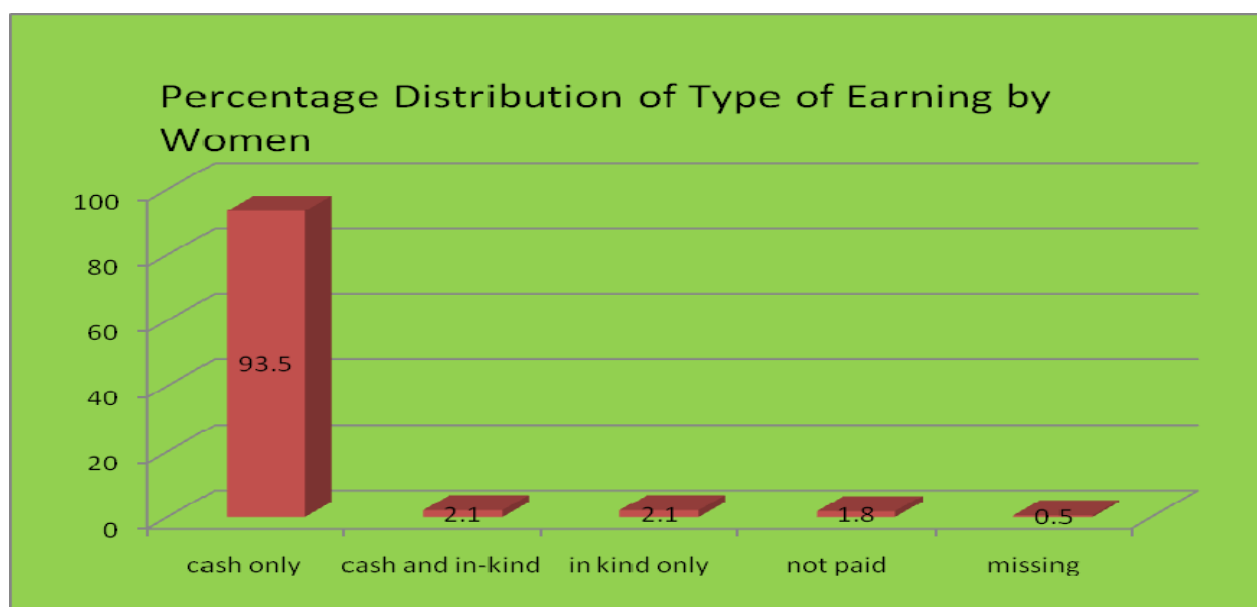
The occupational status of women were examined and the result showed that 60.4% of them actually engaged in sales and services while 12.9% are professional/technical/managerial. The analysis further indicated that 14.9%, of them are skilled manual, 0.7%, unskilled manual, 8.4%, clerical and 1.5% of them were reportedly recorded as agriculturist.

Fig 15: Occupational Status of Men



The analysis indicated that 39.6% of men are engaged in sales and services while 32.8% are skilled manual. The result further shows that 18.3% of them are professional/technical/managerial. Also, 3.8% and 0.9% are agriculturist and unskilled manual respectively.

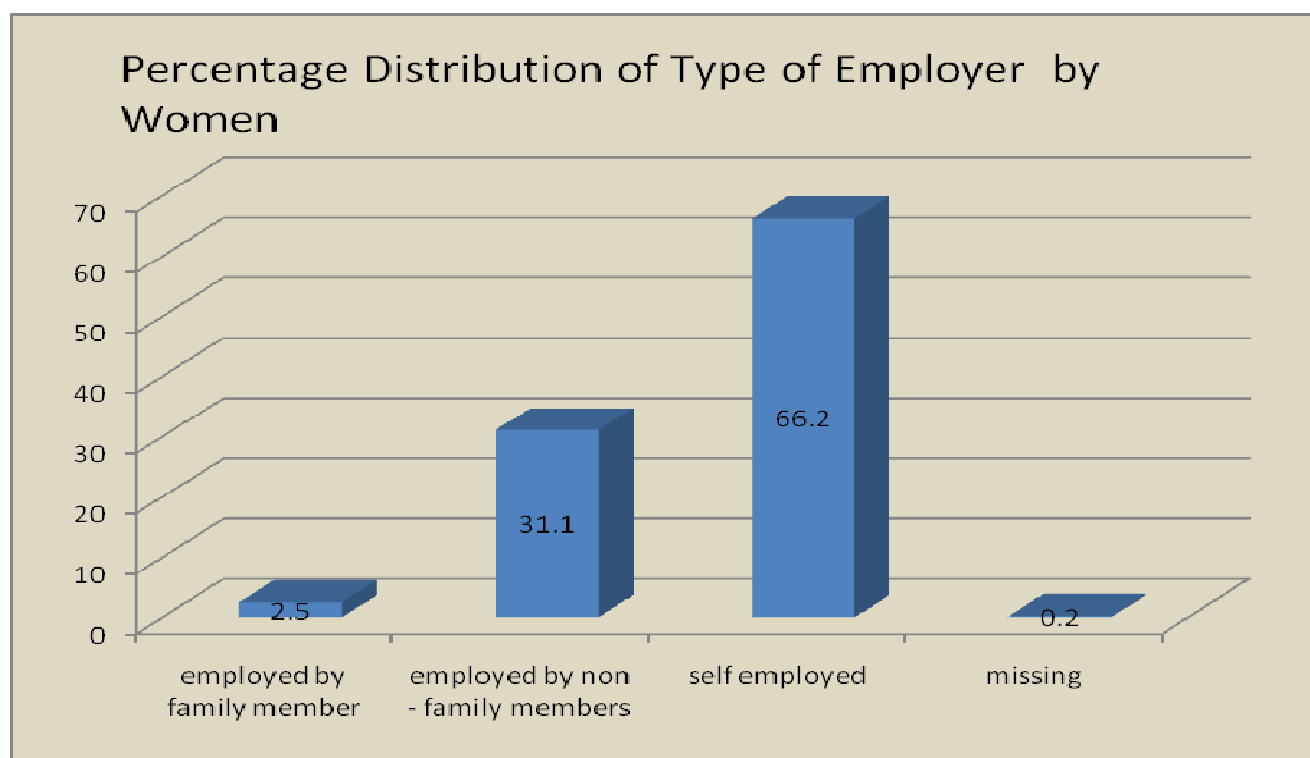
Fig 16: Type of Earning by Women



The Survey also revealed that women are mostly engaged in cash sales and services as 93.5% of them reportedly earn cash while 2.1% earns cash and in kind. The result also shows that 2.1% and 1.8% of women accounted for women that earns “in kind only” and “not paid at all” respectively. Similarly,

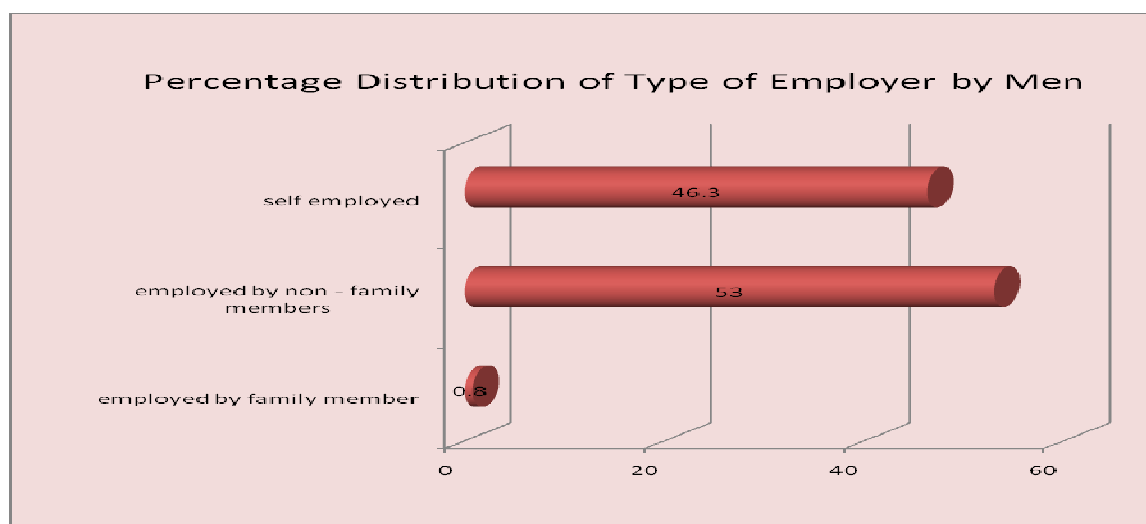
the result shows that 85.5% of men also earns cash only, 8.1% of them earns both cash and in-kind. While the rest 2.3% and 4% accounted for those that earn “in kind only” and “not paid at all” respectively.

Fig 17: Type of Employer by Women



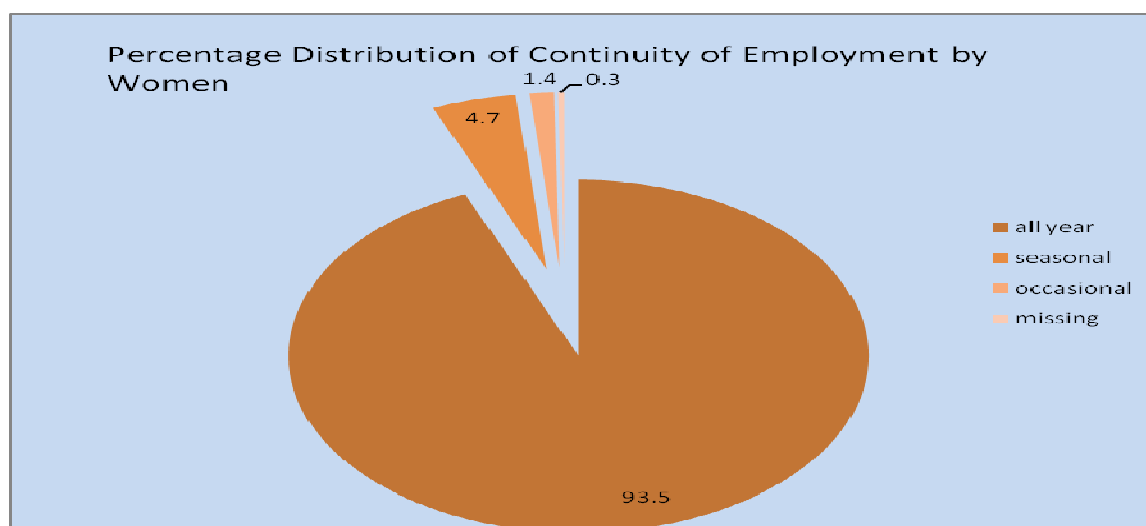
Employment relationship among the household members were also assessed, the analysis revealed that 66.2% of women are self employed while 31.1% are employed by non family members. The result also indicated that 2.5% of them are employed by family member.

Fig 18: Type of Employer by Men



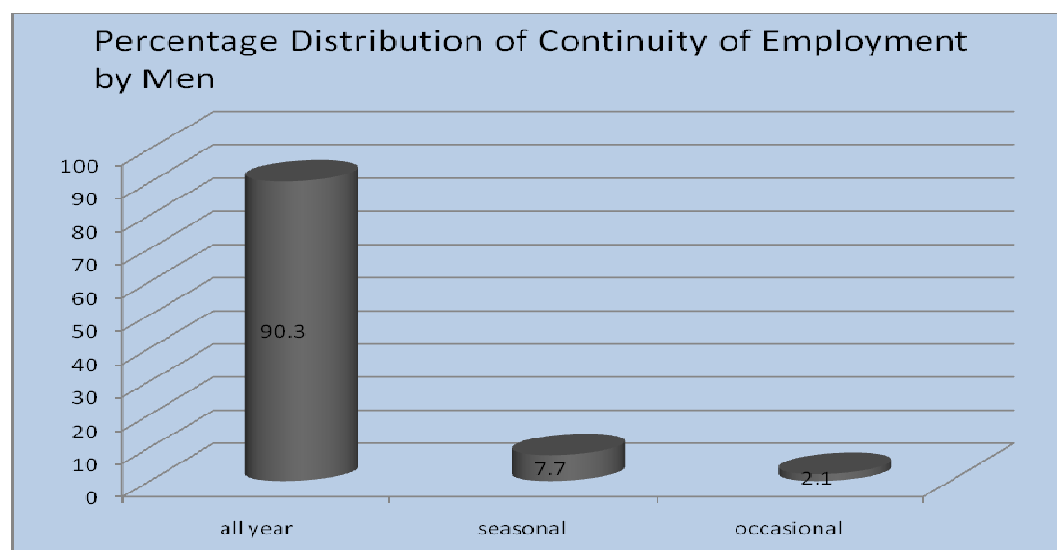
Similarly, 53% of men are employed by non family members and 46.3% are self employed while 0.8% of men are reportedly employed by family member.

Fig 19: Continuity of Employment by Women



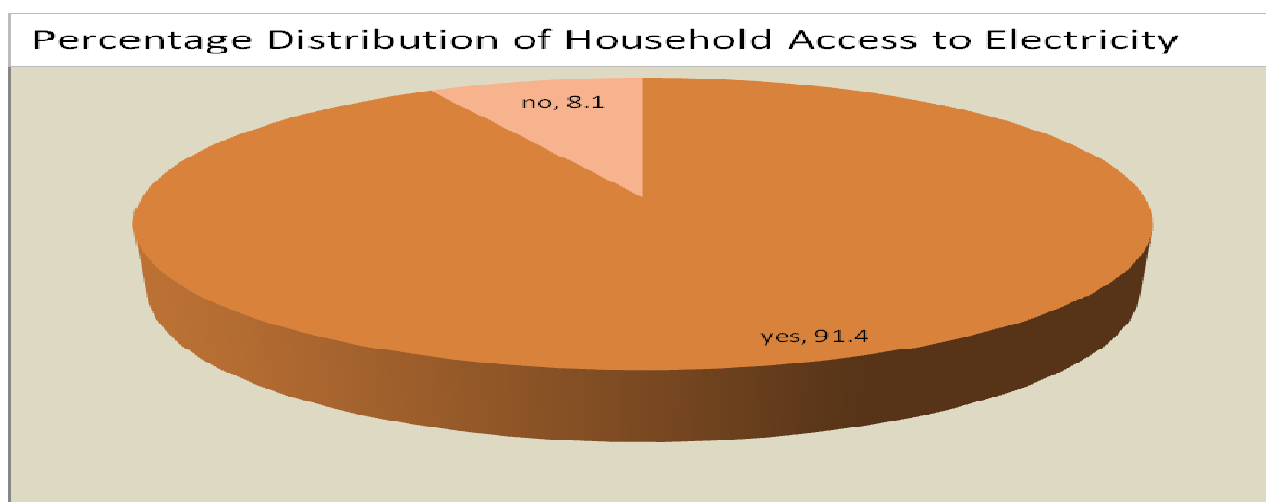
93.5% of women reportedly enjoy continuity in their employment all year, 4.7% adjudged their employment as seasonal. While the remaining 1.4% of them were employed occasionally.

Fig 20: Continuity of Employment by Men



Similarly, 90.3% of men reportedly enjoy continuity in their employment all year, 7.7% adjudged their employment as seasonal. while the remaining 2.1% of them reportedly engaged in occasional employment

Fig 21: Access to Electricity



Access to electricity is particularly crucial to human development as electricity is, in practice, indispensable for certain basic activities, such as lighting, refrigeration and the running of household/ establishment/ business appliances, and cannot easily be replaced by other forms of energy. Individuals' access to electricity is one of the most clear and un-distorted indication of a country's energy poverty status. The findings indicated that 91.4% of the household members said they had access to electricity while 8.1% claimed they had no access to electricity.

CHAPTER 2

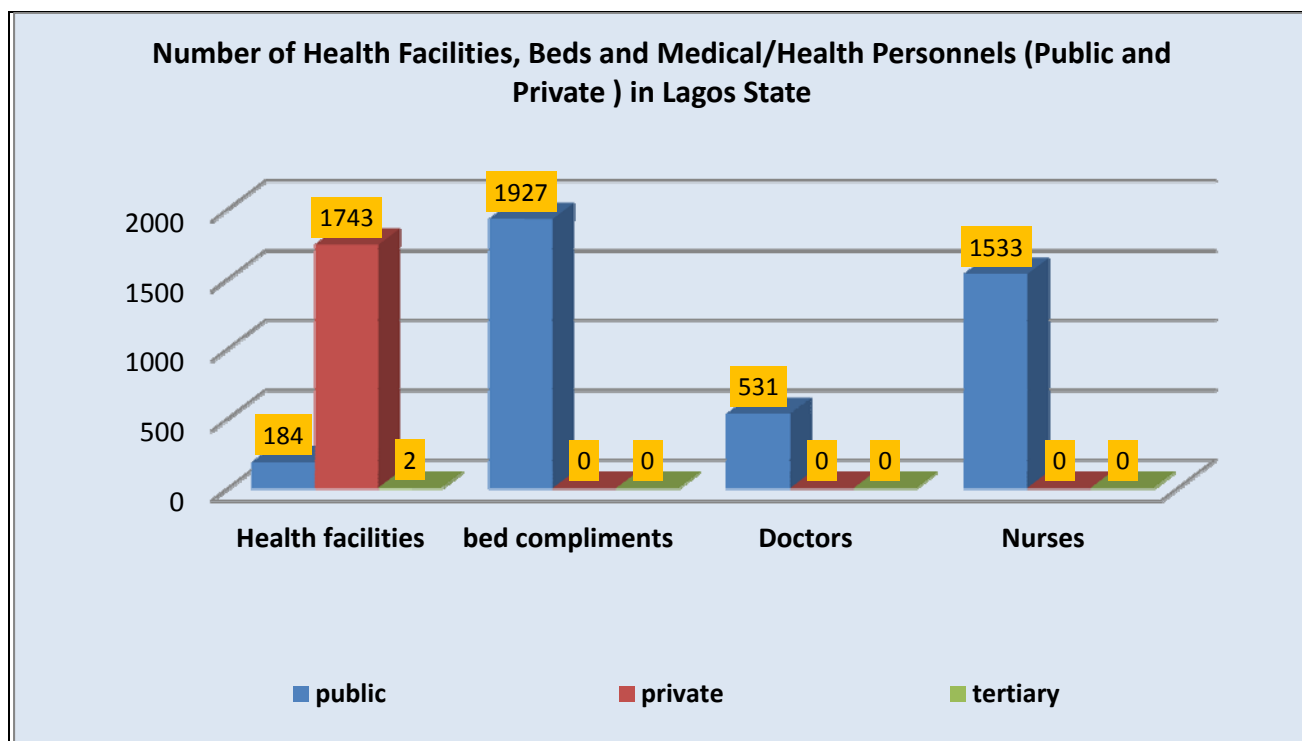
FERTILITY LEVELS, TRENDS, AND DIFFERENTIALS

HEALTH

“Health is wealth” is a common global expression; it is defined, according to United Nation as the ‘State of complete physical, mental and social well being and not merely the absence of illness and infirmity’. The hallmark of good governance is partly the provision of qualitative health care delivery to all and sundry. This is manifested in the number of Health facilities available to the people as well as the availability of medical personnel, the instruments/equipment at the disposal of the health care personnel and allied professional at the health facilities.

The study revealed that Lagos State had a total of 184 public health facilities and 1,743 private health facilities. In terms of infrastructure, it was revealed that the public secondary and tertiary Health institution in Lagos state had 1927 beds, 531 doctors and 1,533 nurses.

Figure 22: Number of Health Facilities, Beds and Medical/Health Personnel (Public and Private) in Lagos State



Source: *Planning, Research & Statistics, Ministry of Health*

ACCESS TO SAFE DRINKING WATER

United Nations Development Programme (UNDP), defined access to safe water as “The proportion of the population using any piped water, public tap, borehole with a pump, protected well, and springs or rainwater”. Water is life and safe drinking water, which simply refers to potable water free from harmful micro organisms and substances, even if it may have colour, odour, or taste problem due to dissolved minerals, is a basic necessity for good health. It is therefore important that access, utilization and satisfaction with sources of water supply be investigated. The MICS 2007 report revealed that 75.6% of the Lagos inhabitants reportedly use improved source of water supply. Similarly, 84.8% of them also use sanitary means of excreta disposals while 66.5% of them reportedly used both improved water sources and sanitary means of excrete disposal.

Fig 23: Access to safe drinking water

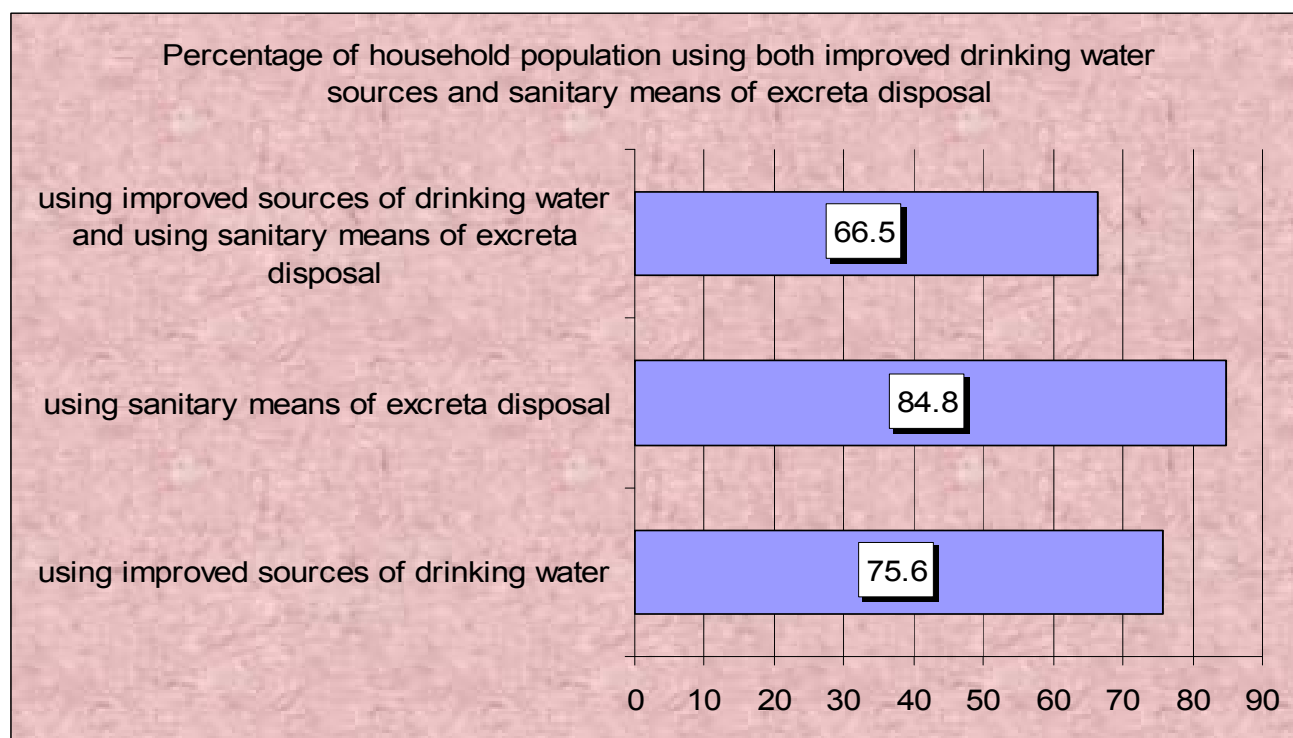
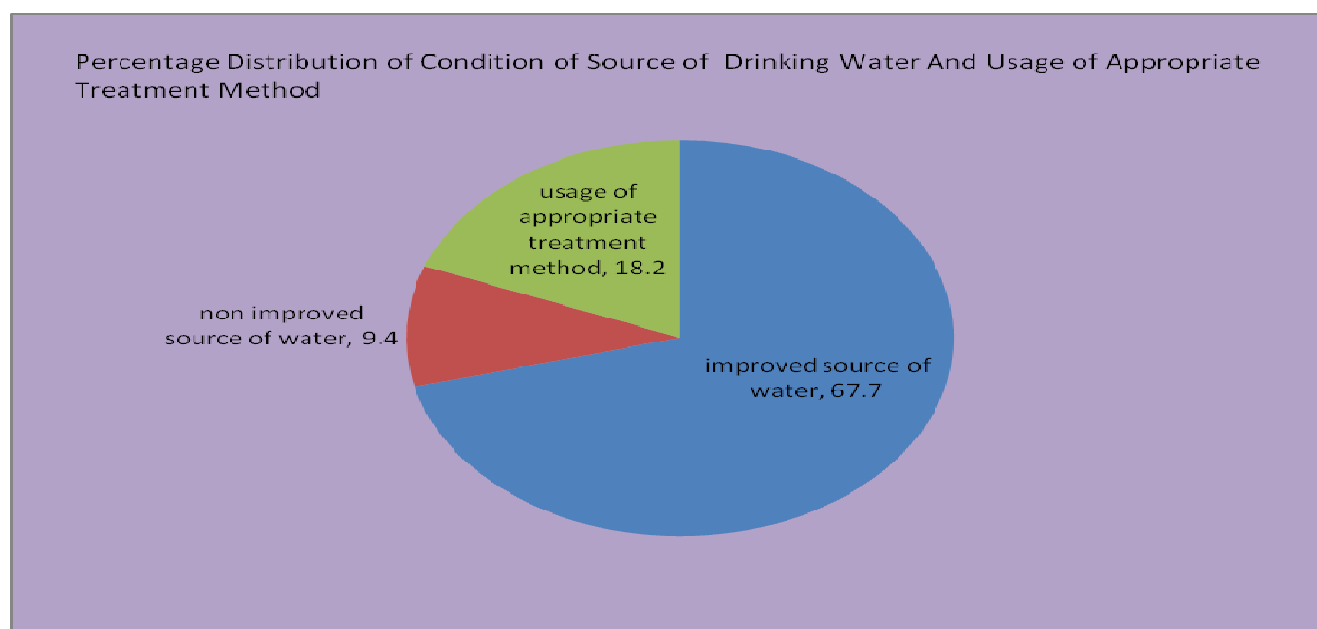
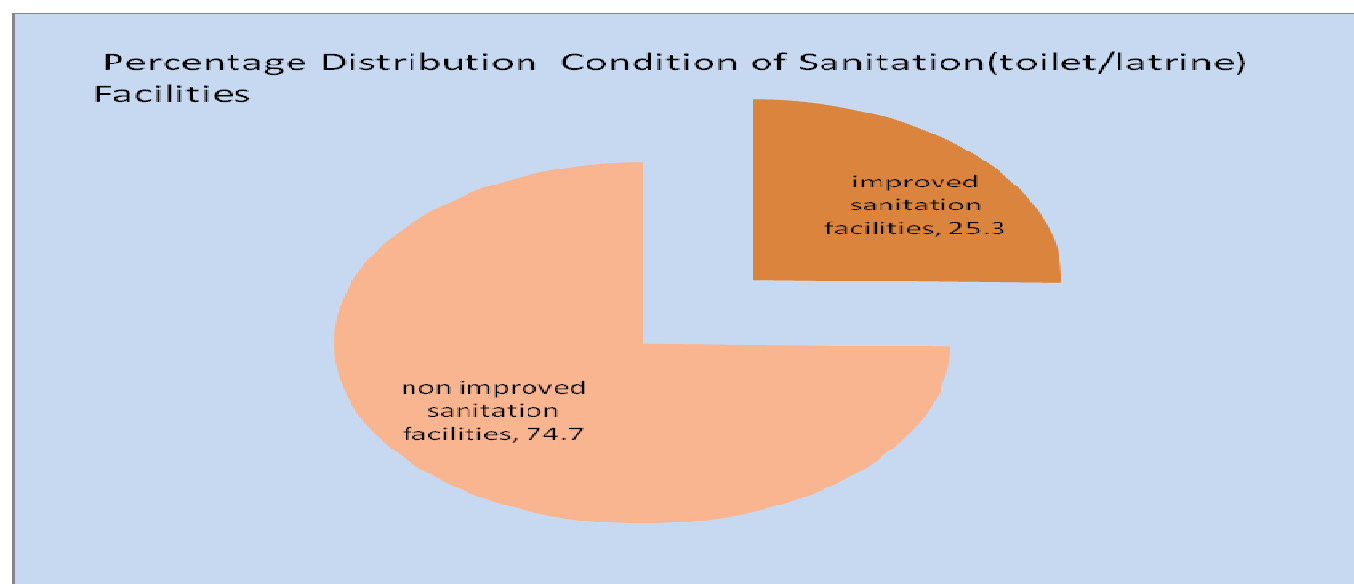


Fig 24: Condition of Source of Drinking Water and Usage of Appropriate Treatment Method



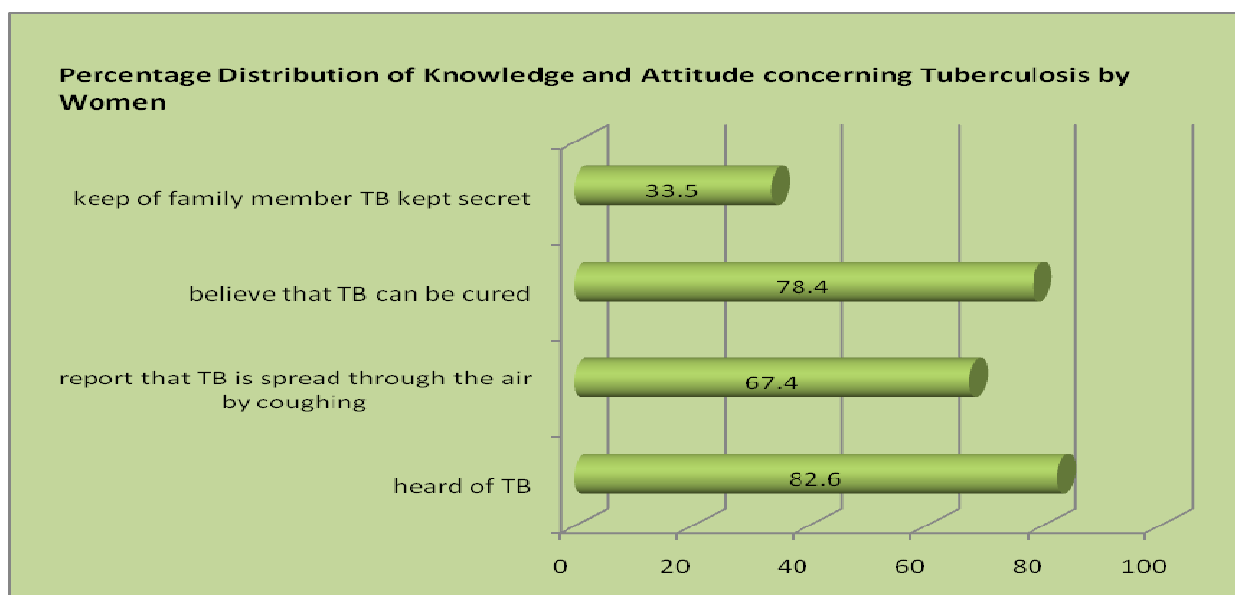
The source of drinking water and appropriate treatment method was also indicted by the findings. It was revealed that 67.7% of the household members said there had been improvement in the source of water while 9.4% asserted that there had not been any improvement in the source of water. However, regarding usage of appropriate treatment method only 18.2% confirmed this.

Fig 25: Condition of Sanitation (toilet/latrine) Facilities



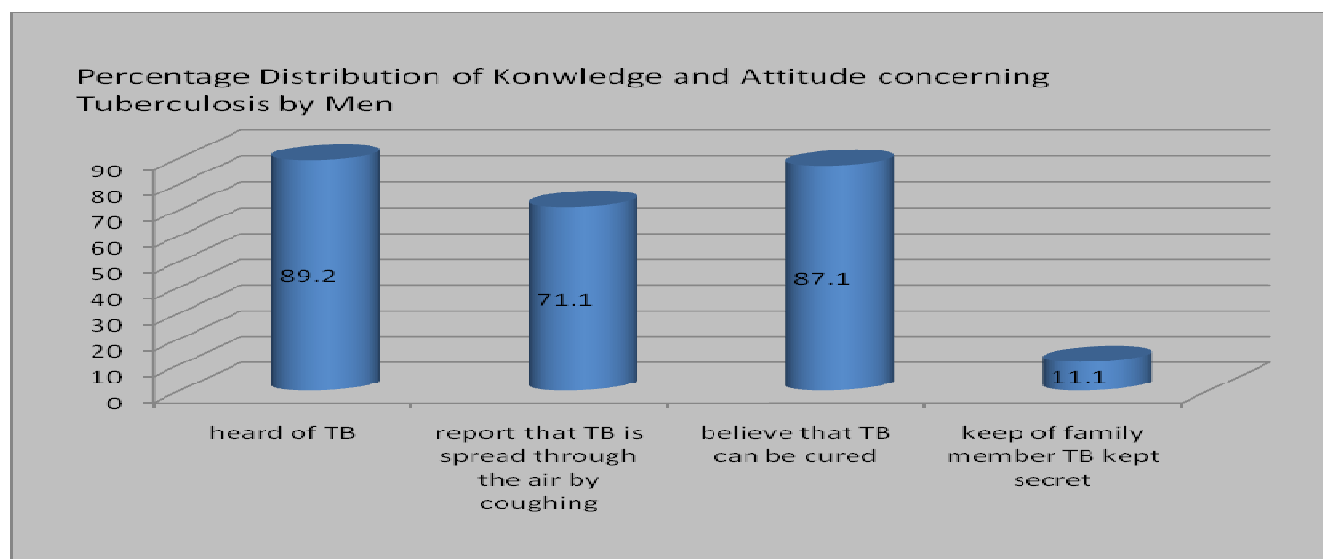
The analysis revealed that 25.3% of household members asserted that there had been improvement in sanitation facilities while 74.7 said there had been no improvement.

Fig 26: Knowledge and Attitude concerning Tuberculosis by Women



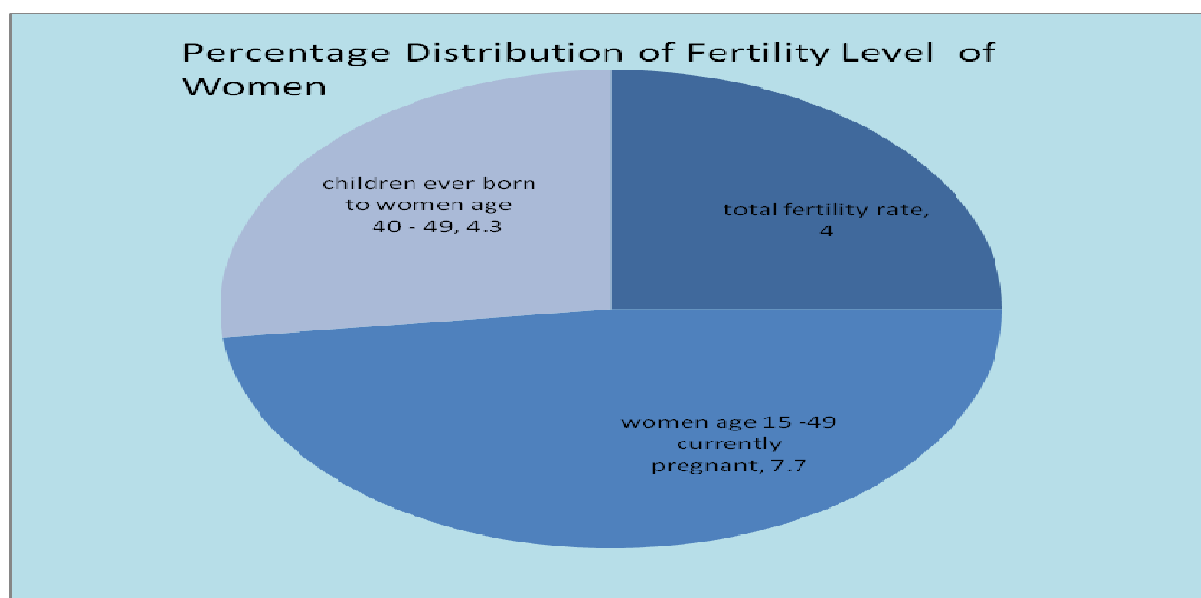
The result shows that 82.6% of women have heard of Tuberculosis. The analysis further revealed that 67.4% of women claimed that Tuberculosis can be spread through the air by coughing. However, 78.4% of women believe that Tuberculosis can be cured and 33.5% wants family member Tuberculosis kept secret.

Fig 27: Knowledge and Attitude concerning Tuberculosis by Men



89.2% of men asserted that they had heard of Tuberculosis. However, 71.1% of them believe that Tuberculosis is spread through air by coughing and 87.1% of men believe that Tuberculosis can be cured. Also, 11.1% of men want family member Tuberculosis to be kept secret.

Fig 28: Fertility Level of Women



The State fertility level of women aged 15-49 years was also examined and the result revealed that the total fertility rate of women is 4 children per woman ditto children ever born to women age 40 – 49 accounted for 4 children. However, 7.7% of women age 15 – 49 studied accounted for currently pregnant women.

BIRTH REGISTRATION

The importance of birth registration cannot be underestimated since it bestows a legal identity on children for life. Without a birth certificate, children may be excluded from education as well as health and social services. A lot of advocacy and enlightenment campaign had also been advanced in favour of birth registration thus the uptake of this action was also examined. The analysis shows that 65.2% of children under age 5 were registered while the overall percentage of total children registration stood at 52.8%.

Fig 29: Birth Registration of Children under Age Five and Total Registered

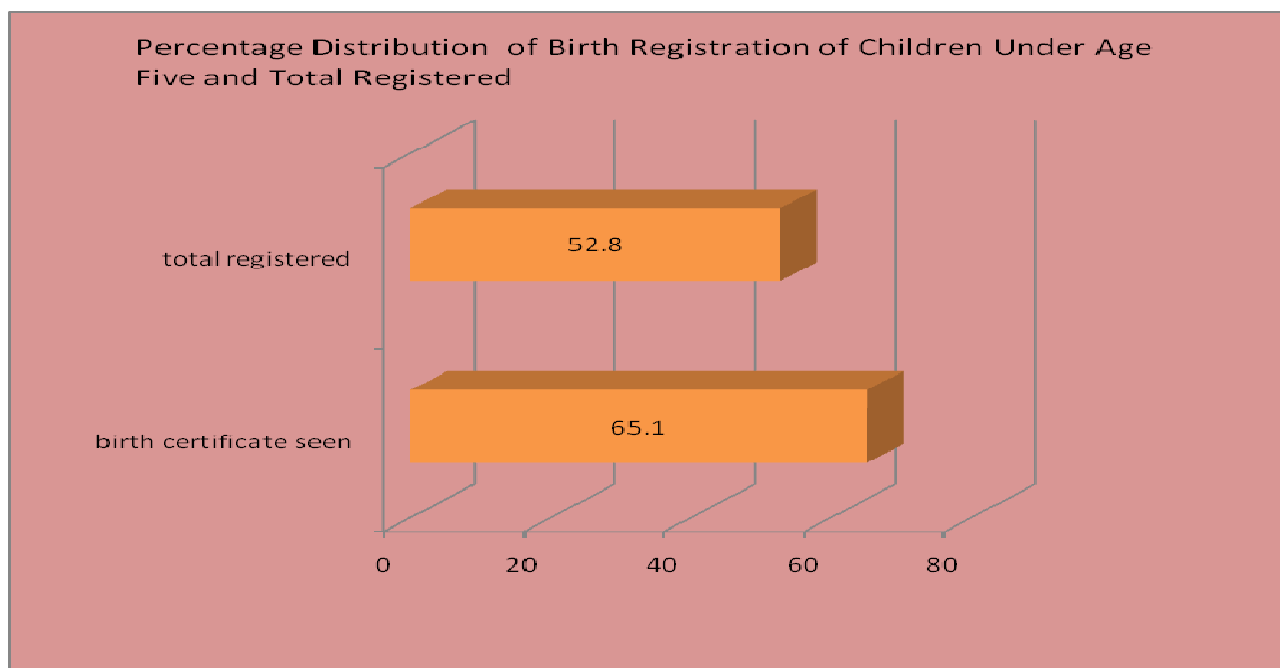
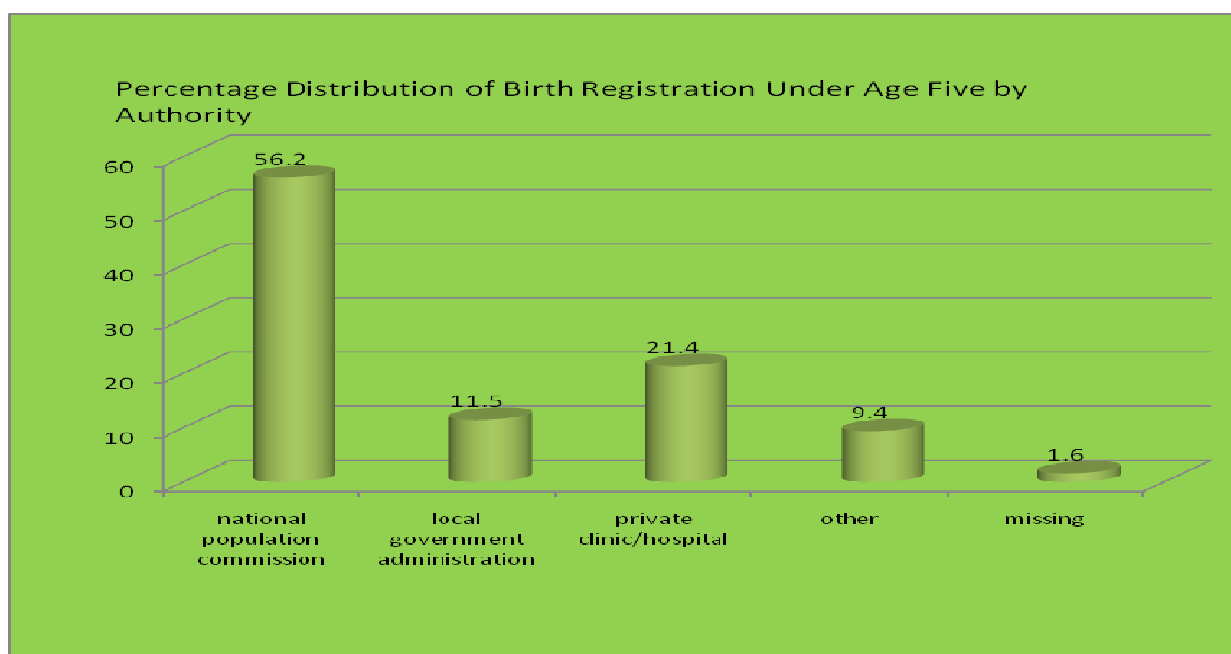
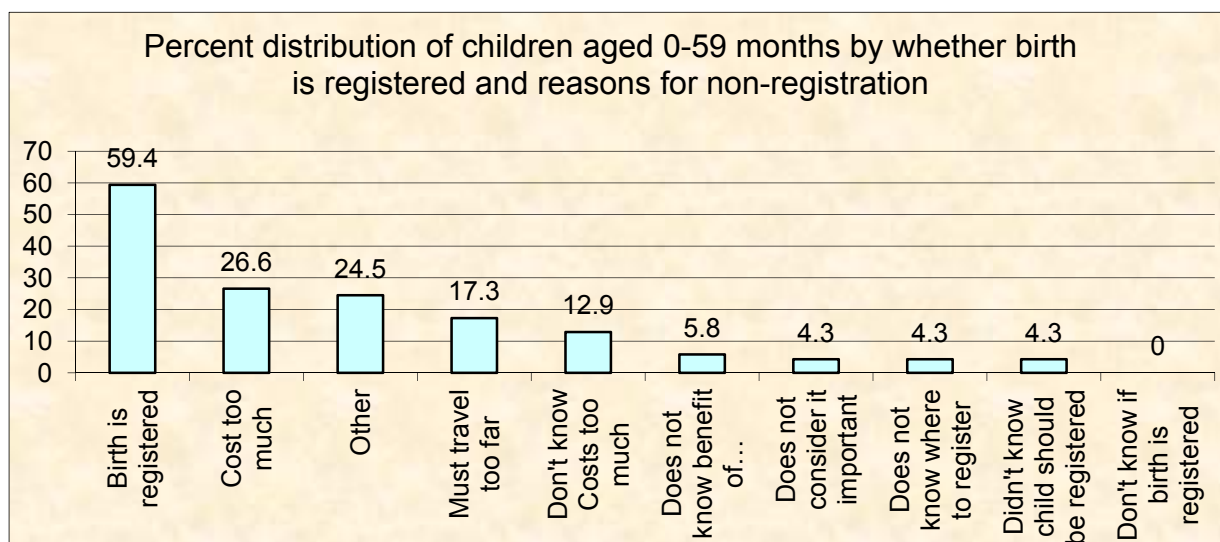


Fig 30: Birth Registration under Age Five by Authority



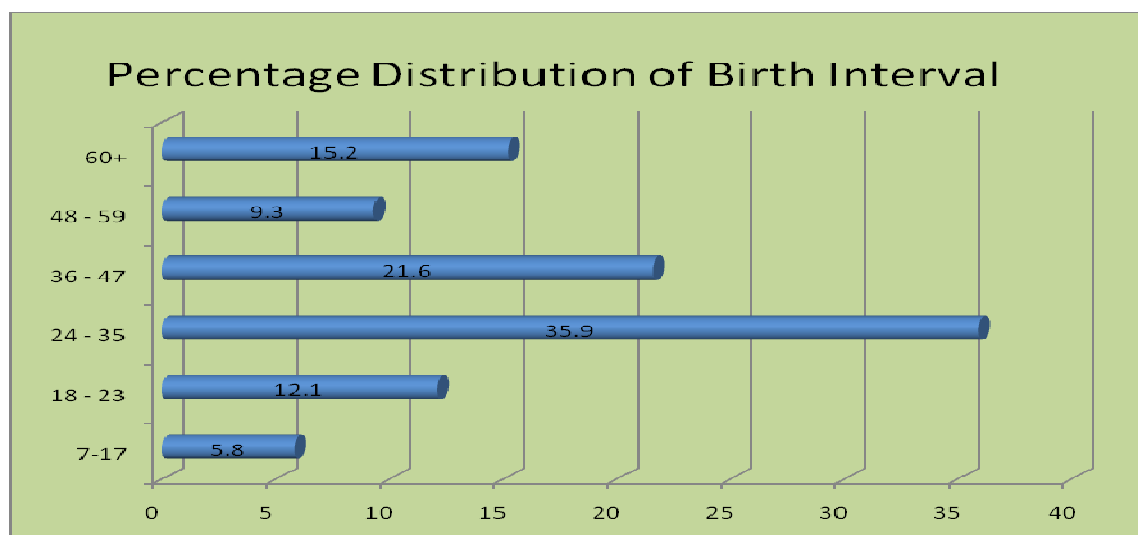
The analysis indicated that 56.2% of children under age five are registered by National population Commission while 11.5% of them are registered by Local Government Administration. The finding also shows that 21.4% and 9.4% of the children are registered by Private Clinic/Hospital and other respectively.

Fig 31: Birth registration



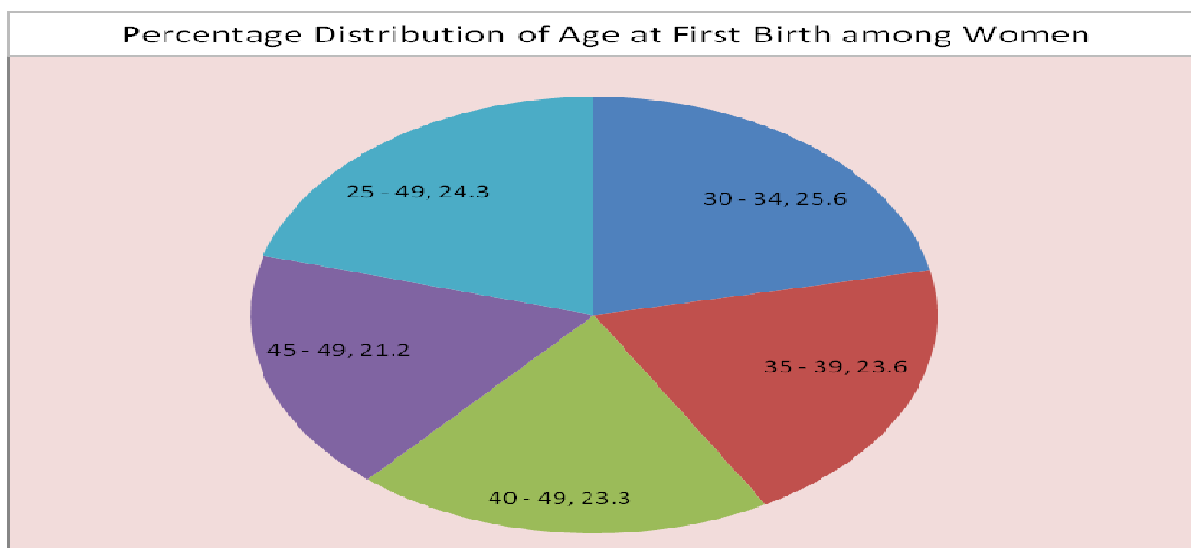
Registration of children at birth remains one of the vital statistics often required in planning and programming of child-birth related projects and strategies. It provides necessary information on the gender outlook of the population in the nearest future. The survey revealed that 59.4% of children born in Lagos State during the survey period (MICS 2007) were registered while Cost of registration and proximity to place of birth registration were mostly adjudged by the 26.6% and 17.3% respondent as reasons for non-registration respectively. Other reasons include lack of knowledge about child-registration (4.3%), lack of knowledge about the cost of registration (12.9%) as well as lack of knowledge on the benefit of registration.

Fig 32: Birth Interval



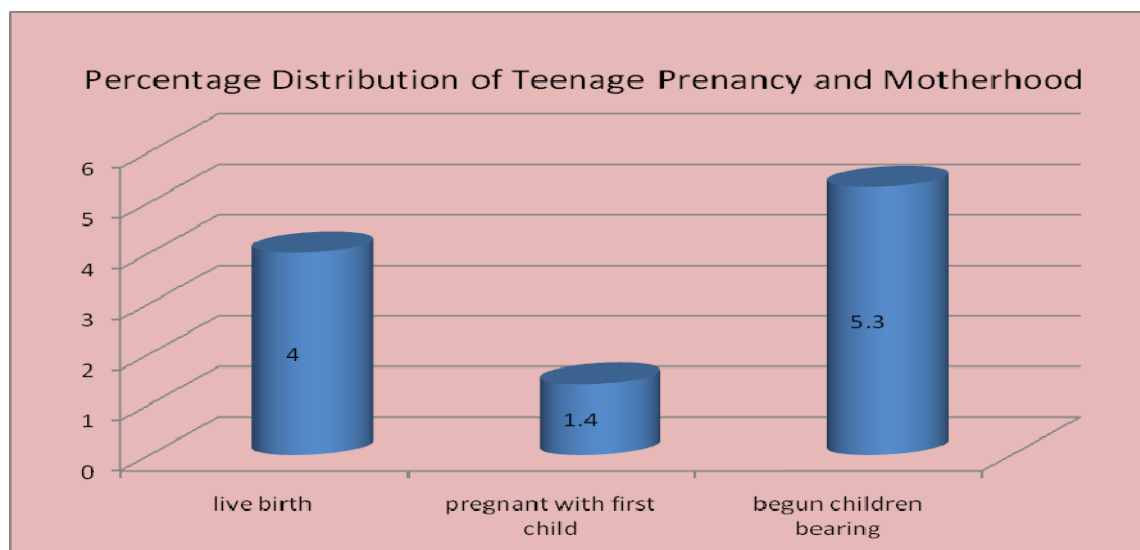
Birth Interval simply referred to the interval between succeeding parturitions. i.e. between one child birth and the succeeding one. This practise was mostly indicated among women age 24-35 years (35.9%), followed by those in 36-47 years (21.6%), as well as women age 60 years and above (15.2%). The practise was also confirmed by other women in age group 18-23 years (12.1%) and 48-59 years (9.3%) respectively.

Fig 33: Age of First Birth among women



One of the interesting demographic phenomena is the steady upwards creep in the age of women when they give birth to their first child. Of particular interest to both researchers and the public is the “average” age of women when they have a child, especially their first. Age at first birth influences the total number of births that a woman might have in her life, which impacts the size, composition, and future growth of the population. The age of the mother, both younger and older, plays a strong role in a wide range of birth outcomes (e.g., birth-weight, multiple births, and birth defects), so it is critical to track the average age at which women have their first birth. In Lagos, it was revealed that 25.6%, had their first birth at ages 30-34 years, 23.6% at age 35-39 years and 23.3% at age 40-49 years while 21.2% and 24.3% of women had their first birth at ages 45-49 years and 25-49 years respectively.

Fig 34: Teenage Pregnancy and Motherhood



Teenage pregnancy and motherhood have implications for several different aspects of primary health care. the provision of health education and contraceptive services is obviously relevant to the prevention of unplanned teenage pregnancy. It could be the harbinger of future defects in children and maternal disability to mothers and other related health challenges. In Lagos, the analysis indicated that 1.4% of teenagers are pregnant with first child while 5.3% of them had already begun children bearing and 4% of them had live birth.

CHAPTER 3

FAMILY PLANNING

Family planning is the planning of when to have children, the use of birth control and other techniques to implement such plans. Other techniques commonly used include sexuality education, prevention and management of sexually transmitted infections, pre-conception counselling and management as well as infertility management. The family planning issues have been a recurring matter in demography, health and human development discourses at community and household level. Children and women are often regarded as being mostly affected in one way or the other when family are not well planned. Absence of family planning is also adjudged as major contributor to the high children and maternal mortality rates in the country.

To this end, MICS 2007 and NDHS 2008 revealed that percentage of women aged 15-19 years married or in union who are using (or whose partner is using) a contraceptive method confirmed that 59.4% of the women did not use any method, 7.2% of them used pill, 3.1% - IUD, 6.7% - Injections. 5-6% of them also use condom. In addition, between 5-8% each uses LAM and withdrawal. In summary, 24.4% reportedly used 'Any modern method', 16.1% of them use 'Any traditional Method' while 40.6% of the women reportedly use any method.

Fig 35: Percentage of women aged 15-49 years married or in union who are using (or whose partner is using) a contraceptive method

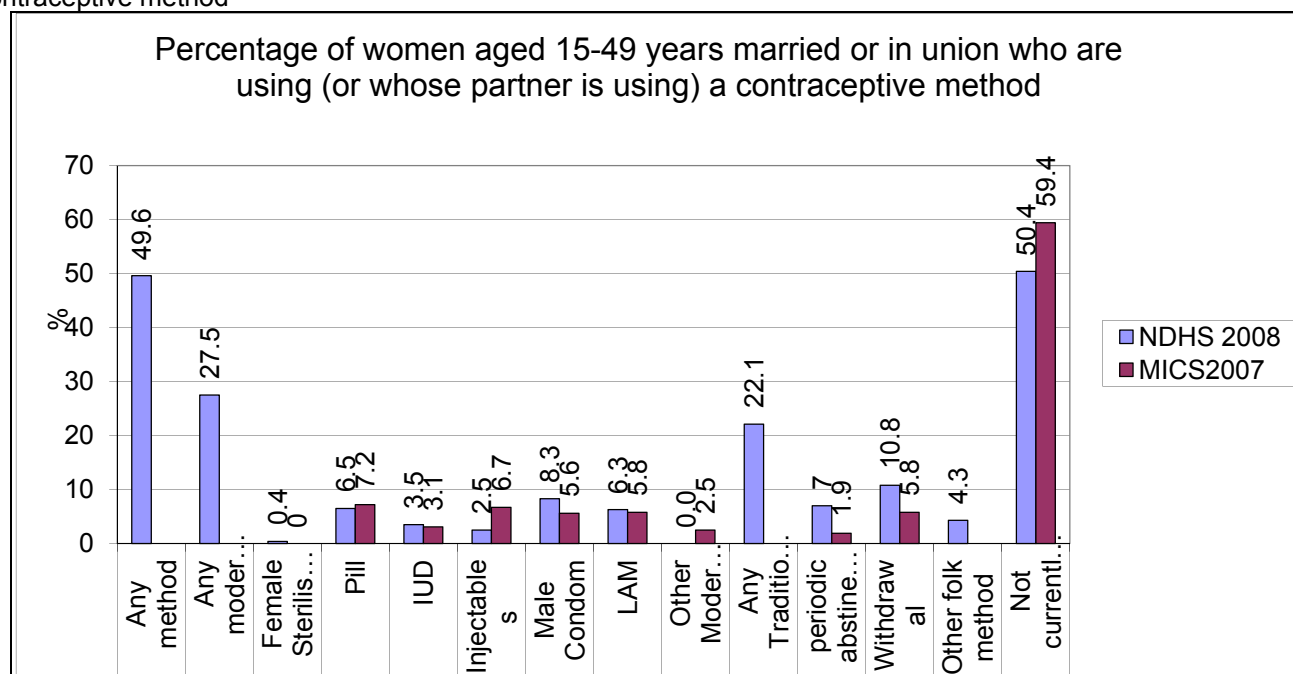
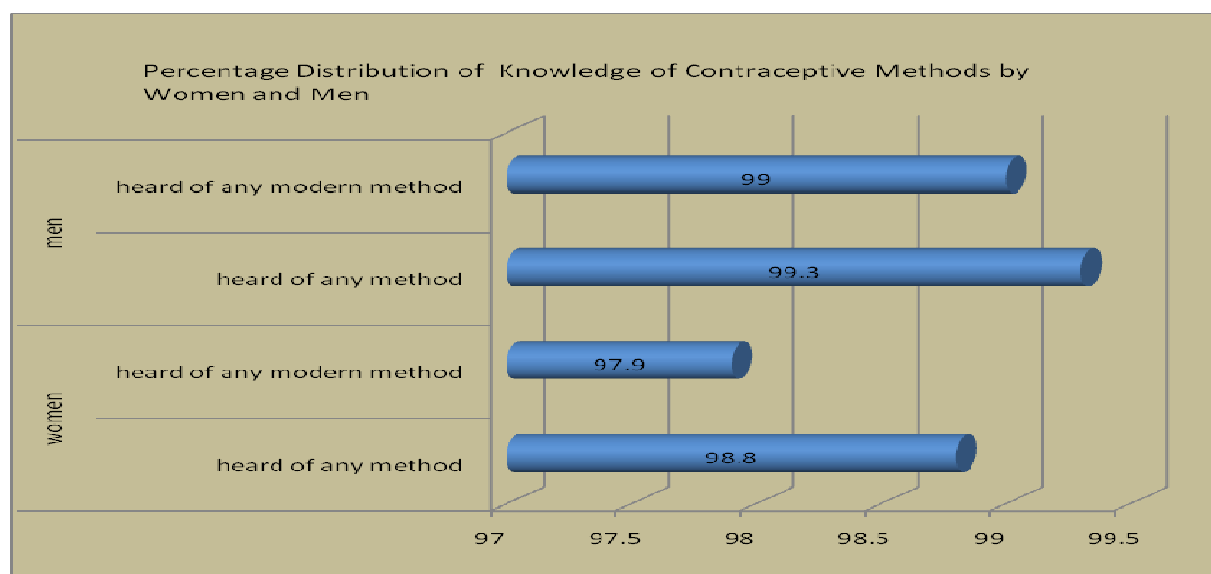
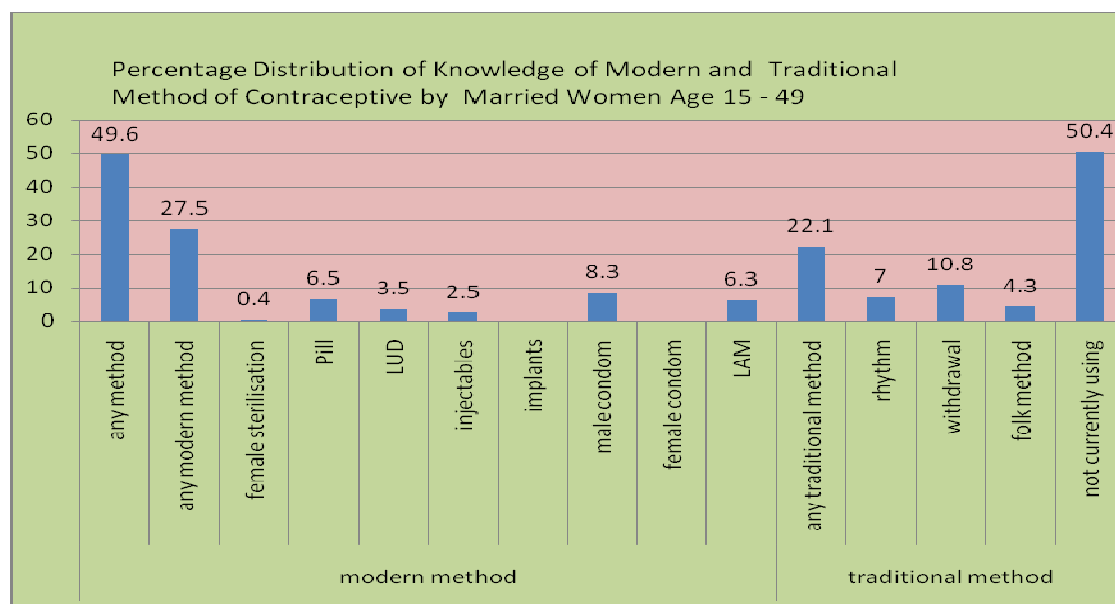


Fig 36: Knowledge of Contraceptive methods by Women and Men



The result of MICS 2007 revealed that 99% of men and 97.9% of women had heard of modern method while 99.3% of men and 98.8% of women had heard of any method.

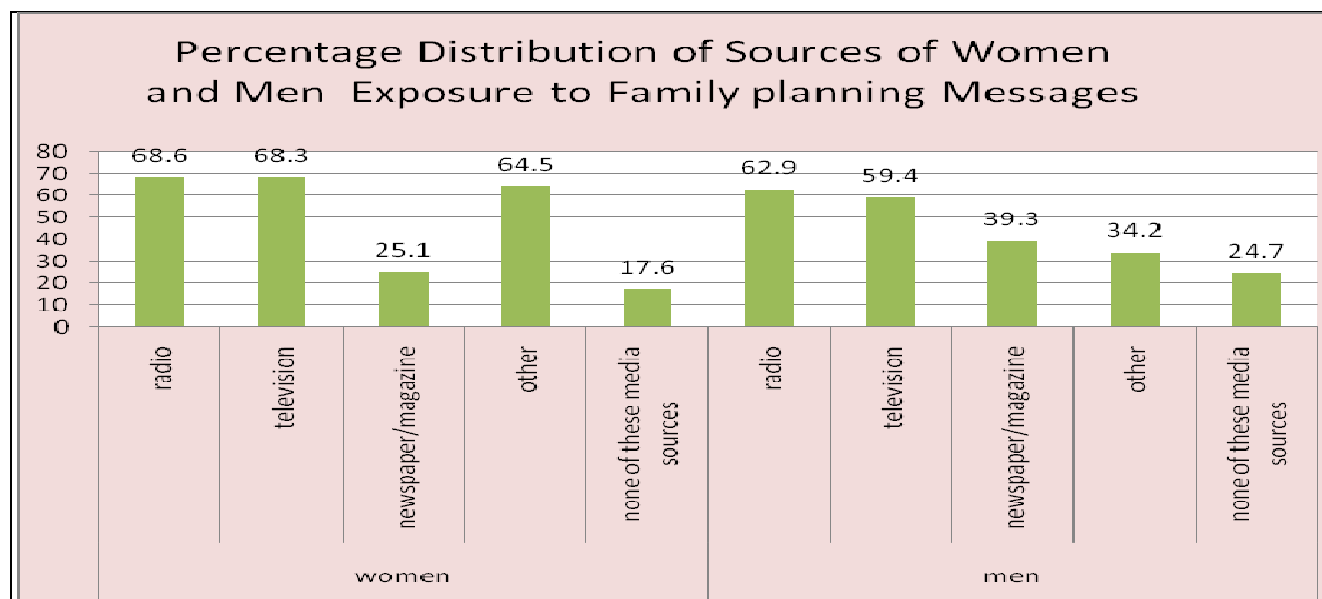
Fig 37: Knowledge of Modern and Traditional method of Contraceptive by Married Women Age 15-49



The analysis revealed that 49.6% of women age 15-49 had heard of any method. The result also shows that 27.5% of women had heard of any modern method while 22, 1% had heard of traditional method. On the usage of modern methods such as female sterilization, pill, IUD, injectables, male condom, and LAM (Lactational Amenorrhoea Method) 0.4%, 6.5%, 3.5%, 2, 5%, 8.3% and 6.3% of women age 15-49

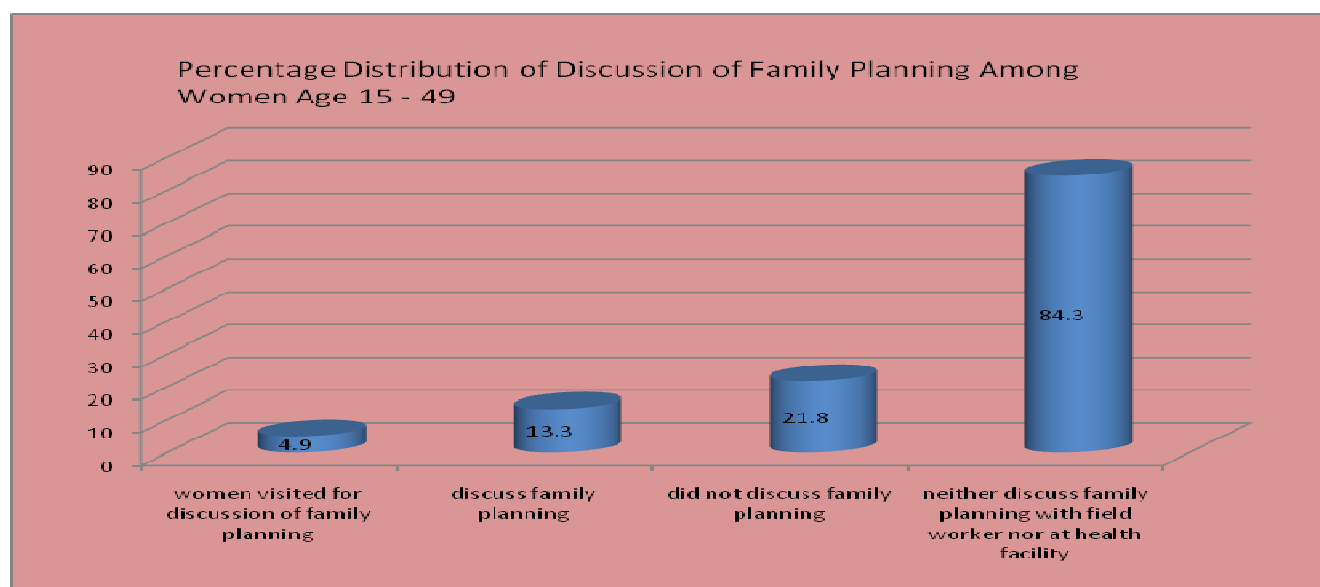
asserted to this respectively. On the traditional methods such as rhythm, withdrawal, folk method 7%, 10.8% and 4.3% claimed to have knowledge of these methods respectively. However, 50.4% claimed they are not currently using any of these methods.

Fig 38: Sources of Women and Men exposure to Family Planning Messages



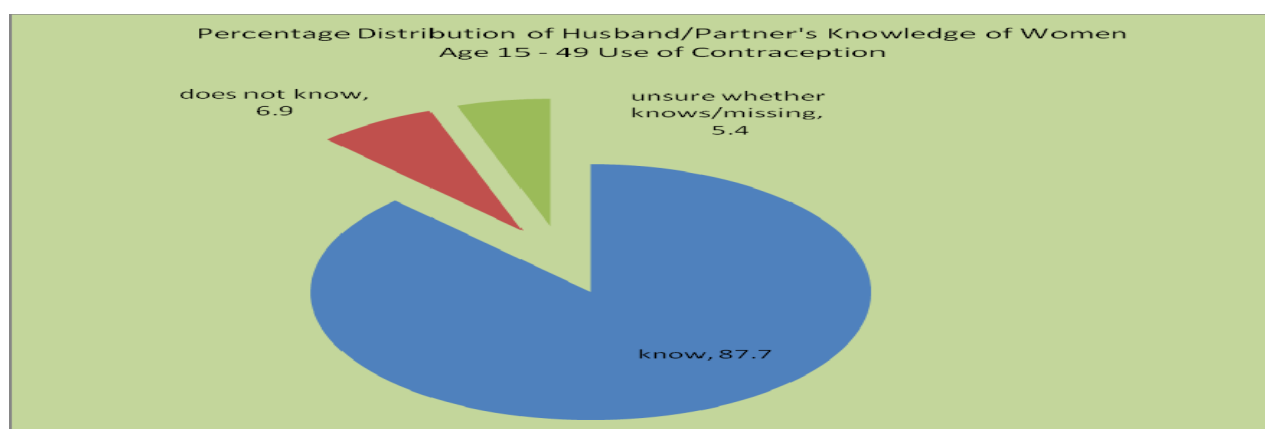
Mass media is an important source of information on family planning. Radio is the most frequent source of family planning messages. The findings shows that 68.6% (women) and 62.9% (men) confirmed the radio as their major sources of information on family planning. Also, 68.3% of women and 59.4% of men indicated television as another reliable source while 25.1% (women) and 39.3% (men) asserted that their source of family planning exposure was through newspaper.

Fig 39



Household discussions about family planning in Lagos State was still very low according to the NDHS 2008 results. Only 4.9% of women studied were visited for discussion on family planning, 13.3% of them actually discussed family planning issues while 21.8% of women did not discuss family planning. The analysis also indicated that 84.3% of women neither discuss family planning with field worker nor at health facility.

Fig 40: Husband/Partner's knowledge of Women Age 15-49 use of Contraception

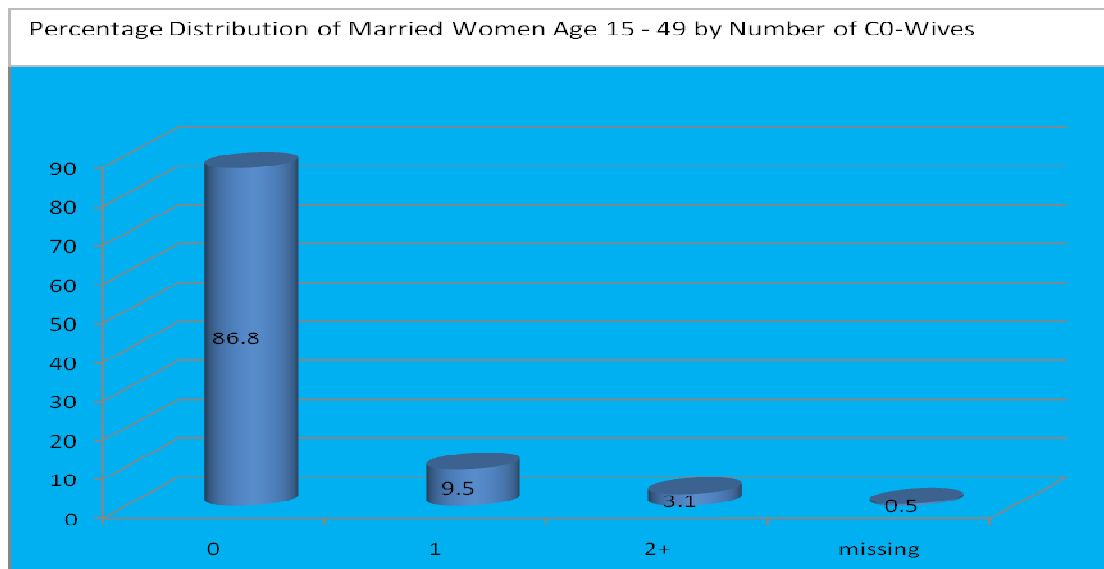


Spouses' knowledge and assurances on the use of contraceptives by partners was also examined. The result showed that 87.7% of husband/partner's asserted that they are aware of their spouses knowledge on the use of contraceptives while 6.9% of them reportedly did not know. Only 5.4% were neither sure nor know about their partners use of contraception.

CHAPTER 4

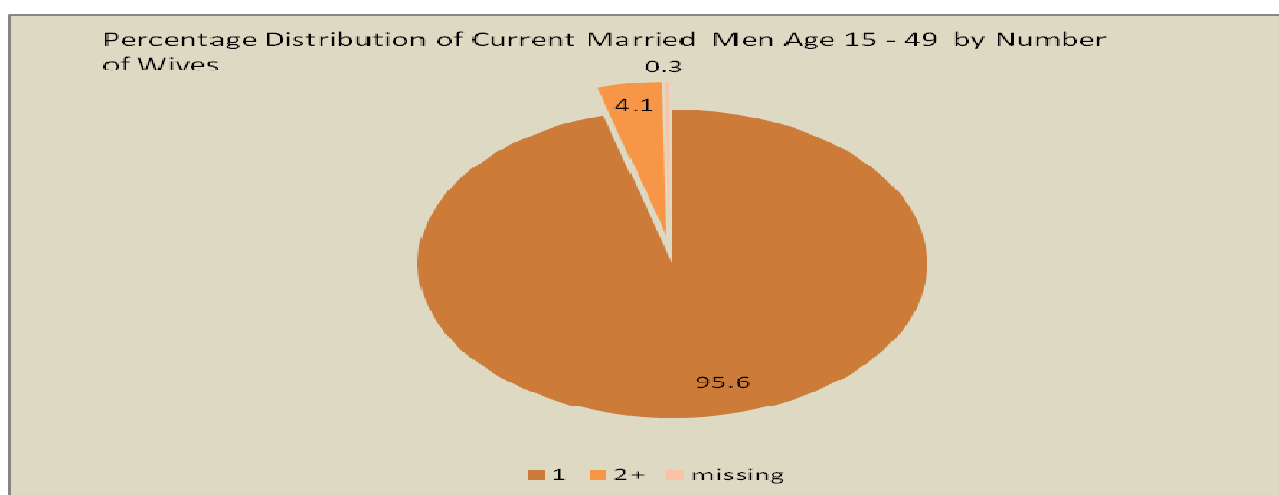
OTHER PROXIMATE DETERMINANTS OF FERTILITY

Fig 41: Married Women Age 15-49 by Number of Co-wives



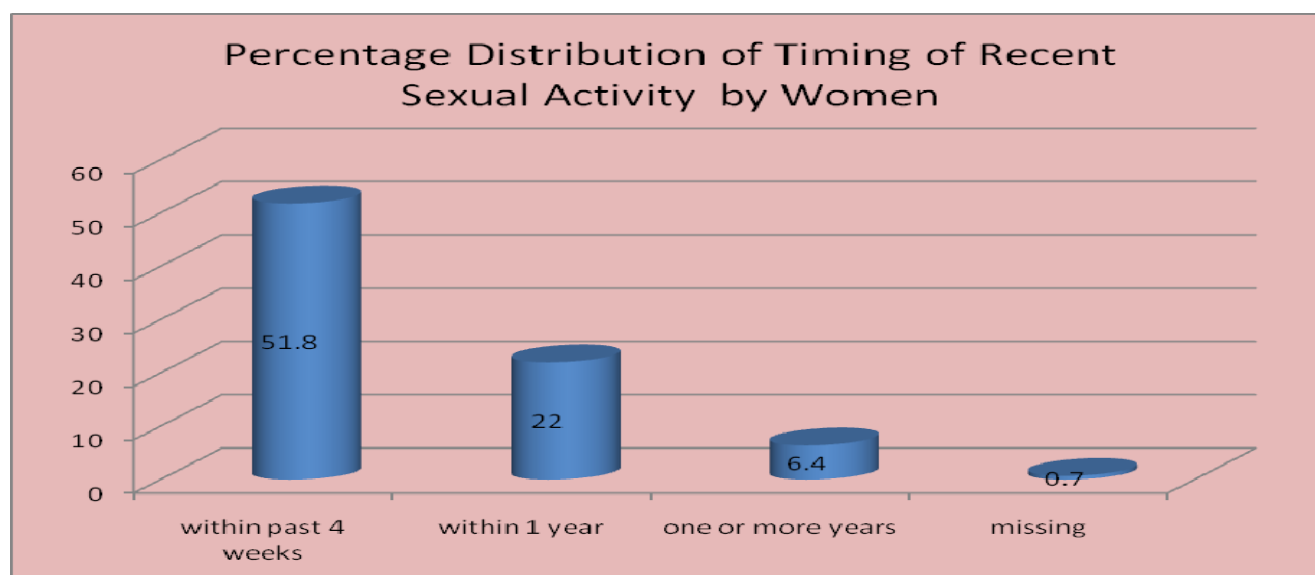
The existence of more than one wife in an households i.e. co-wives, is an indication of increased fertility. The number of co-wives among the sampled household women was investigated. The analysis indicated that 86.8% of women age 15-49 had no co-wives; only 3.1% had more than two co-wives while 9.5% of them had one co-wife.

Fig 42: Married Men Age 15-49 by number of Wives



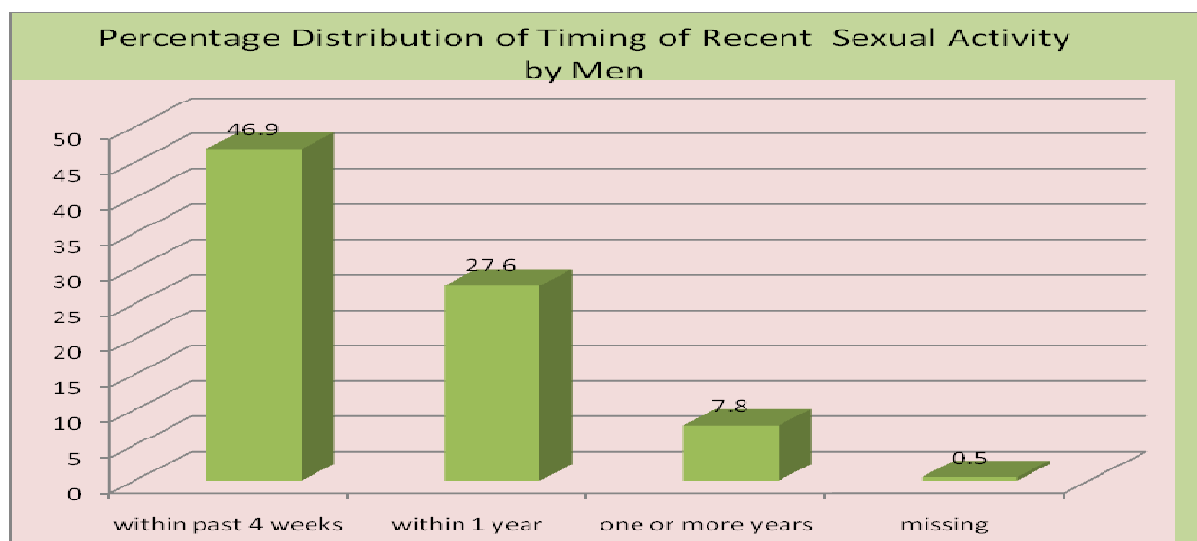
Similarly, households men with more than one wife were also surveyed and the result revealed that 95.6% of men have one wife while only 4.1% of them have two wives.

Fig 43: Timing of Recent Sexual Activity by Women



The analysis indicated that 51.8% of women have their timing of their sexually activity within past four weeks while 22% of them claimed they have their timing within one year. Also, 6.4% of women asserted that they have their timing one or more years.

Fig 44: Timing of Recent Sexual Activity by Men

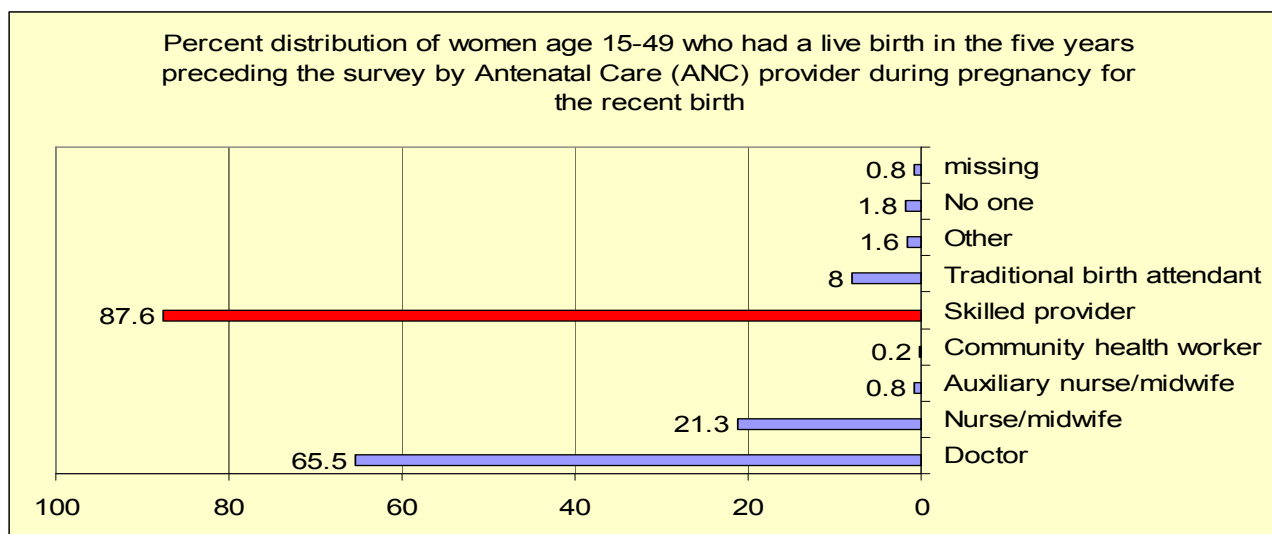


Similarly, the analysis revealed that 46.9% of men reportedly timed their sexual activity within four weeks while 27.6% of them have their timing within one year. 7.8% of men however have their timing of sexual activity one or more years.

CHAPTER 5

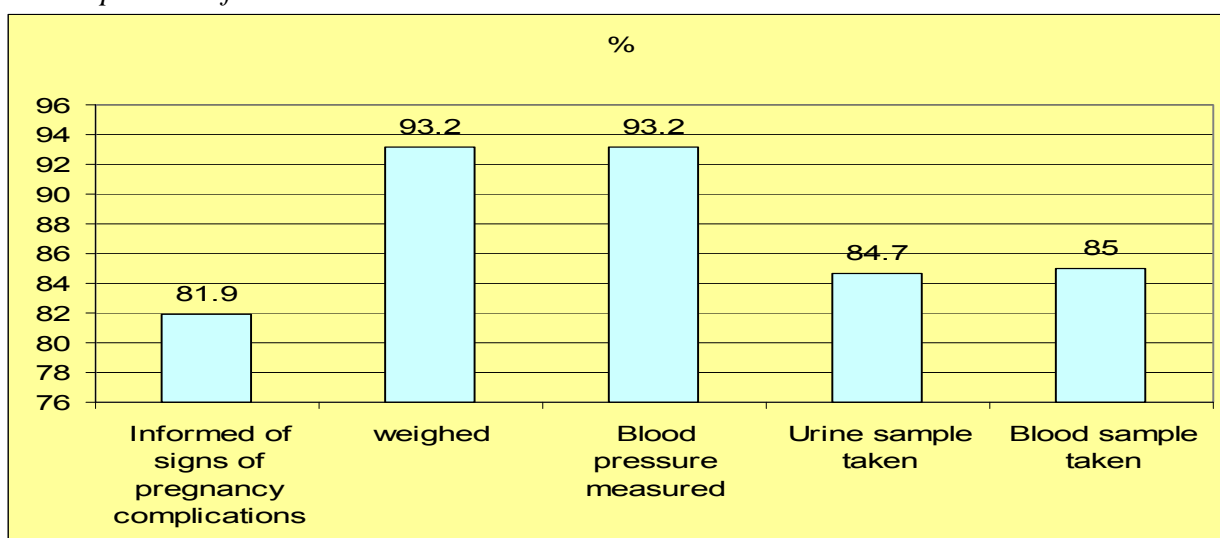
MATERNAL HEALTH AND OBSTETRIC FISTULA

Fig 45: Antenatal Care



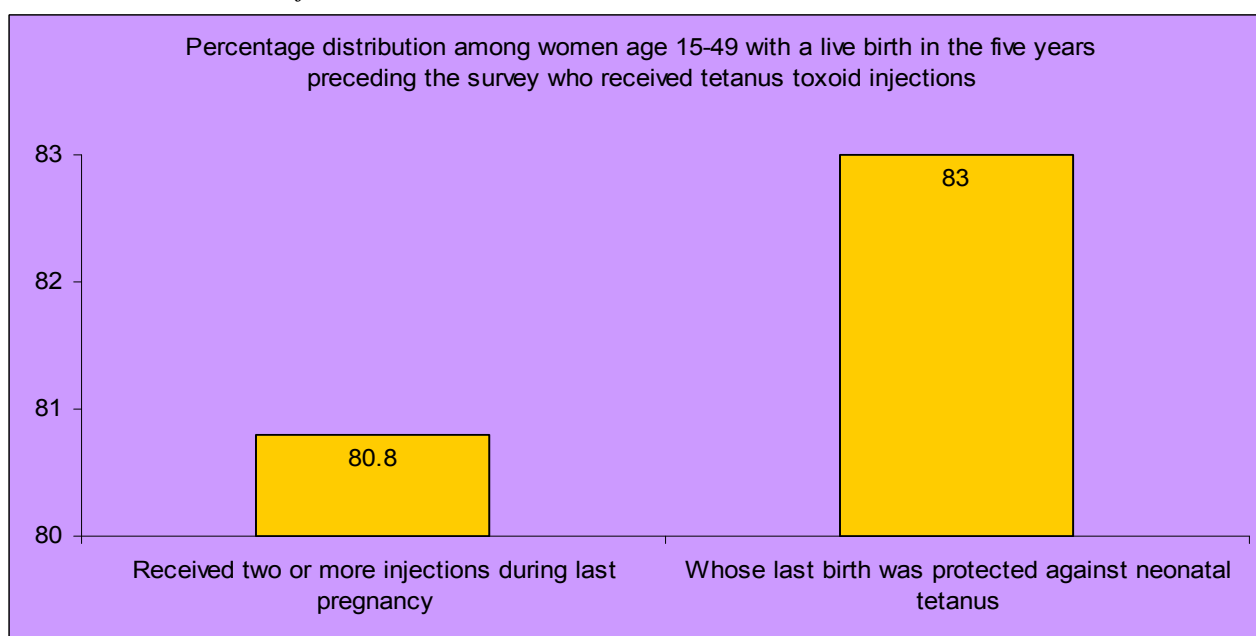
The essence of antenatal care is to ensure the best health outcomes for the mother and child . Antenatal care from a qualified provider is essential to monitor the pregnancy and reduce morbidity risks for the mother and child during pregnancy and delivery. Antenatal care provided by a skilled health worker enables: 1) early detection of complications and prompt treatment (e.g., detection and treatment of sexually transmitted infections); 2) prevention of diseases through immunization and micronutrient supplementation; 3) birth preparedness and complication readiness; and 4) health promotion and disease prevention through health messages and counselling of pregnant women independent (of the health system), non-formally trained and community-based providers of care. The percentage of women receiving antenatal care from a skilled provider stood at 87.6%. Also the care providers were also studied and it was discovered that 65.5% of women received health care from doctor, 21.3% from nurse/midwife and less than 1% each from auxiliary nurse/midwife and community health worker respectively.

Fig 46: components of antenatal care



81.9 percent of women who received antenatal care during their last pregnancy were informed of the symptoms of pregnancy complications. More than nine in ten women each who received antenatal care were weighed and had their blood pressure (93.2%). While about 85% of women each had urine and blood sample taken.

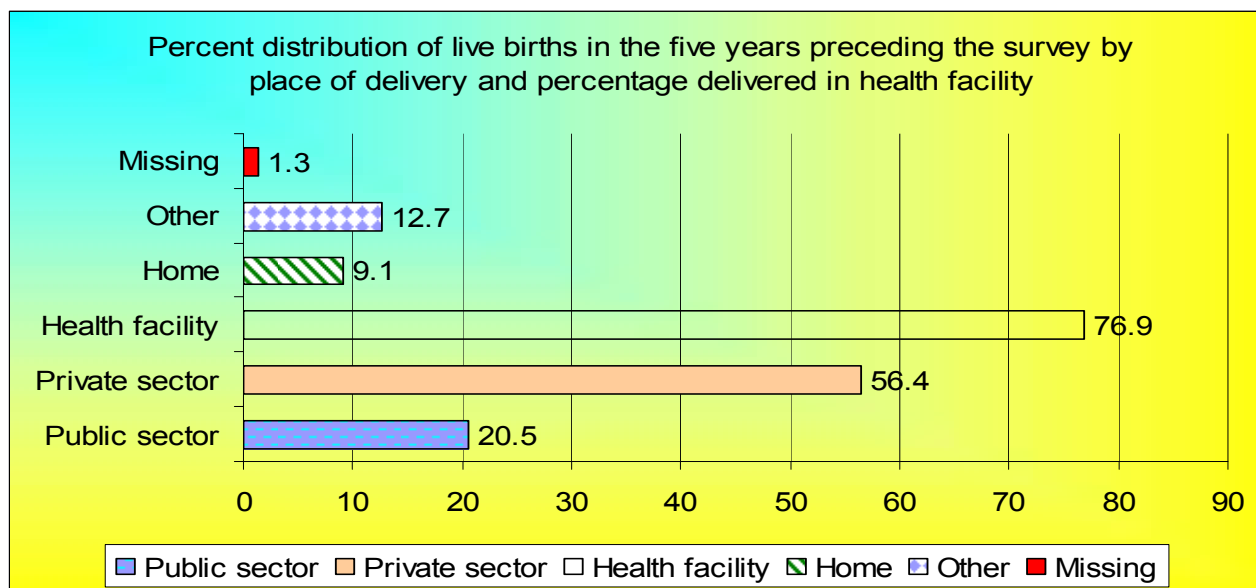
Fig 47: Tetanus Toxoid Injections



For prevention of neonatal tetanus, tetanus toxoid is recommended for immunization of women of childbearing age, and especially pregnant women. Among mothers (15-49 years) with a live birth in the five years preceding the survey, it was revealed that 80.8 percent of the women actually received two or

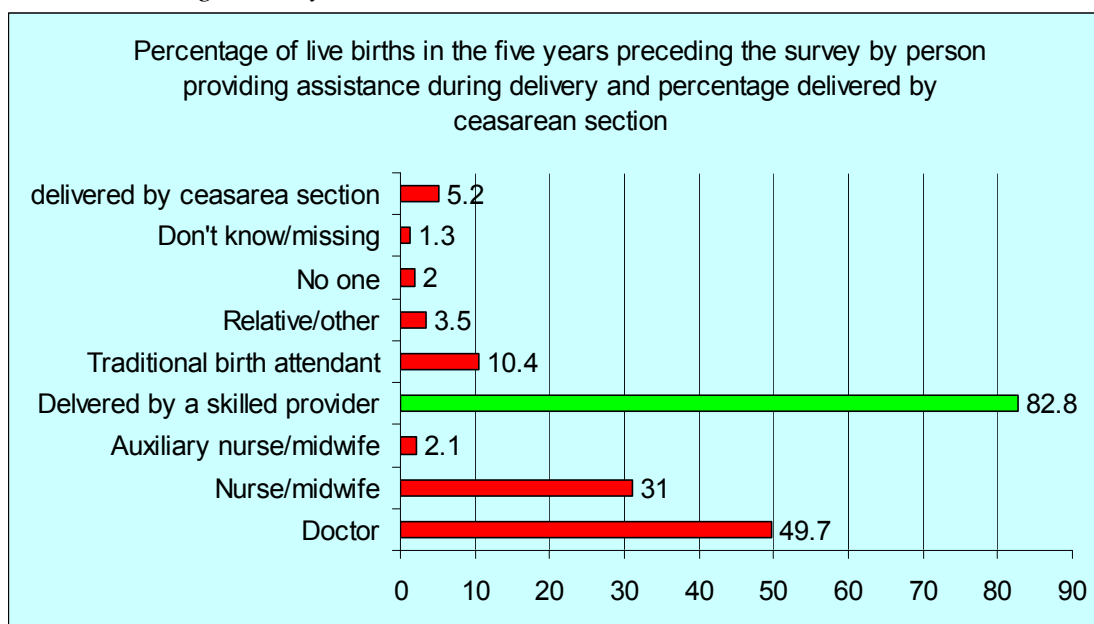
more injections during last pregnancy while 83 percent of them also had their last birth protected against neonatal tetanus.

Fig 48: Place of delivery



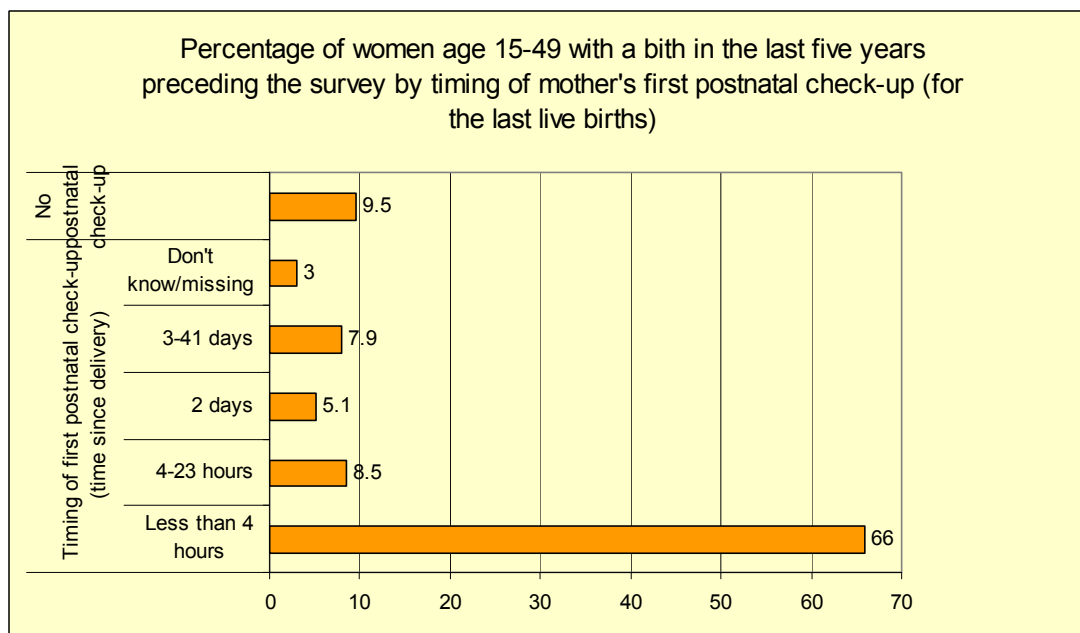
Choosing a place of birth is one of the most important maternity decisions. The Choi 76.9 percent of births in Lagos are delivered in a health facility; 20.5 percent of deliveries occur in public sector and 56.4 percent occur in private sector facilities. Almost nine in ten births (9.1%) occur at home and 12.75% occur at other places.

Fig 49: Assistance during delivery



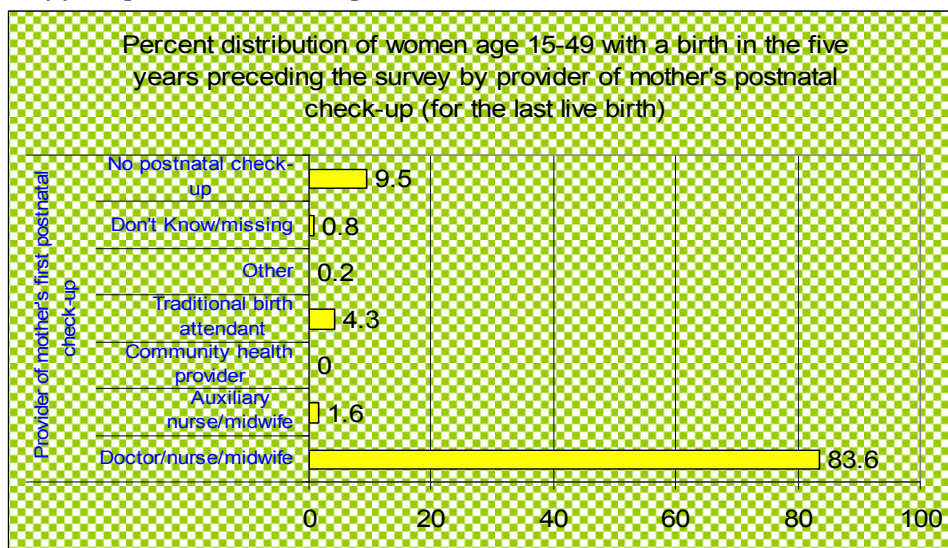
82.8 percent of births in the five years preceding the survey were assisted by a skilled health worker (doctor, nurse, midwife, or auxiliary nurse/midwife); 49.7 percent by a doctor, 31 percent by a nurse or midwife and 2.1 percent by auxiliary nurse/midwife. Only 10.4 percent of births were assisted by traditional birth attendant and 3.5 percent assisted by a relative or other person while 2 percent of births were attended by no one.

Fig 50: Timing of first postnatal check-up



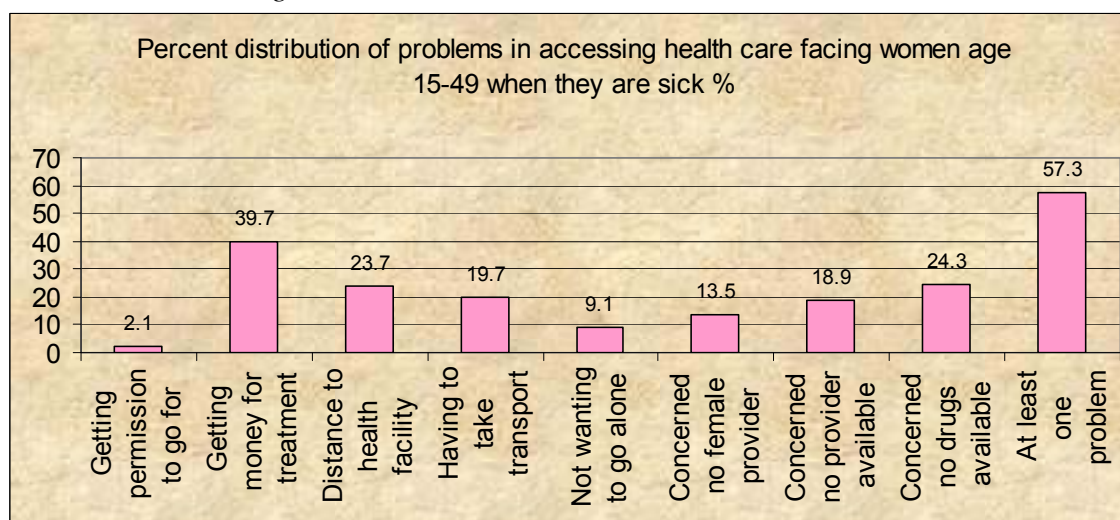
The graph shows that in Lagos State, 66 percent of women age 15-49 received a postnatal check-up less than four hours since delivery, 8.5 percent of women had a postnatal check-up 4 to 23 hours after delivery, however, after delivery, 9.5 percent of women did not receive any postnatal care;

Fig 51: Provider of first postnatal check-up



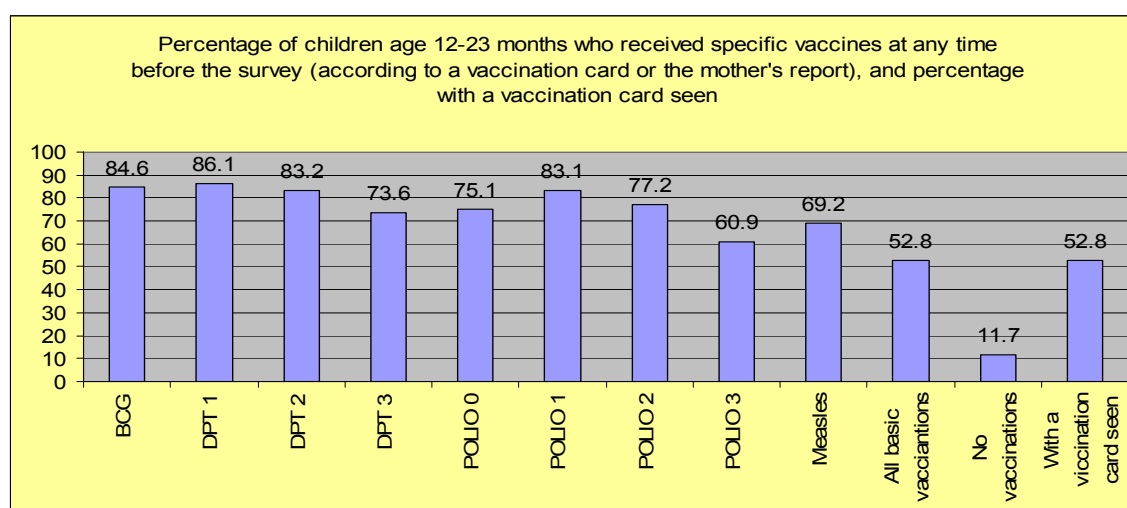
The graph presents information on the type of health provider performing the first postnatal check-up. This information is important because the skills of a provider determine the ability to diagnose problems and to recommend appropriate treatment or referral. 83.6 percent of women received a postnatal check-up from a doctor, nurse, or midwife, 1.6 percent from auxiliary nurse/midwife, and 4.3 percent of women received postnatal check-up from traditional birth attendant.

Fig 52: Problems in accessing health care



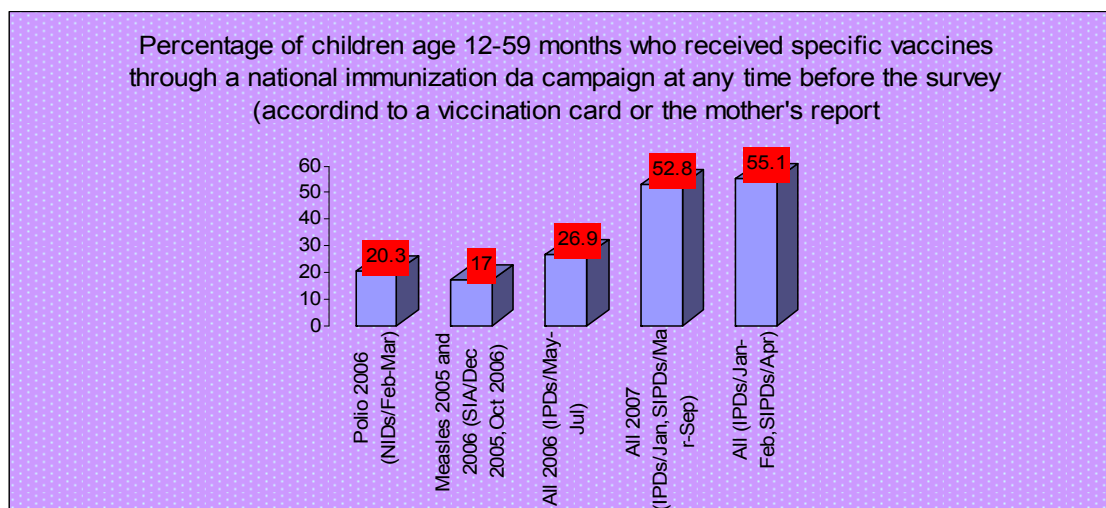
Almost two-third of women reported that they have at least one serious problem in accessing health care. The leading barrier to health care in Lagos State is getting money for treatment. Two in every five women said that getting money for treatment was a serious problem in accessing health care. 24.3 percent of women said they were concerned that there would be no drugs available at the health facility. 23.7 percent of women reported that distance to the health facility constitute a barrier to access health care, one in every five women acclaimed that having to take transport debarred them from receiving medical care and 13.5 percent concerned that no availability of female provider.

Fig 53: Vaccinations in first year of life



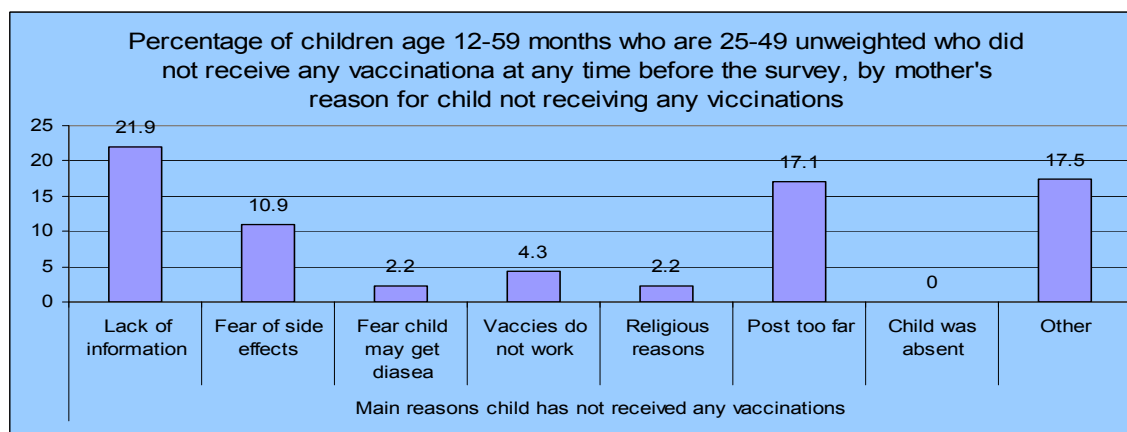
The result of the survey presents information on vaccine coverage among children age 12-23 months from the vaccination cards and mothers' reports. Vaccination cards were seen for 52.8 percent of children; similarly the proportion of these children received all basic vaccinations while only 11.7 percent of children had no vaccinations during National Immunization Campaigns in the State.

Fig 54: Vaccinations received during national immunization day campaigns



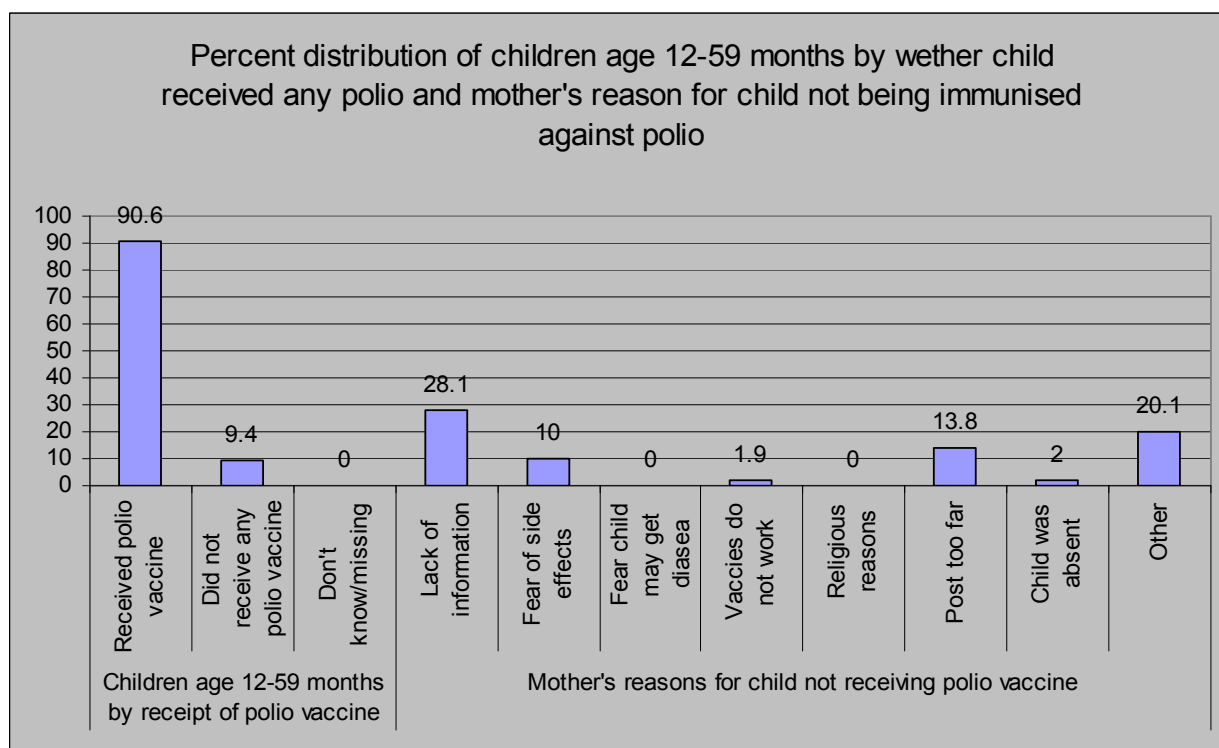
The figure presents information on children age 12-59 months who received specific vaccines during national immunisation campaigns at any time before the survey (from the vaccination card or mother's report). Mothers reported that 55.1 percent of children received basic vaccinations including polio, measles, and DPT in the January & February 2008 IPDs and April 2008 SIPDs. 52.8 percent of children received all 2007 vaccinations including polio, measles and DPT, IPDs January, 2007 and March to September, 2007 SIPDs. In 2006 IPDs May to July, about 27 percent of children received vaccines including polio, measles and DPT. The percentages of children who received vaccinations during the 2007 and 2008 campaigns are higher than those in the 2006 campaigns. Clearly, the efforts to increase vaccination coverage through national campaigns have been effective.

Fig 55: Reasons for child not receiving any vaccines



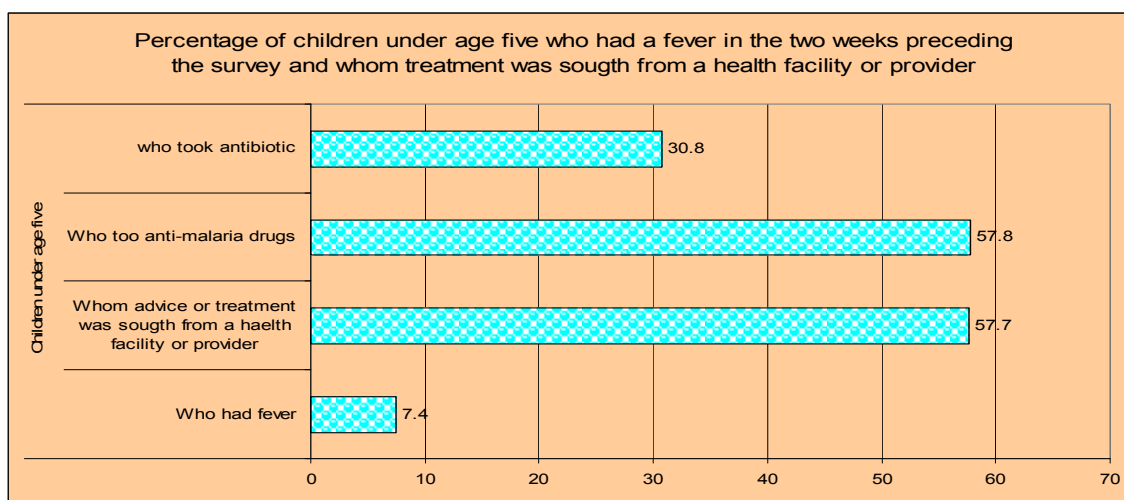
Information from the mothers on the reasons their children were not vaccinated is helpful to immunisation programmes for targeting special efforts to improve vaccination coverage. In, The State, lack of information is the most commonly reported reason (21.9 percent) mothers gave for their children not being immunised, followed by post/centre too far (17.1 percent), and the fear of side effects (10.9)

Fig 56: Reasons for child not receiving any polio vaccine



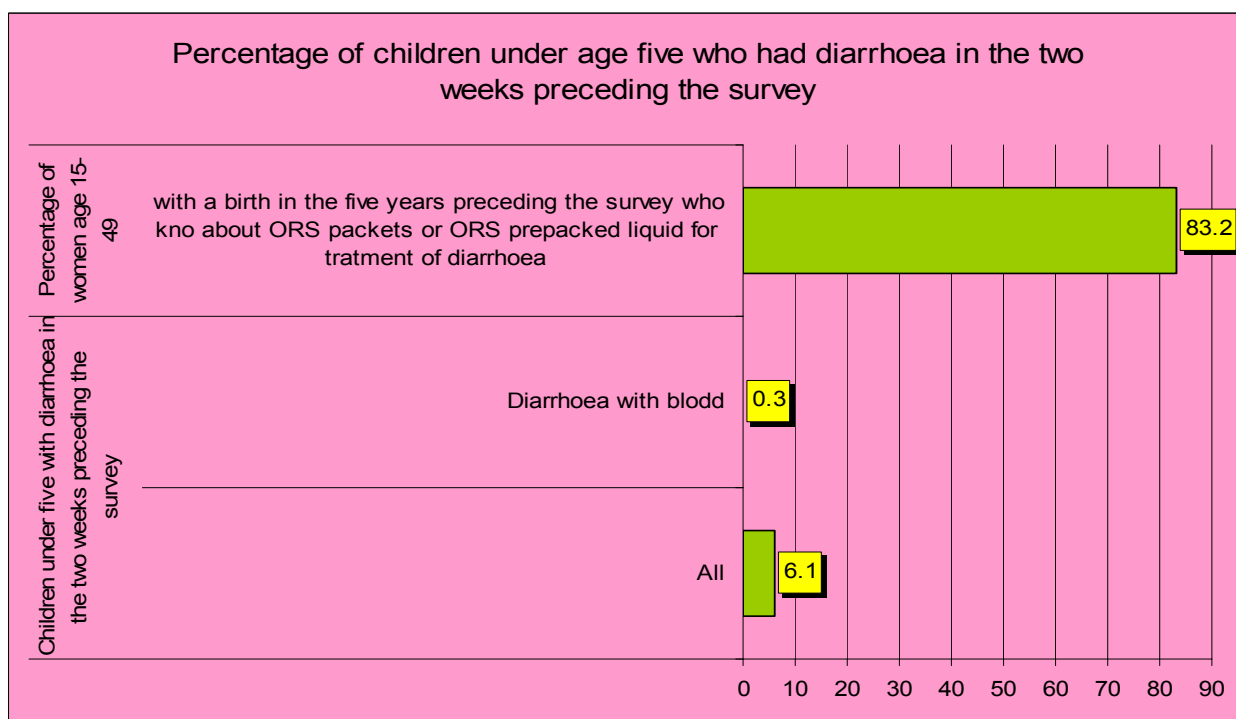
The graph presents information on the percentage of children age 12-59 months who did not receive polio vaccines at any time before the survey, by mother's reason. Nine in every ten children age 12-59 months received polio vaccine in the State, conversely, only 9.4 percent of these children did not receive any polio vaccine. Of these 9.4 children, their mothers reasons for the children not receiving polio vaccine as lack of information (28.1 percent), where post located is too far (13.8 percent), fear of side effect (10 percent) and other reasons not stated in the survey (20.1 percent).

Fig 57: Prevalence and treatment of fever



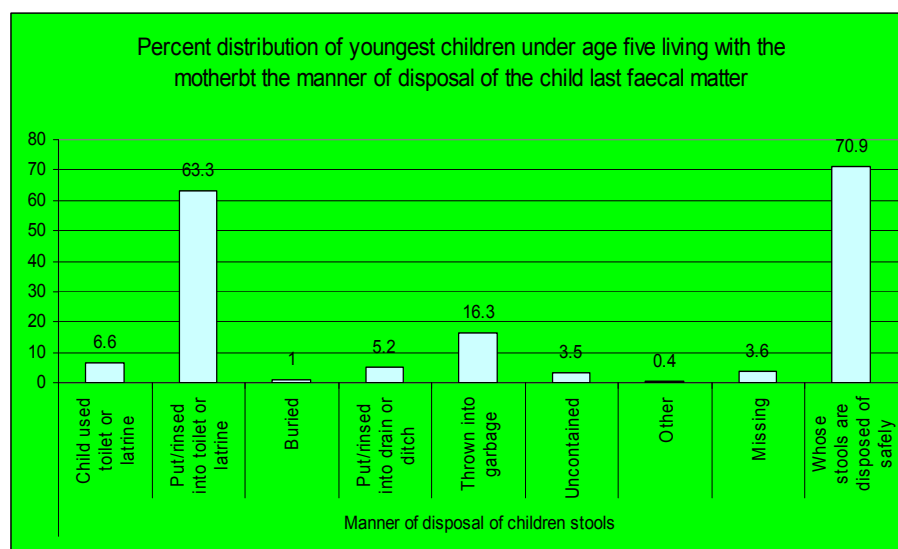
The graph indicates among children under age five, the percentage of children with fever who received specific anti-malarial drugs, and the percentage for whom the drug was available at home when the child became ill. From the analysis, it shows that 7.4 percent of children under five had fever, 57.7 percent of these children were advice or treatment was sought from a health facility or provider, 57.8 percent of children took anti malarial drugs and 30.8 percent of children took antibiotic drugs.

Fig 58: Prevalence of diarrhoea



It shows that 10 percent of the children under five had a diarrhoeal in the two weeks preceding the survey and 0.3 percent had blood in the stool. 83.2 percent of women age 15-49 with a birth in the five years preceding the survey knew about ORS prepacked liquid for treatment of diarrhoea.

Fig 59: Diarrhoea treatment

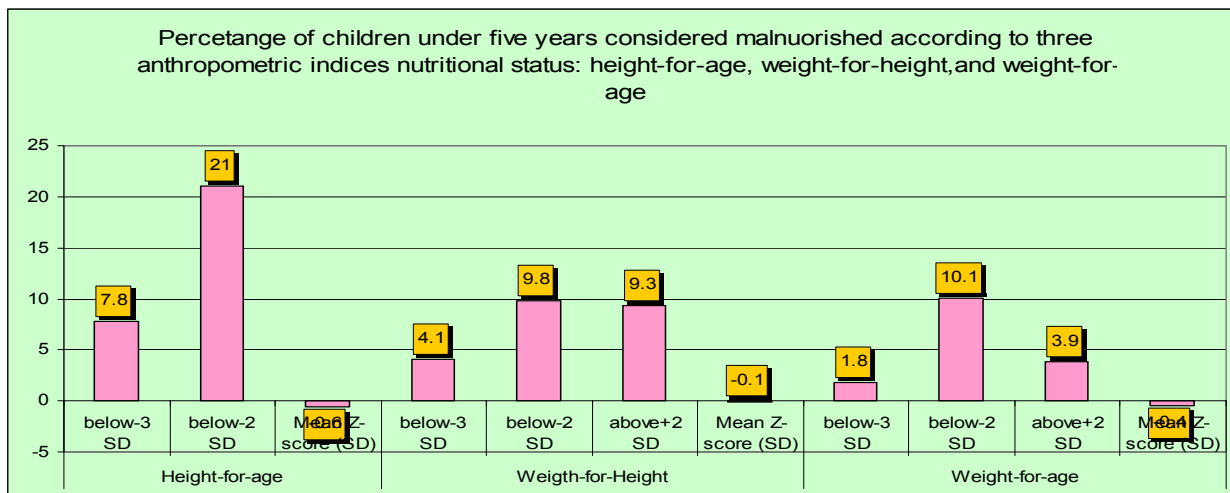


The survey sought from mothers how children's stools were disposed, it was reported that 70.9 of youngest children under age disposed their stools safely. Further analysis on the manner of disposal their reveals that 63.3 percent put/rinsed into toilet or latrine, 16.3 percent threw their stools into garbage while 6.6 and 5.2 percent of children used toilet or latrine and put/rinsed into drain or ditch respectively.

CHAPTER 6

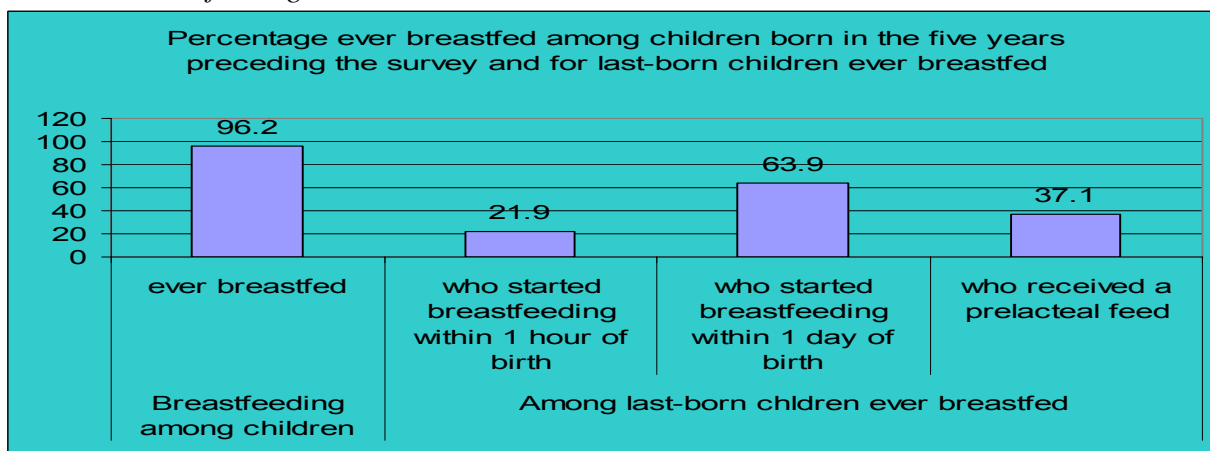
NUTRITION OF CHILDREN AND ADULTS

Fig 60: Nutritional status of children



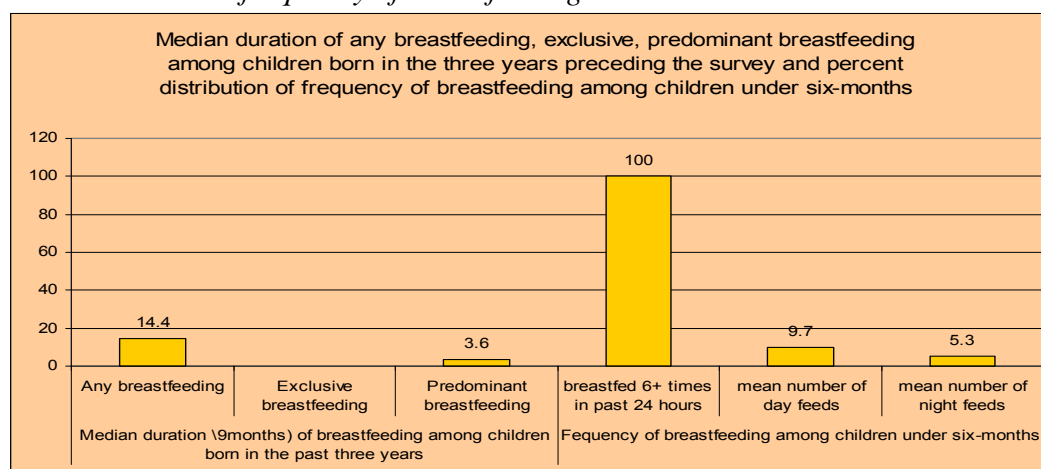
On height-for-age analysis, revealed that 21% of children under five are stunted and 7.8% are severely stunted. Weight-for -height indicated that 9.8 percent of children under five are wasted. While on weight-for-age showed that 10.1 percent of children are underweight and 1.8 percent of children under five are severely underweight.

Fig 61: Initial breastfeeding



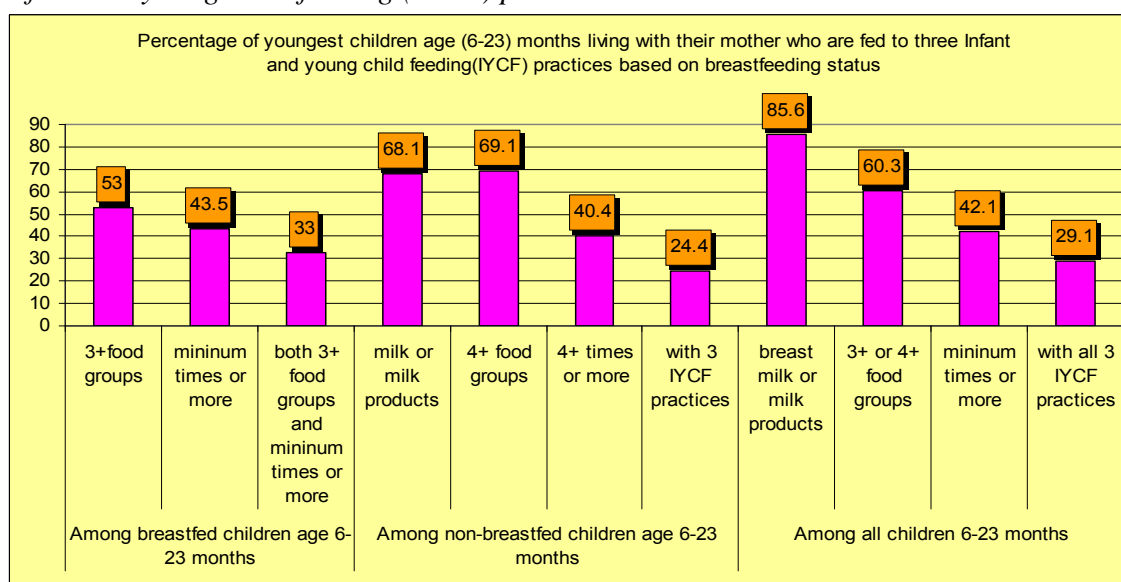
The analysis revealed that 96.2 percent among children in the five years preceding the survey ever breastfed, while among these children, the timing of initial breastfeeding was also sought, it revealed that 63.9 percent of children ever breastfed started breastfeeding within 24 hours of birth. Only 37.1 percent received a prelacteal feed.

Fig 62: Median duration and frequency of breastfeeding



The survey revealed from the median duration of any breastfeeding among children born in the past three years, only 14.4 percent of children received any breastfeeding while 3.6 percent were predominantly breastfed. Frequency of breastfeeding shows that 100 percent of children were breastfed more than 6 times a day while on average about 10 times occurred in the day time and about 5 times occurred in the night.

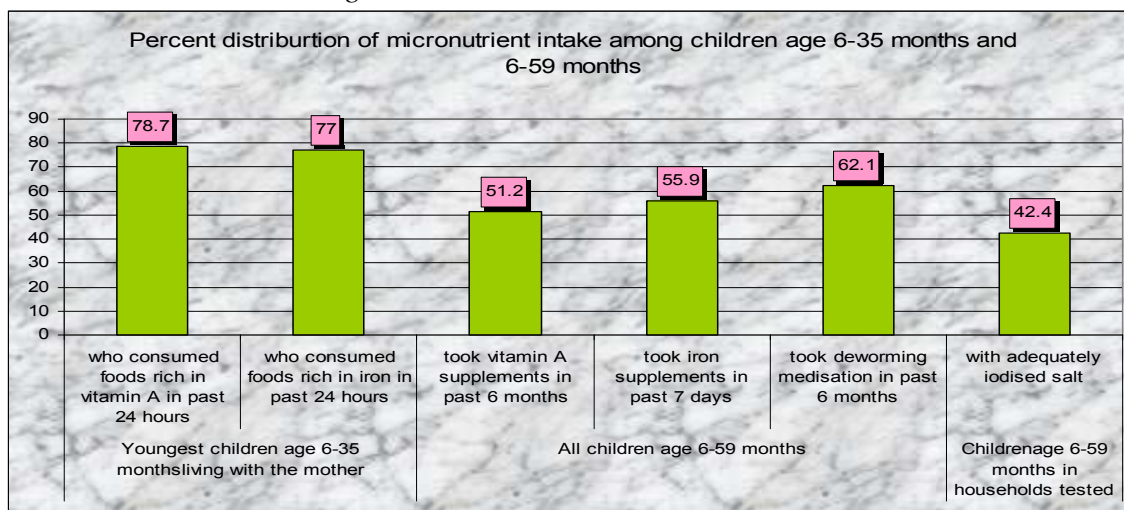
Fig 63: Infant and young child feeding (IYCF) practices



According to the results, 29.1 percent of youngest children age 6-23 months living with their mother is fed in accordance with IYCF practices. The proportion fed according to the guidelines is much higher among breastfed children (33 percent) than among those who are not breastfed (24.4 percent). 85.6 percent received breast milk or milk products during the 24-hour period before the survey, and 43.5 percent of children were fed according to minimum standards with respect to food diversity (three or more food groups for breastfed children and four more food groups for non-breastfed children). Among breastfed children age 6-23 months, 53 percent receive foods from at least three food groups, while 33 percent are fed the minimum number of times or more. Among non-breastfed children age 6-23 months, 68.1 percent

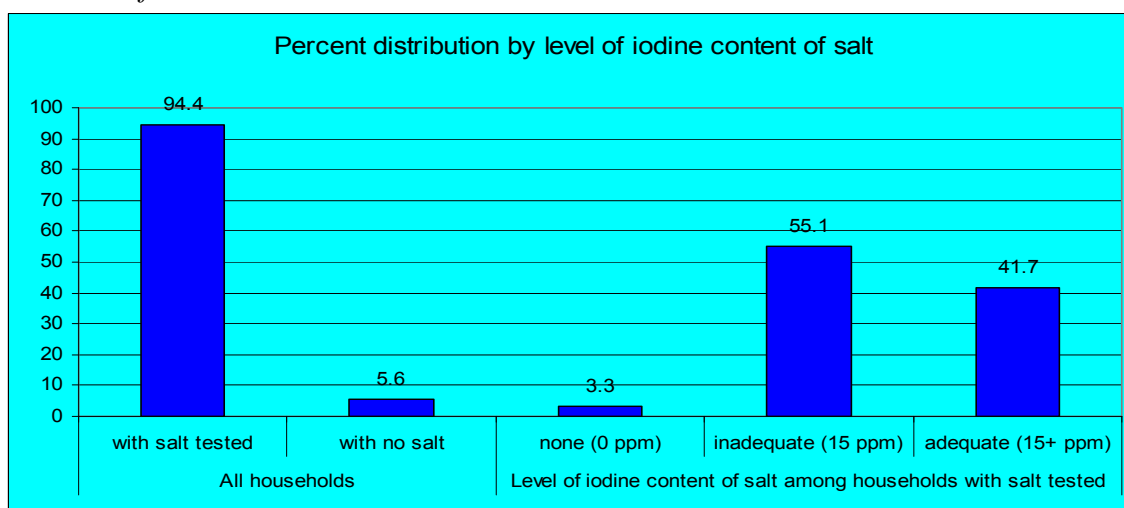
receive milk or milk products, 69.1 percent are fed foods from at least four food groups, and 40.4 percent are fed four or more times per day. 24.4 percent of among non-breastfed children are not fed in accordance with the three IYCF practices.

Fig 64: Micronutrient intake among children



It shows that 78.7 and 77 percent of youngest children age 6-35 months living with the mother consumed foods rich in vitamin A and iron respectively in the 24 hours preceding the survey. From children age 6-59 months, 51.2 percent of them took vitamin A supplements in past 6 months and 55.9 percent took iron supplements in past 7 days preceding the survey while 62.1 percent took/deworming medication in past 6 months.

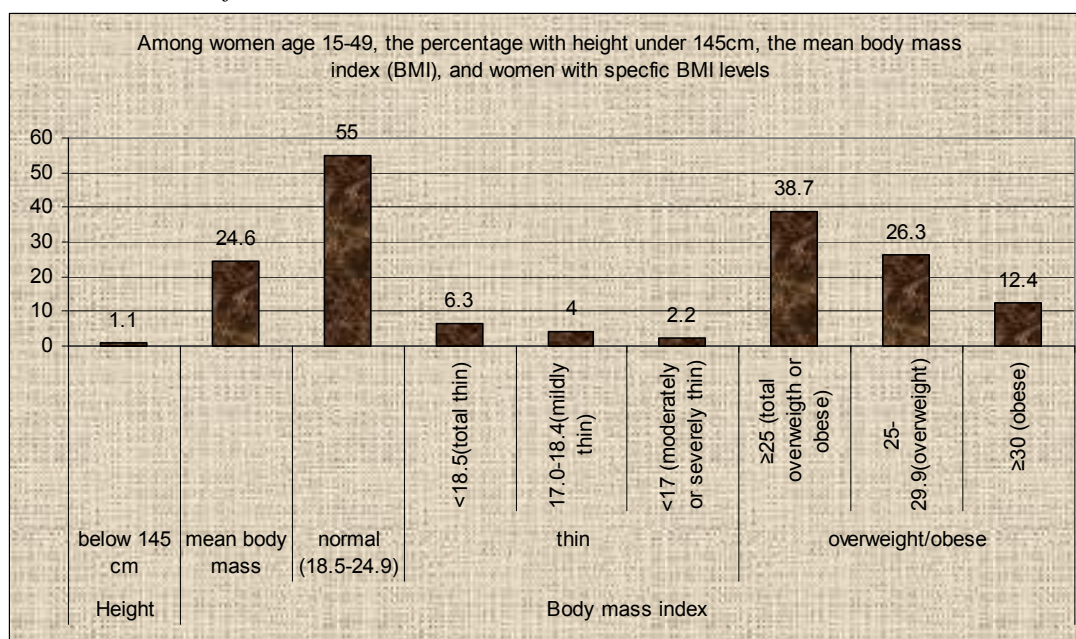
Fig 65: Presence of iodised salt in household



Salt is used for several purposes in the household. It plays a role in cooking and food preservation, but not all types of salt are fit for consumption. In line with food and drug regulation, household salt should be iodised to at least 15 parts per million (ppm). Iodised salt is essential in the prevention of goitre among children and adults. The analysis shows that, among these, 3.3 percent use salt with no iodine content (0

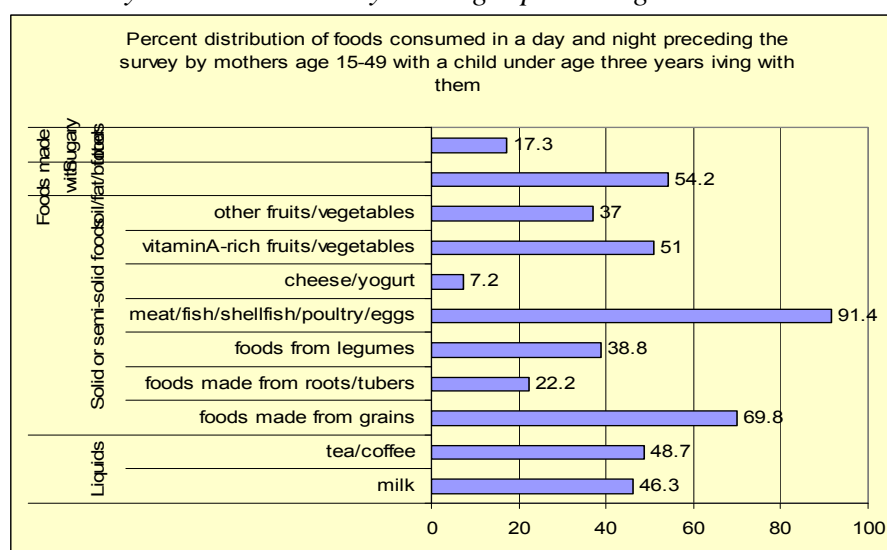
ppm), 55.1 percent have salt with inadequate iodine content, and 41.7 percent have salt with adequate iodine content.

Fig 66: *Nutritional status of women*



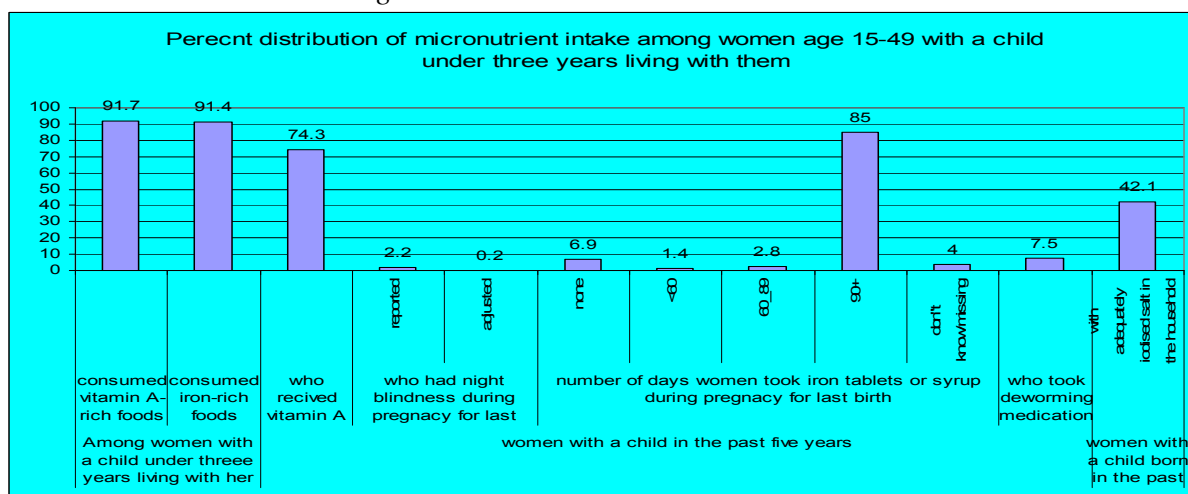
Anthropometric measurements of height and weight were collected for women age 15-49. In this report, two indicators of nutritional status based on these data are presented: the percentage of women with very short stature (less than 145 cm) and the body mass index (BMI). The body mass index (BMI), or the Quetelet index, is used to measure thinness and obesity. BMI is defined as weight in kilograms divided by height in metres squared (kg/m^2). A cut-off point of 18.5 is used to define thinness or acute under nutrition and a BMI of 25.0 or above usually indicates overweight or obesity. The height of a woman is associated with past socio-economic status and nutrition during childhood and adolescence. Low pre-pregnancy BMI and short stature are risk factors for poor birth outcomes and obstetric complications. In developing countries, maternal underweight is the leading risk factor for preventable deaths and diseases. The analysis indicates that 1.1 percent of women have short stature. More than half of women age 15-49 has normal BMI (18.5-24.9), 6.3, 4 and 2.2 of women (15-49) percent are thin, mildly thin and severely thin. As regards overweight and obese, 38.7, 26.3 and 12.4 percent of women age 15-49 are over weight or obese, overweight and obese.

Fig 67: Foods consumed by mothers in the day and night preceding the interview



The analysis indicates seven in every ten mothers of young children in Lagos State made consume foods made from grain; 22.2 percent consume foods made from roots and tubers, 91.4 percent consume meat/fish/shellfish/poultry/eggs while half of women age 15-49 consume vitamin A-rich fruits/vegetables. On liquids intake, 48.7 and 46.3 consumed tea/coffee and milk respectively while 54.2 percent consumed foods made with oil/fat/butter and 17.3 percent consumed sugar foods.

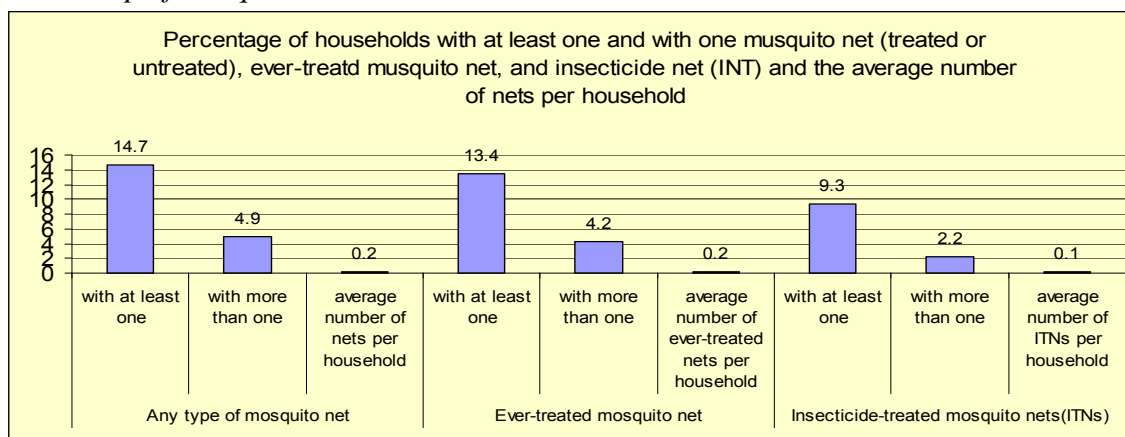
Fig 68: Micronutrient intake among mothers



The results indicate that 91.7 percent women with a child less than three years living with her consumed vitamin A-rich foods and 91.4 percent consumed iron-rich foods. 74.3 women with a child born in the past five years received vitamin A, 85 percent took iron tablets or syrup during pregnancy for last birth for than 90 days, 2.8 percent took between 60 and 89 days and 6.9 percent did not take iron tablets or syrup during pregnancy.

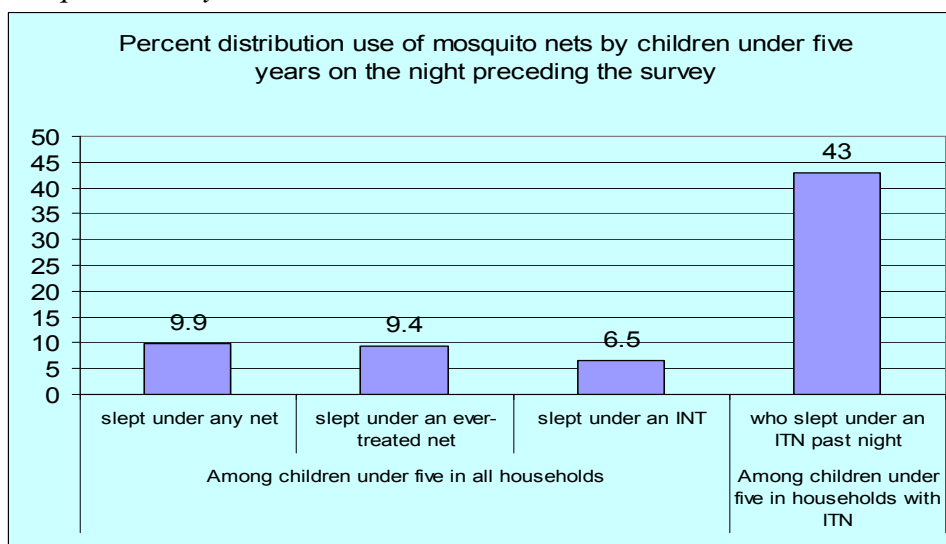
CHAPTER 7 MALARIA

Fig 69: Ownership of mosquito nets



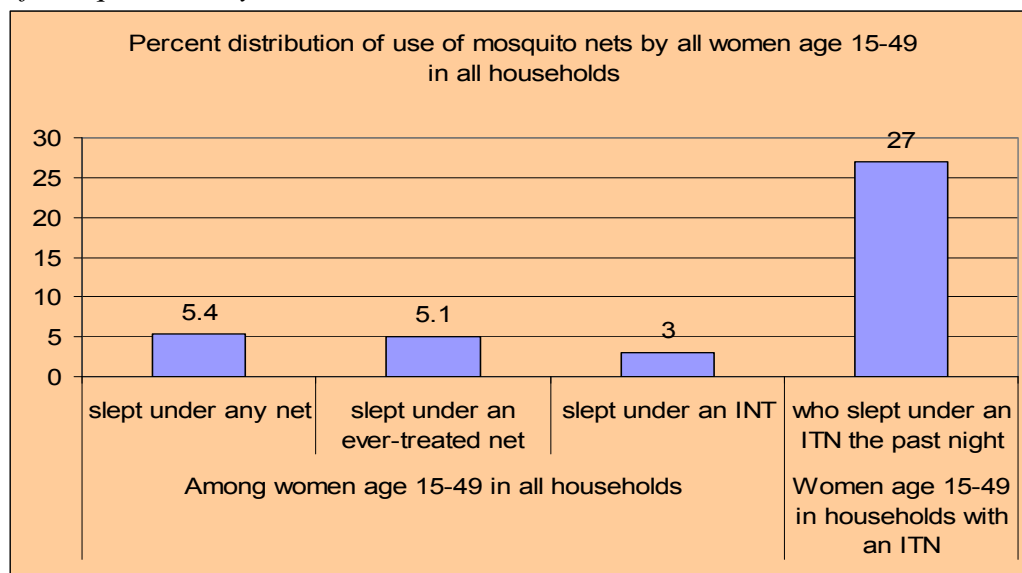
Analysis on ownership of mosquito nets in Lagos State shows that 14.7 percent of households have at least one any type of mosquito net, 4.9 percent have more than one mosquito net and State have average number of 0.2 mosquito net per household. Pertaining to ever-treated mosquito net, 13.4 and 4.2 percent of households have at least one and more than one ever-treated mosquito net respectively with average of 0.2 per household. On insecticide-treated mosquito net (ITNs), 9.3 and 2.2 percent of ten households have at least one and more than one respectively with 0.1 on average per household.

Fig 70: Use of mosquito nets by children



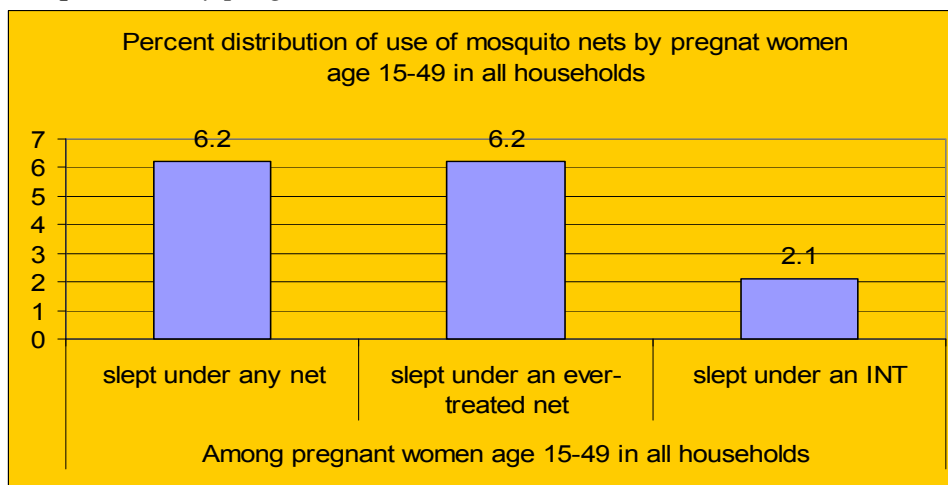
43 percent of children under five in households with ITN slept under an INT, while among children under five in all households, 9.9 slept under any net, and 9.4 percent slept under an ever-treated net and 6.5 percent slept under an INT.

Fig 71: Use of mosquito nets by women



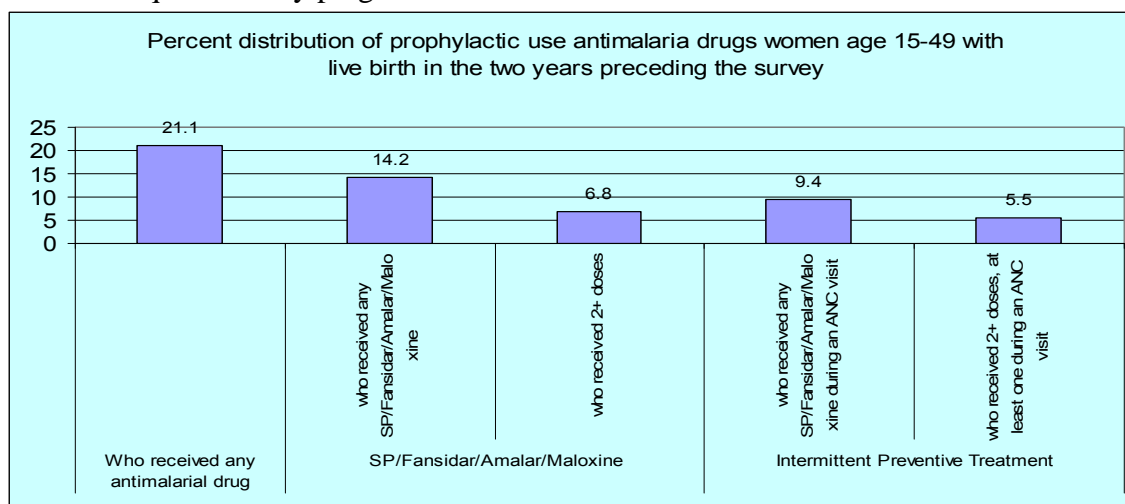
On use of mosquito nets by women age 15-49 in all households, 5.4 percent slept under any net, and 5.1 percent slept under an ever-treated net and 3 percent slept under an INT. While 27 percent of women in household with an INT, slept under an INT previous night of the survey.

Fig 72: Use of mosquito nets by pregnant women:



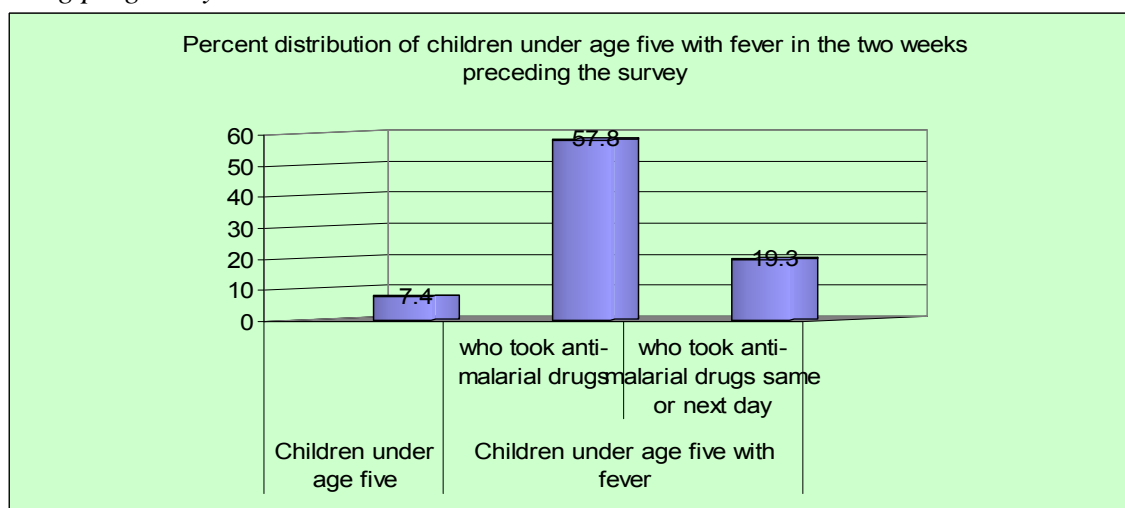
Among pregnant women age 15-49 in all households, the result indicates that 6.2 percent equally slept under any net and an ever-treated net. While only 2.1 percent slept under an INT

Fig 73: Use of mosquito nets by pregnant women



The results of analysis on prophylactic use of anti malaria drugs and use of Intermittent Preventive Treatment (IPT) by women during indicates that 21.1 percent received any anti-malarial drug, from those who received SP/Fasidar/Amalar/Maloxine, 14.2 and 6.8 percent of pregnant women received any SP/Fasidar/Amalar/Maloxine and received more than 2 doses. While those on Intermittent Preventive Treatment, 9.4 percent received SP/Fasidar/Amalar/Maloxine during an ANC visit and 5.5 percent received at least one dose during an ANC.

Fig 74: Prophylactic use of anti-malarial drugs and use of Intermittent Preventive Treatment (IPT) by women during pregnancy

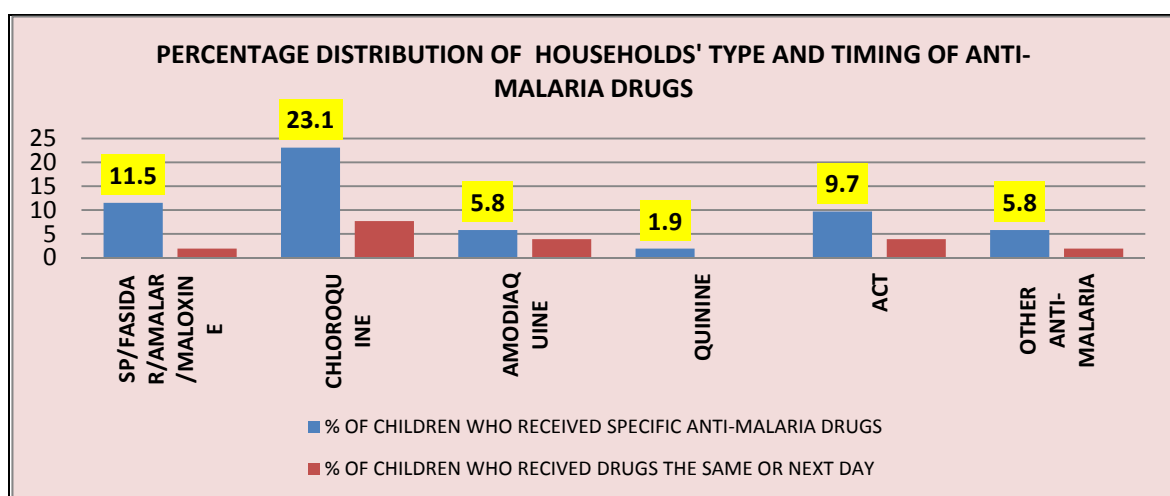


The results of children under age five with fever in the two weeks preceding the survey is 7.4 percent while 57.8 percent of these children took anti-malarial drugs and 19.3 percent took anti-malarial drugs same or next day

Fig 75: Treatment of malaria fever: type & timing of anti-malaria drugs

The NDHS 2008 also investigated proportion of household members who received specific anti-malaria drugs as well as those who receive the drugs same or next day after the fever. The report revealed that 11.5% of the households received Fasidar/Sp/Amalar/Maloxine anti-malaria drugs, 23.1% of them reportedly took chloroquine, 5.8% and 1.9% indicated Amodaquine and quinine respectively while only 9.7% reportedly use ACT and 5.8% adopted other ant-malaria drugs respectively.

On the other hand, Chloroquine 7.7%, Amodaquine 3.9% and ACT 3.9% were indicated as major anti-malaria drugs taken by households same day or next day after fever.

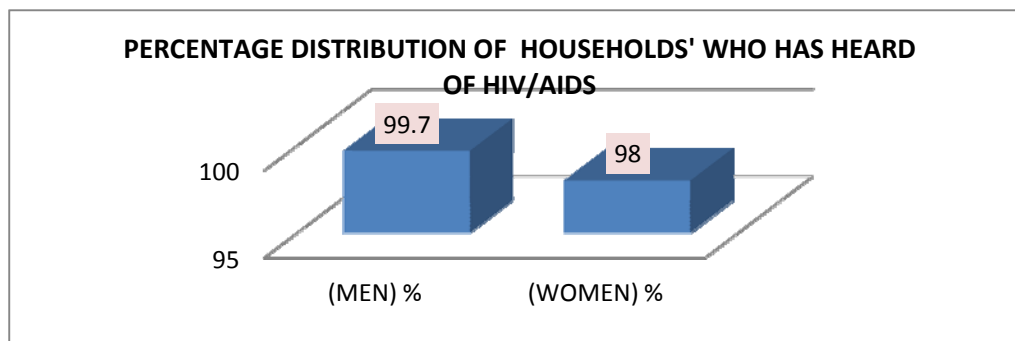


CHAPTER 8

HIV AND AIDS-RELATED KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

Fig 76: HIV/AIDS related knowledge, attitude and behaviour

The HIV/AIDS sensitization programme was also assessed and the report showed that 99.7% of male respondents and 98.0% of the female respondents confirmed having heard of HIV/AIDS related issues.



In the same vein, knowledge of HIV/AIDS prevention methods was also examined. The DHS 2008 revealed that 53.7% (female) and 65.4% (male) reportedly know about the use of condom, 66.1% (female) and 77.5% (male) indicated limiting sexual intercourse to one HIV- negative partner as a HIV/AIDS preventive method. Also, 43.9% (female) and 58.1% (male) signified the use of condom and limiting sexual intercourse to one HIV- negative partner while 53.7% (female) and 61.5% (male) respectively reported abstinence from sexual intercourse as HIV preventive methods.

Fig 77:

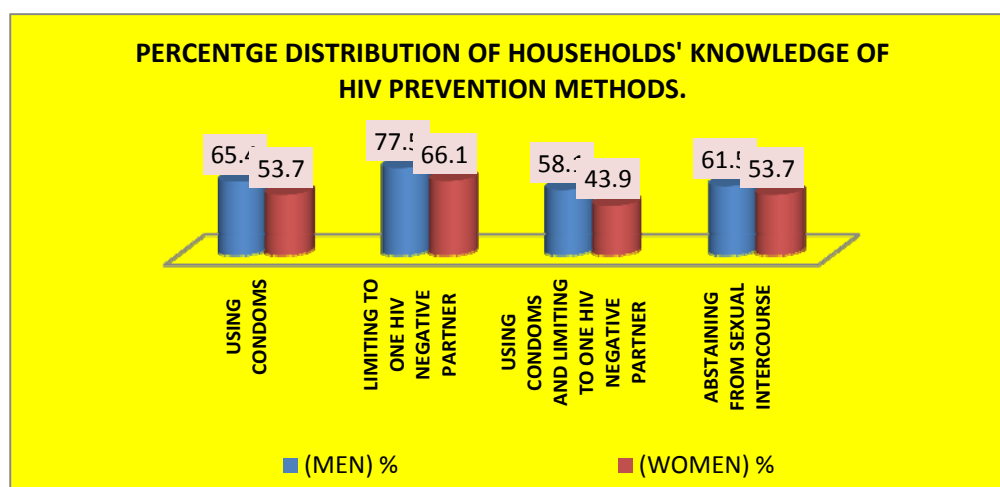
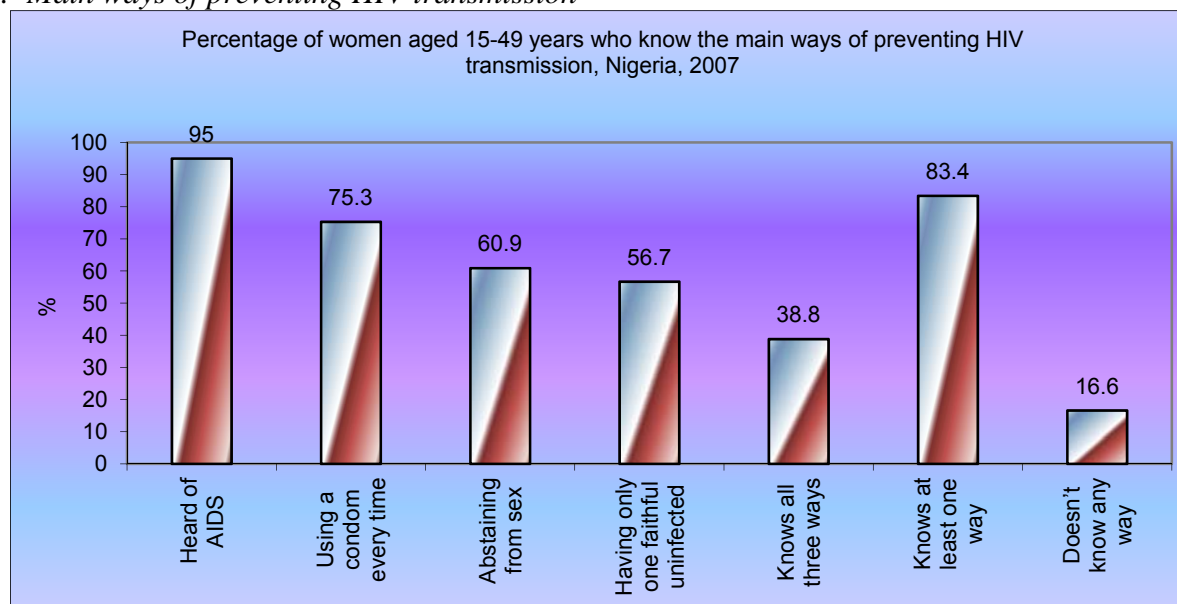


Fig 78: Main ways of preventing HIV transmission



The survey result (MICS -2007) revealed that more than half of the Lagos residents are aware of the three (3) main ways of preventing HIV transmission. 75.3% of women of child bearing age 15-49 reportedly used condoms every time, 60.9% of them abstain from sex while 56.7% reportedly having only one faithfully un-infected partner. On the other hand, 83.4% of them reportedly know at least one way, 38.8% know all the 3 ways while only 16.6% were reportedly lack knowledge of any HIV preventive ways.

Fig 79: Comprehensive knowledge about HIV/AIDS

For effective and efficient control of HIV/AIDS, there is need to understand the people knowledge of the causes, transmission, management and prevention of the diseases along the gender divides. The report showed that (92.1%) men and 86.6% (men) know that healthy looking person can have HIV, 78.8% (men) and 78.0% (women) also know that HIV cannot be transmitted by mosquito bites.

Similarly, 78.3% (men) and 70.0% (women) reportedly recognized that HIV cannot be transmitted by supernatural means. Ditto 88.4% (men) and 86.8% women who understand that sharing food with a person with HIV could not lead to HIV infection.

In addition, 64.4% (male) and 56.0% (female) reportedly reject the local misconceptions about AIDS transmission and prevention and also agreed that healthy looking person can have the AIDS virus. In all, only 38.4% (men) and 26.9% (women) reportedly have comprehensive knowledge about HIV/AIDS.

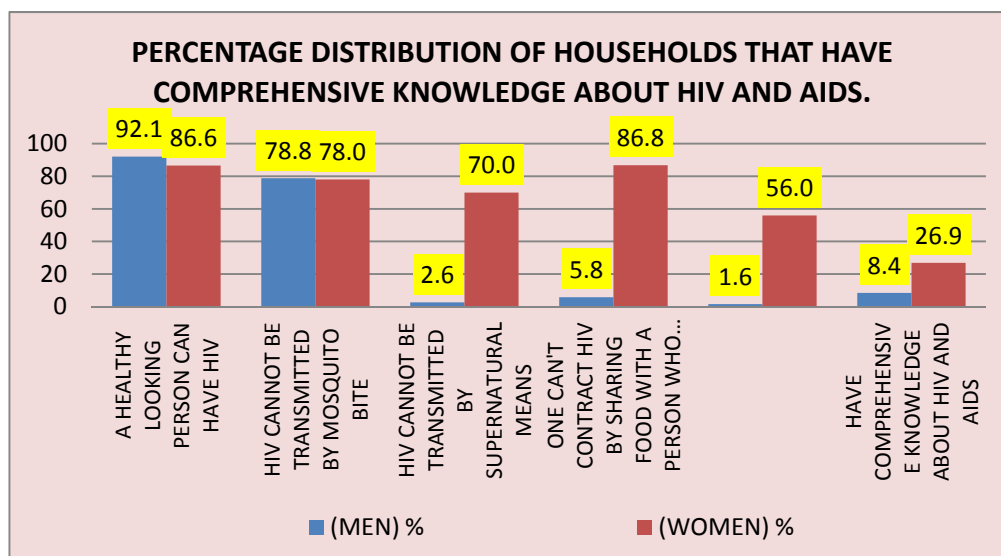
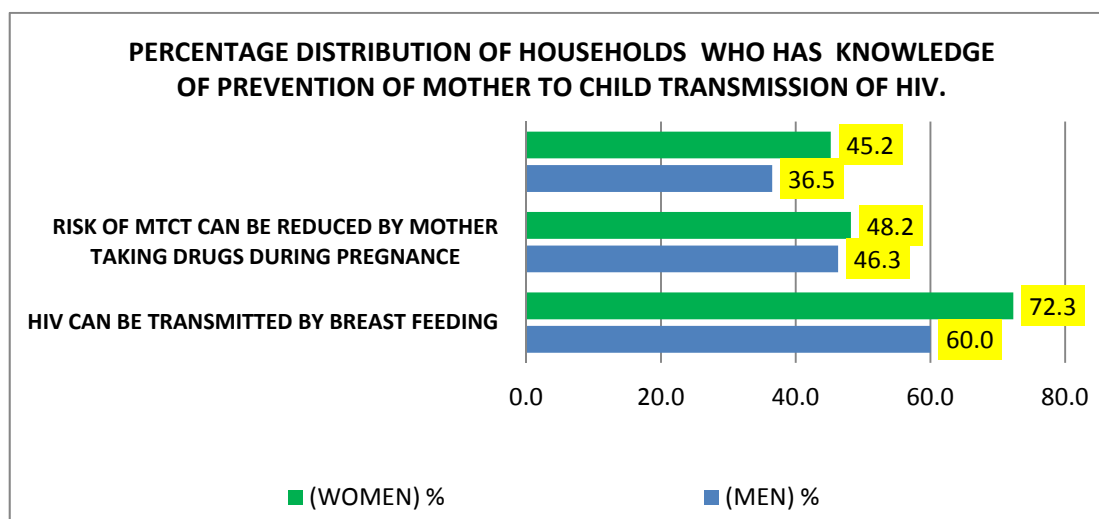


Fig 80: Knowledge of prevention of mother to child transmission (MTCT) of HIV/AIDS

Mother to Child Transmission (MTCT) of HIV/AIDS and appropriate preventive method were also examined. The report revealed that 60.0% (male) and 72.3% (female) know that HIV can be transmitted by breastfeeding, 46.3% (male) and 48.2% (female) also understand that effective drug administration during pregnancy reduce the risk of MTCT while 36.5% (male) and 45.2% (female) were of the opinion that the above two preventive methods suffice.

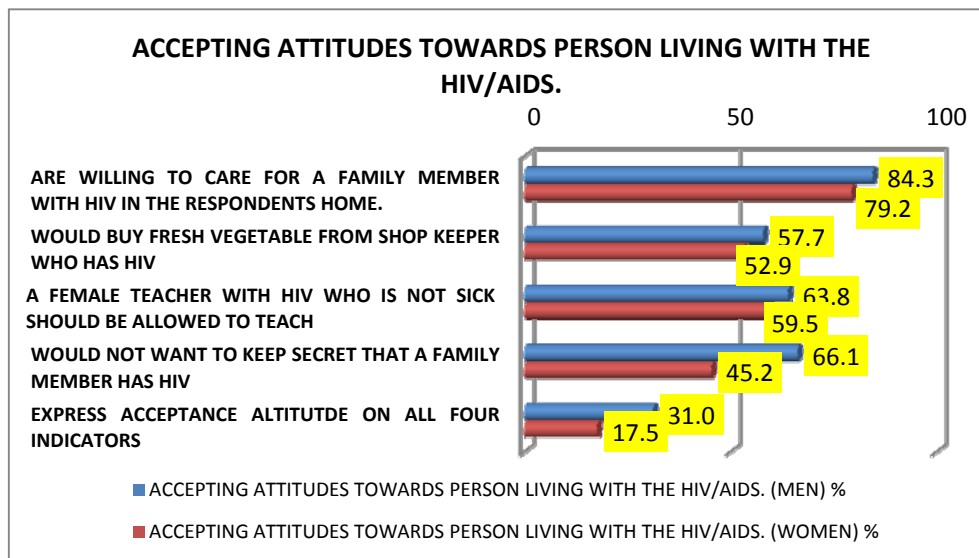


Accepting attitudes towards person living with HIV/AIDS

The need to cultivate a better attitude towards people living with HIV/AIDS was also examined in the report. It was revealed that 84.3% (male) and 79.2% (female) are willing to care for a family member with HIV in the respondents' home. 57.7% (male) and 52.9% (female) also indicated willingness to buy fresh vegetable from shop keeper who has HIV.

In addition, 63.8% (male) and 59.5% (female) revealed that HIV positive female teachers be allowed to continue teaching, 66.1% (male) and 45.2% (female) were of the opinion that HIV positive family members should not be keep secret while 31.0% (male) and 17.5% (female) reportedly express acceptance attitude on all four indicators.

Fig 81: *Accepting attitudes towards person living with HIV/AIDS*

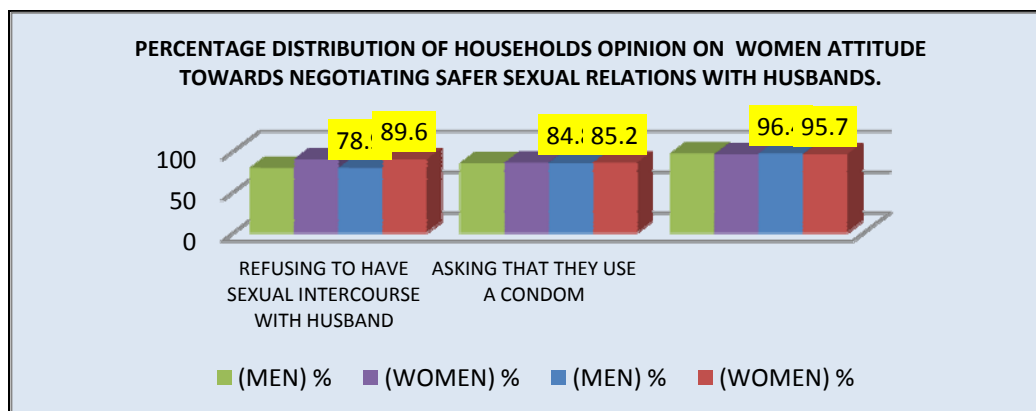


Attitude towards negotiating safer sexual relations with husband

The need to have safer sexual relationship with husbands who has contacted sexually transmitted diseases (STD) was also addressed and justification by the wife in refusing to have sexual intercourse with him or ask for the use of condom was also indicated along the gender divide. It was revealed that 78.9% (men) and 89.6% (women) were of the opinion that a wife is justified for refusing the husband with STD sexual intercourse. Also, 84.8% (male) and 85.2% (female) also supported that wife should tell the infected husband to use condom.

On the other hand 96.4% (male) and 95.7% (female) supported wife justification in refusing to have sexual intercourse with husband as well as telling him to use condom.

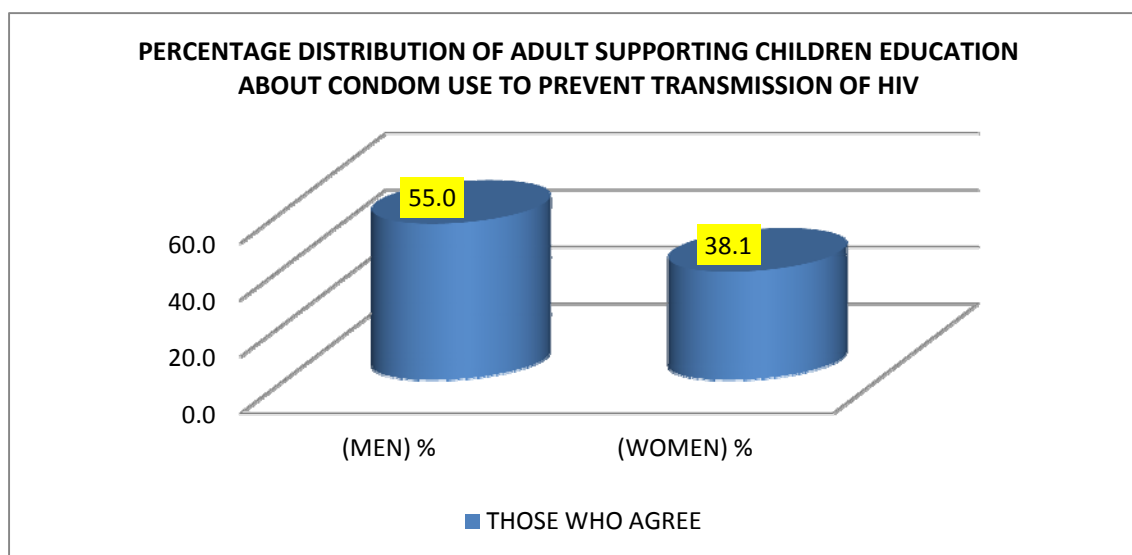
Fig 82: Attitude towards negotiating safer sexual relations with husband



Adult support of children education about condom use to prevent HIV transmission

Giving HIV/AIDS education to the children (12-14) years' i.e. early adolescent was also examined among the parents along gender disgregation. It was revealed that 55% (male) and 38.1% (female) were reportedly agreed to teaching children age 12-14years, the use of condom to avoid HIV.

Fig 83: Adult support of children education about condom use to prevent HIV transmission



Multiple sexual partners and high risk sexual intercourse in the past 12 months

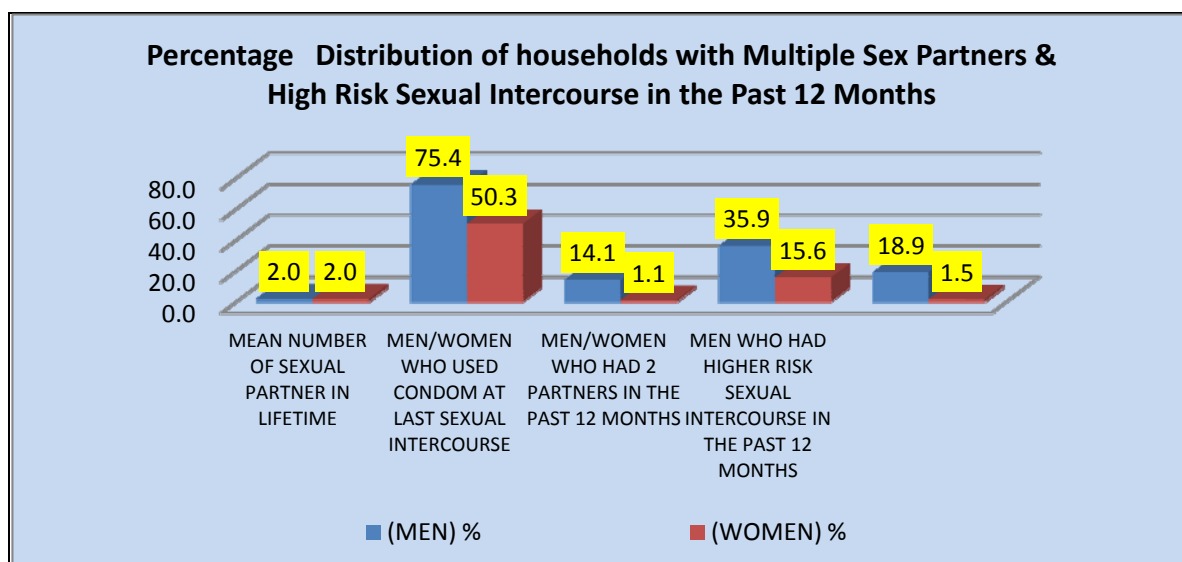
The practice of multiple sexual partners and engaging in higher risk of sexual intercourse were also investigated in the survey along with **lifetime mean sexual partner** by gender. The mean number of sexual partners in lifetime for Lagosians (men) stood at 5 partners i.e. a Lagosian man is expected to have

average of 5 sexual partners throughout his/her lifetime. Similarly, the mean number of sexual partners for Lagosians (women) in lifetime stood at 2 i.e. an average woman is expected to have 2 sexual partners throughout her lifetime.

In addition, 75.4% of men and 50.3% of women reportedly use condom at last sexual intercourse while 14.1% (male) and 1.1% (female) also indicated to have had 2 partners in the past twelve months.

In the same vein, 35.9% (male) and 15.6% (female) reportedly had higher risk sexual intercourse in the past 12 months while 18.9% (male) and 1.5% (female) reportedly had two partners in the last 12 months but used condom during the intercourse.

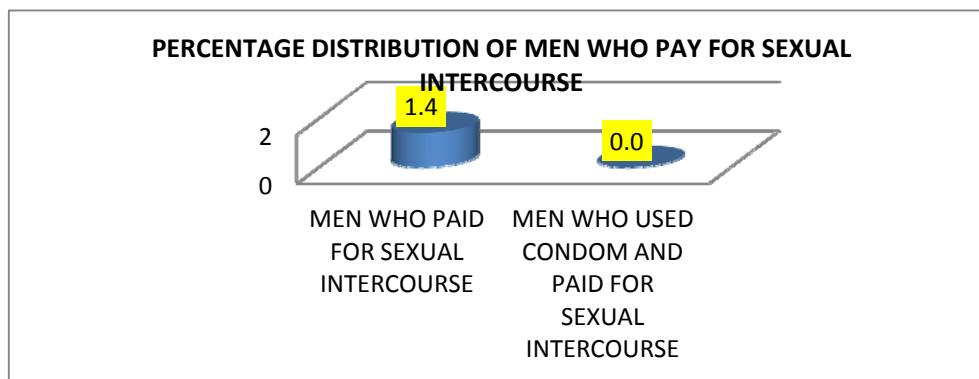
Fig 84: Multiple sexual partners and high risk sexual intercourse in the past 12 months



Payment for sexual intercourse

Payment for sexual intercourse is an indication for extra-marital affairs or non-union cohabitation. The proportion of men who paid for sexual intercourse in Lagos state stood at 1.4% while proportion of men who used condom and paid for sexual intercourse were not indicated in the report.

Fig 85: Payment for sexual intercourse

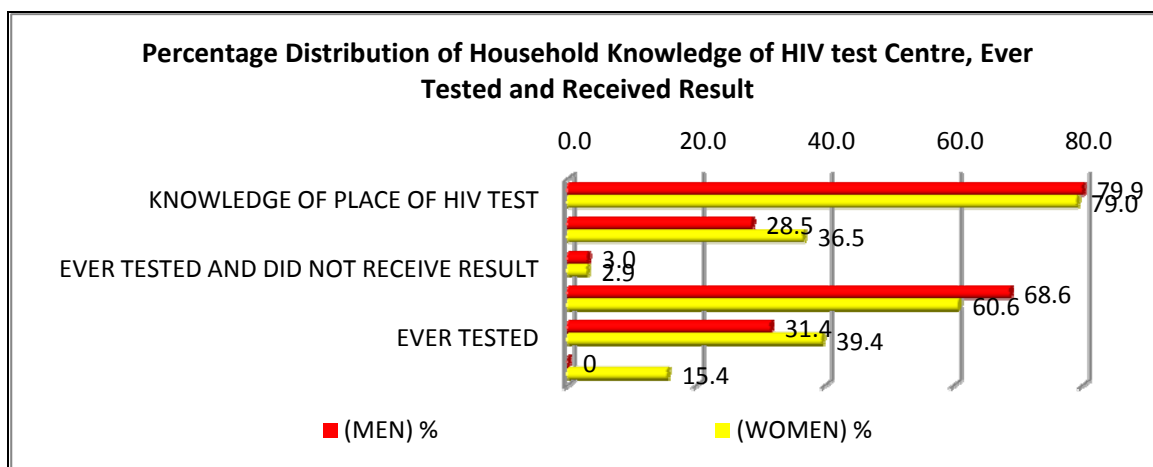


Coverage of prior HIV testing

In order to ascertain the HIV status of individual male and female, it is necessary to go for HIV testing in the designated health facilities and voluntary testing centres. The report showed that 79.9% (male) and 79.0% (female) reportedly know where to get an HIV test.

In the same vein, 28.5% (male) and 36.5% (female) in the state were ever tested and received results in the state while 3.0% (male) and 2.9% (female) were also ever tested but did not receive the results. Irrespective of gender dis segregation, 3 out of every 5 Lagosians never tested for HIV status while only 39.4% (female) and 31.4% (male) were ever tested for HIV status. However, in the last 12 months, 15.4% (female) and 12.3% (male) indicated receipts of HIV result during the period.

Fig 86: Coverage of prior HIV testing

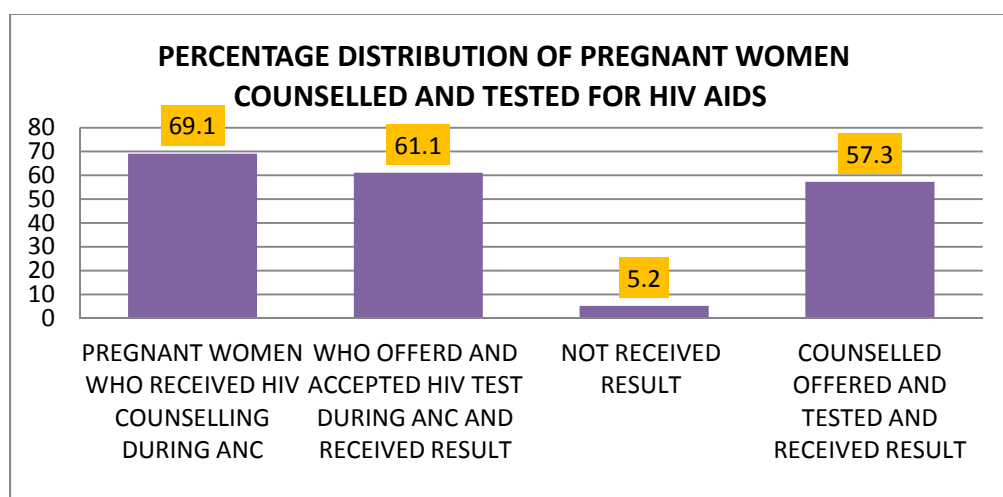


Pregnant women counselled and treated for HIV/AIDS

Women of reproductive age 15-49 years who gave birth two (2) years preceding the survey were investigated. It was discovered that 69.1% of them actually received the HIV counselling during the Ante-Natal Care (ANC) attendance.

In addition, 61.1% of them were offered and accepted HIV test during ANC attendance and received results only 5.2% of them did not receive result. However, 57.3% of them were reportedly counselled, offered and tested as well as received result accordingly.

Fig 87: Pregnant women counselled and treated for HIV/AIDS



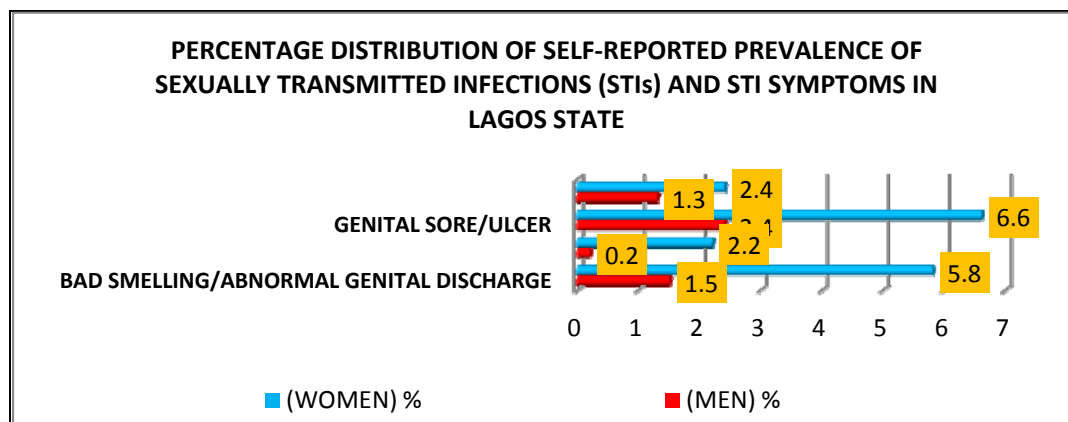
Male Circumcision

The practice of male circumcision is an age-long phenomenon. It is adjudged a healthier practice often supported by culture and tradition irrespective of geographical areas across the country. The NDHS 2008 showed that 98.8% of men age 15-49 years reportedly confirmed that they were circumcised.

Self reported prevalence of sexually transmitted infections (STIS) and STI symptoms

Self reported prevalence of Sexually Transmitted Infections (STI) and their symptoms were also examined. It was indicated that 5.8% (female) and 1.5% (male) age 15-49 years reported bad smelling/abnormal genital discharge as symptoms of STIs, 2.4% (female) and 1.3% (male) reportedly have STI, 2.2% (female) and 0.2% (male) also signified genital sore/ulcer while 6.6% (female) and 2.4% (male) have reportedly been infected with STI and also indicated all the symptoms here in stated accordingly.

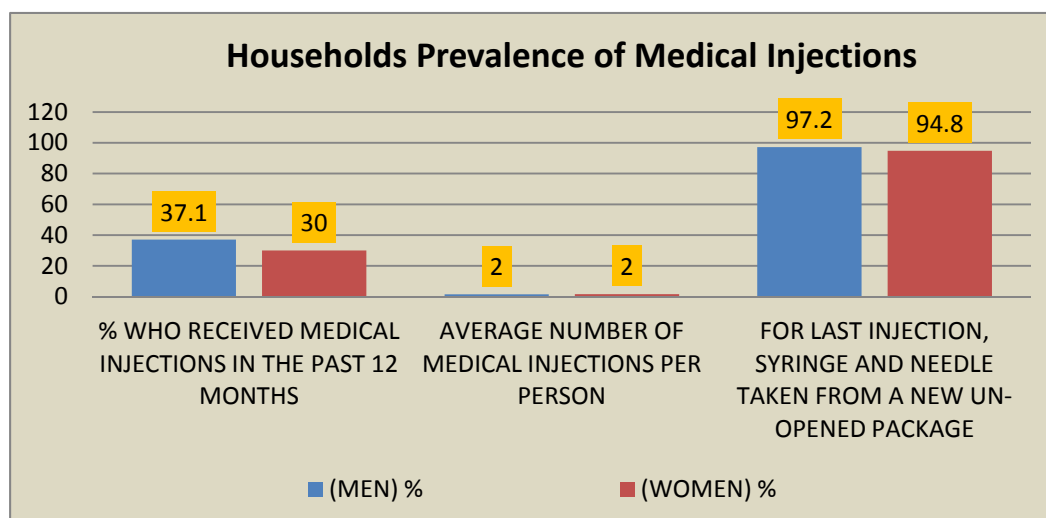
Fig 88: *Self reported prevalence of sexually transmitted infections (STIS) and STI symptoms*



Prevalence of medical injections

Receipt of medical injections, average number of medical injections received per person as well as where injection, syringe and needle were taken from were also examined. The result showed that 30.0% (male) and 37.1% (female) reportedly received medical injections in the past twelve months, with an average of two injections per person, irrespective of the gender of the respondents while all the medical suppliers used for injections were reportedly taken from new unopened package, has attested to by 94.8% (male) and 97.2% (female) respondents.

Fig 89: *Prevalence of medical injections*

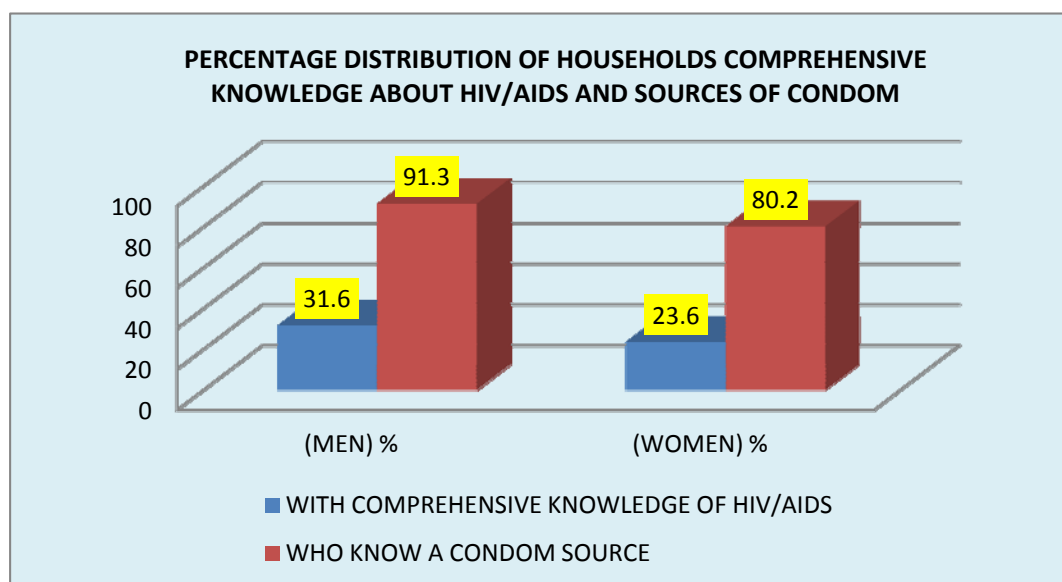


Comprehensive knowledge about HIV/AIDS and a source of condom among youth

Comprehensive knowledge about HIV/AIDS simply means knowing that consistent use of condom during sexual intercourse, having just one HIV negative, uninfected faithful partner can reduce the chances of getting HIV, knowing that a healthy looking person can have HIV and rejecting the two most common total misconceptions about HIV transmission and prevention.

Thus the proportion of youth 15-24years with comprehensive knowledge of HIV/AIDS and source of condom were examined. It was revealed that more men know much more than women about HIV/AIDS i.e. 31.6% (male) and 23.6% (female). Ditto knowledge about condom sources as claimed by 91.3% (male) and 80.2% (female) in the same age brackets (15-24years).

Fig 90: *Comprehensive knowledge about HIV/AIDS and a source of condom among youth*



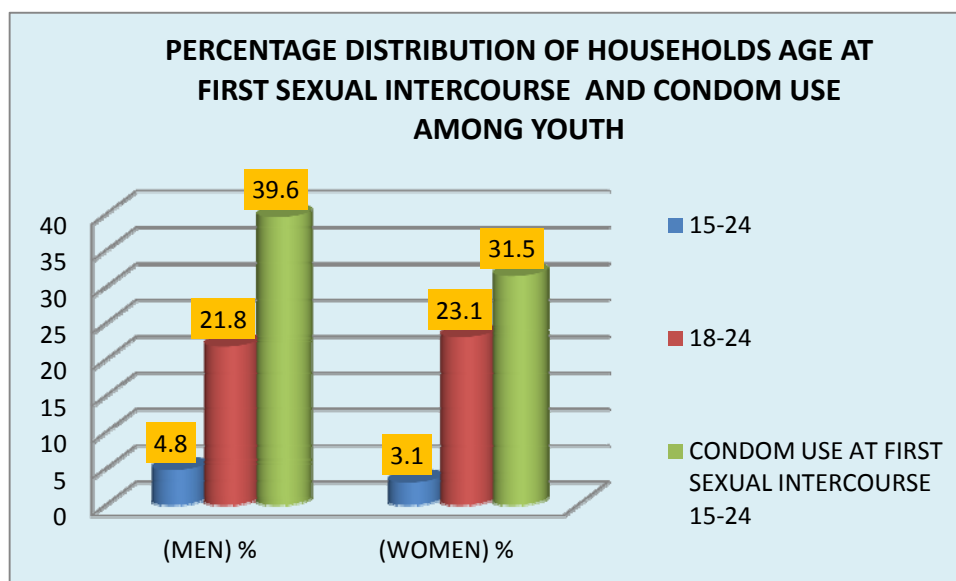
Age at first sexual intercourse

In view of the significance of age 15 and 18years representing the classified economically active population, sexual intercourse at these ages among youth 15-24years were also examined. The result showed that only 4.8% (male) and 3.1% (female) reportedly had their first sexual intercourse before age 15years. Similarly, 21.8% (male) and 23.1% (female) also reportedly had their first sexual intercourse before age 18years.

However, this indicated that more under 15years male had their first sexual intercourse than their female counterpart while more under 18years female had their first sexual intercourse than their male counterpart.

On condom use at first sexual intercourse, it was also revealed that more men (15-24yrs) use condom at their first sexual intercourse (38.6%) than their women (31.5%) counterpart.

Fig 91: *Age at first sexual intercourse*



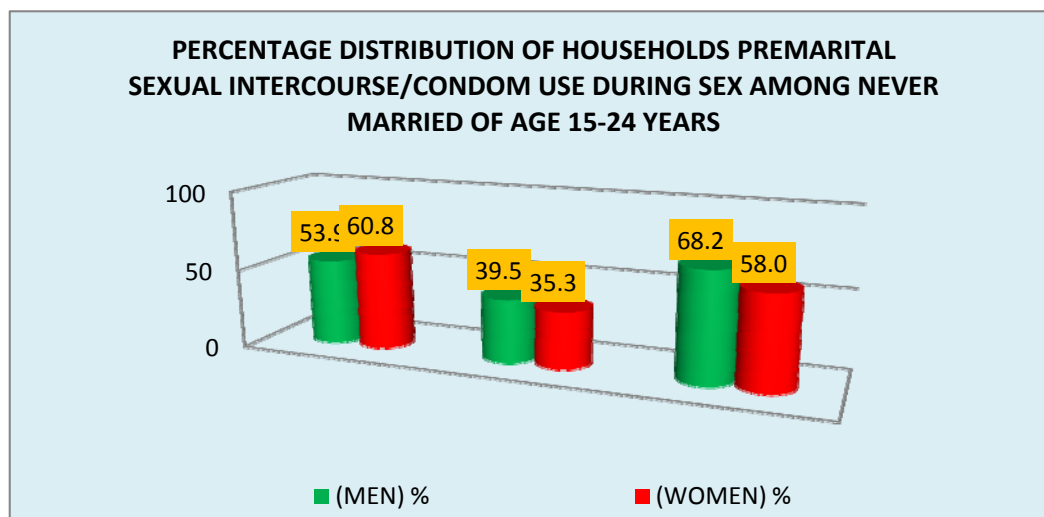
Premarital sexual intercourse and condom use during pre-marital sexual intercourse among youth

Youthful age constitute a period of physical development and exposure to societal pressure especially among the peers; and adult. It is there important that a cursory look be taken on the societal pressure that may hinder their social economic well being in the future if not well managed now.

Pre-marital sexual intercourse remains one of the most important societal exposures among the youth. Appropriate sexuality education and moral rectitude among the youth will always contribute positively to their well being. NDHS 2008 revealed that 60.8% of never married women age 15-24yrs never had sexual intercourse in Lagos state likewise 53.9% of men in the same age category.

However, 35.3% (female) reportedly had sexual intercourse in the past 12months so also 39.5% of the men. Also 58.0% of women respondents indicated use of condom at their last sexual intercourse in the past twelve months ditto 68.2% of the men respondents.

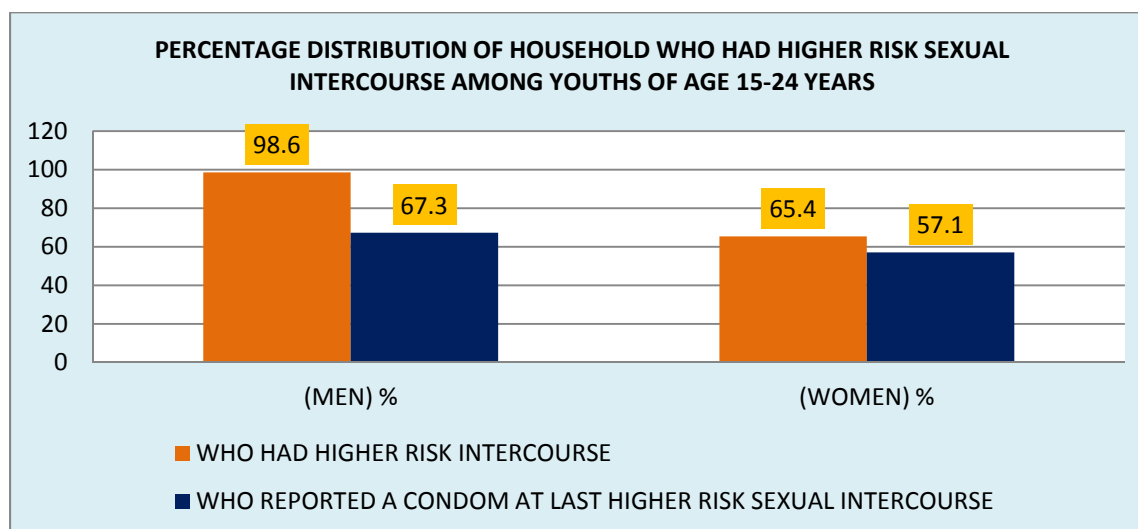
Fig 104: *Premarital sexual intercourse and condom use during pre-marital sexual intercourse among youth*



Higher risk sexual intercourse among youth and condom use at last higher risk intercourse in the past twelve months

Sexual intercourse with a non-marital, non-cohabiting partner is regarded as Higher Risk Sexual Intercourse (HRSI) and such behaviour is purportedly represented by 65.4% (female) and 98.6% (male) in Lagos state. In the same vein, those who reportedly used condom during the Higher Risk Sexual Intercourse stood at 67.3% (male) and 57.1% (female) respectively.

Fig 93: *Higher risk sexual intercourse among youth and condom use at last higher risk intercourse in the past twelve months*

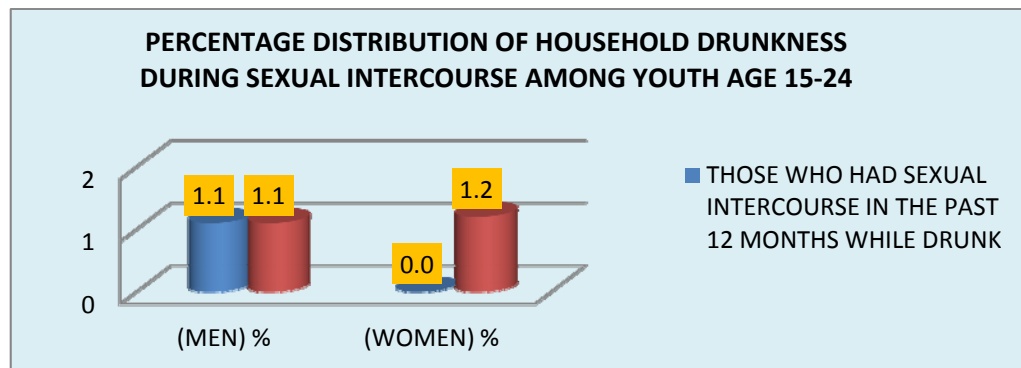


Age mixing relationship among women age 15-19

Age mixing in sexual relationship represents adolescence women (15-19 years) Higher Risk Sexual Intercourse with a man who is 10 or more years older than them. In Lagos, households with such characteristics represent 9.6% of the women.

On the other hand, drunkenness during sexual intercourse was generally indicated as insignificant since only 1.1% of the respondents (men) claimed to have had sexual intercourse while drunk. Irrespective of gender outlook, 1.1% (male) and 1.2% (female) also signified having sexual intercourse while drunk or with a partner who was drunk.

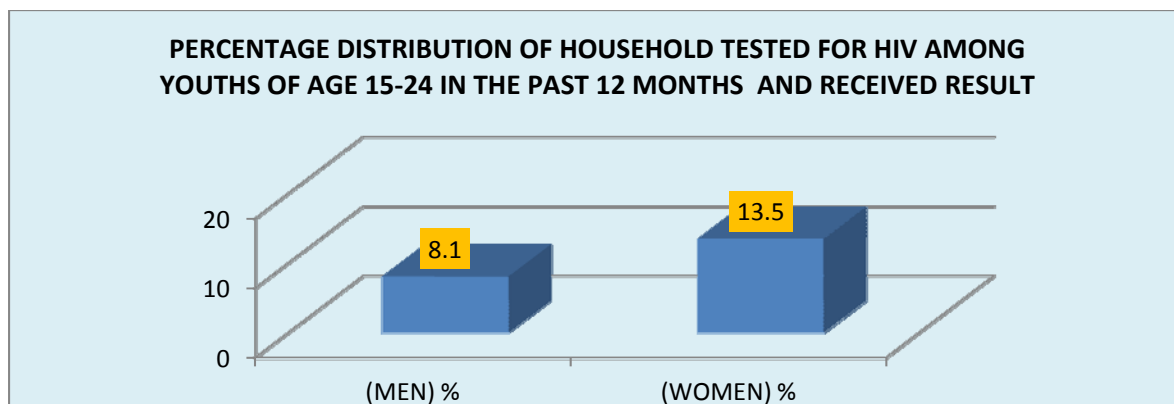
Fig 94: *Age mixing relationship among women age 15-19*



Recent HIV test among youth

HIV test among the women and men in age 15-24yrs were examined. The result showed that 13.5% of women and 8.1% of men in the age bracket actually tested for HIV in the past 12 months and received result.

Fig 95: *Recent HIV test among youth*



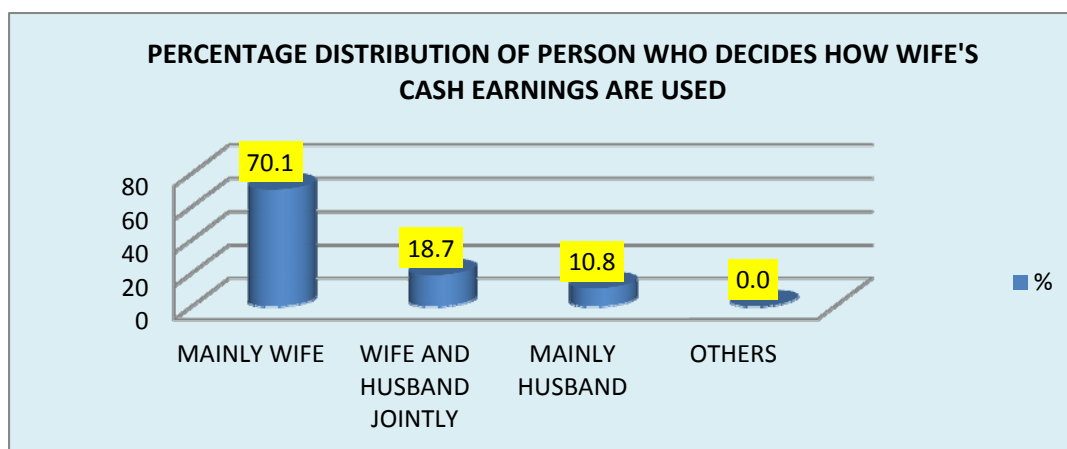
CHAPTER 9

WOMEN'S EMPOWERMENT AND HEALTH OUTCOMES

Control over women's cash earnings' and relative magnitude of women earnings'

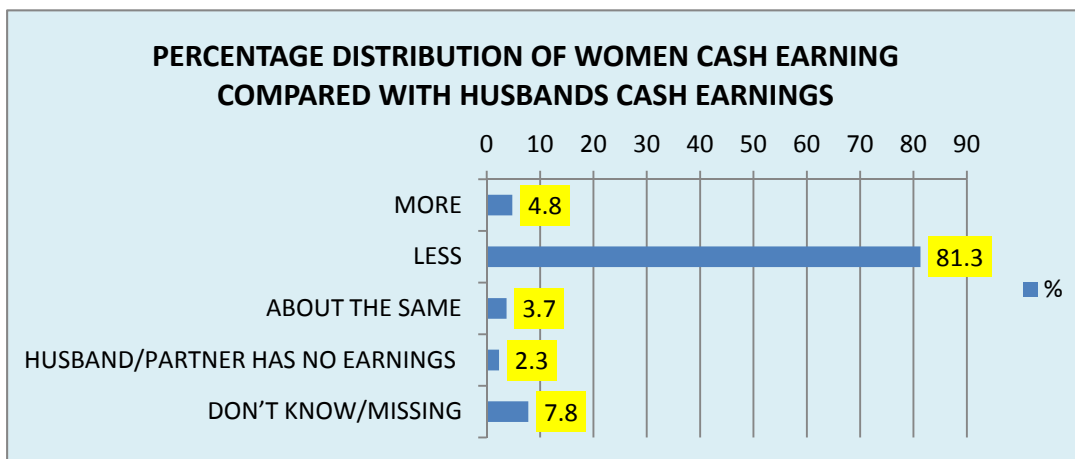
Earning from employment in the 12 months preceding the NDHS survey 2008 among women age 15-49 years was investigated and decision on the utilization of the wife's cash earnings were also assessed. It was discovered that seven (7) out of every ten (10) women actually decided what to use their earning for. 18.7% of the women indicated joint decision by husband and wife, 10.8% attributed such decisions to the husband mainly.

Fig 96: *Control over women's cash earnings' and relative magnitude of women earnings'*



On the other hand, women cash earnings compared with the husband cash earning revealed that only 4.8% of women actually earned more than their husbands, 81.3% representing four out of every five women reportedly earn less than their husbands, 3.7% were about the same in terms of cash earning while 2.3% had husbands/partners that had no earnings and 7.8% purportedly did not know the relative magnitude.

Figure 97: Percentage Distribution Of Women Cash Earning Compared With Husbands Cash Earnings

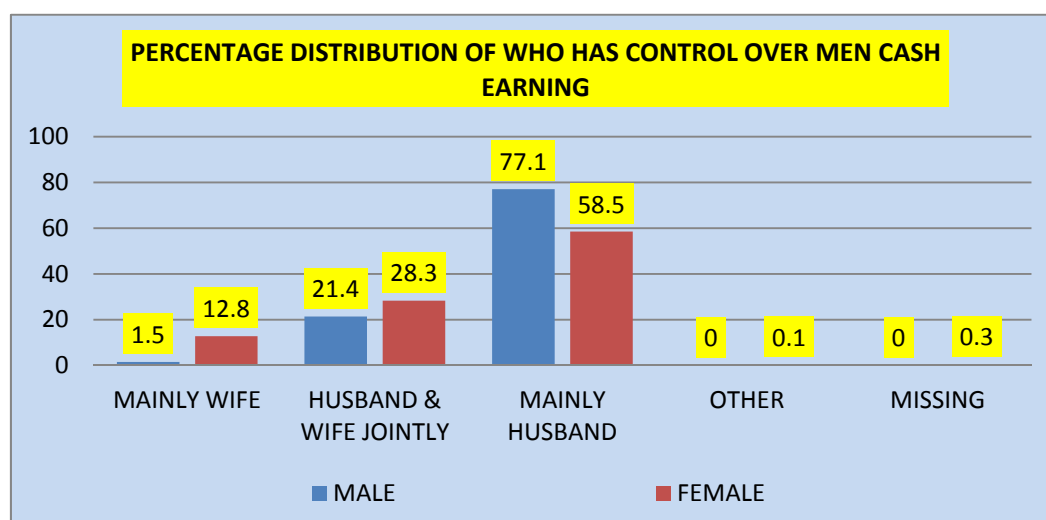


Control over men cash earning

Currently married men and women age is 15-49 years who received cash earnings and who husband receive cash earnings were also studied to determine who decides how men's cash earning are used. It was revealed that 77.1% men and 58.5% of women actually confirmed that husband mainly exercise full control over his cash earnings.

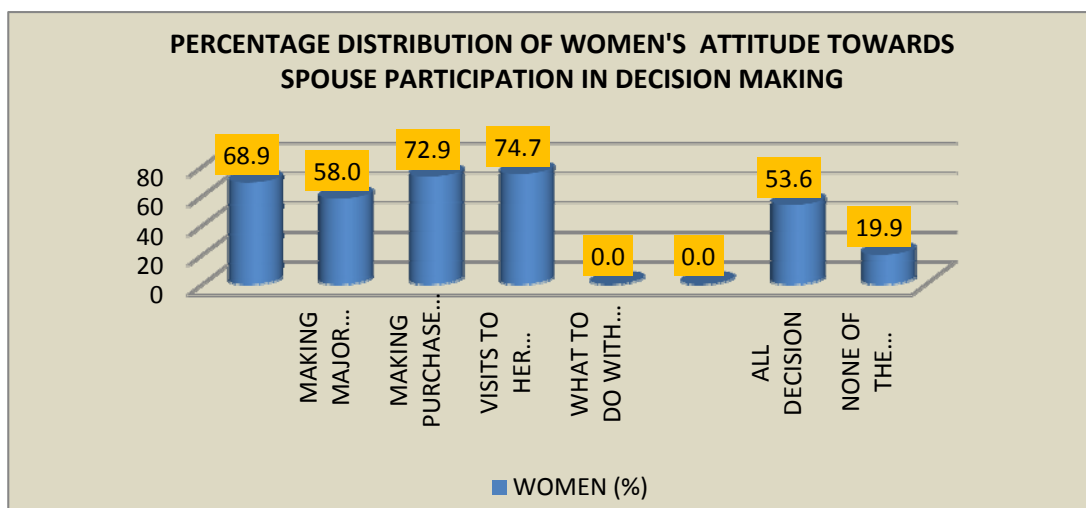
In addition, 21.4% (men) and 28.3 (women) also indicated that 'husband and wife' jointly decide on the use of husbands cash earning, 12.8% of women and 1.5% of Men signified 'mainly wife' as having control over men's cash earning respectively.

Fig 98: *Control over women cash earning*

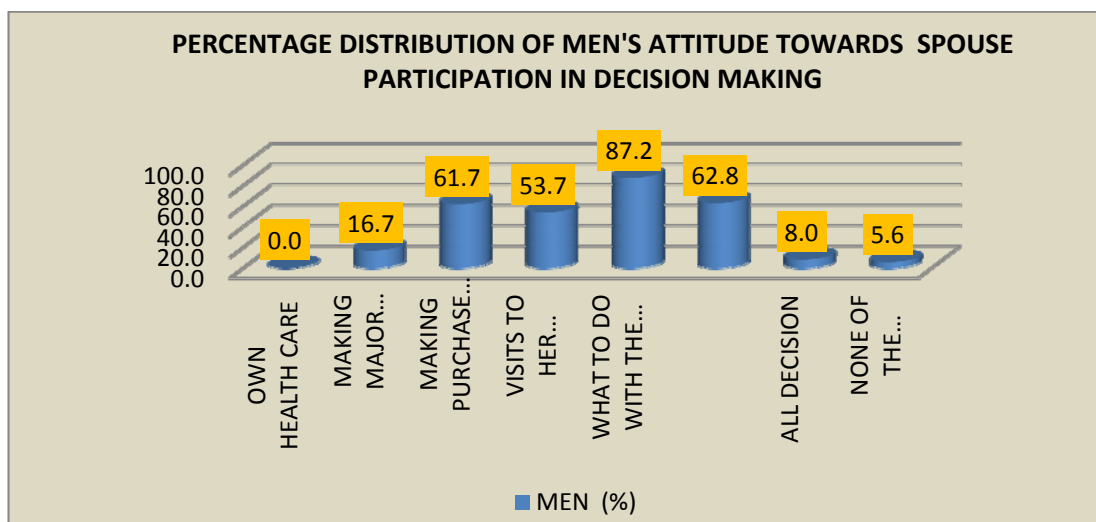


Women participation in decision making

Decision making at household level was traditional on the exclusive responsibility of the men. However education and public enlightenment had made a giant stride at promoting status of women especially in the decision making at household level. The NDHS 2008 report showed that 68.9% of the women make specific decision on their health care, 72.9% of them also decide on purchase of daily household needs, 74.7% of them also determine visit to her family or relatives, 58.0% of the women make major household purchase while 53.6% of the women purposely participated in all the four decisions and only 19.9% signified non participation in any of the four listed decisions.

Fig 99: *Women participation in decision making**Men's attitude towards wives participation in decision making*

The need for a wife to have a greater say alone or equal say with her husband on specific kinds of decisions were investigated in accordance with the thought / attitudes of men to such decisions. It was discovered that 87.2% (men) actually want the wife to have greater say on money the wife earns, 62.8% of men also agreed that wife should have greater or equal say on the number of children to have, 61.7% of men would want the wife to decide on daily household needs purchases, Ditto major household purchase (16.7%). Visit to her family or relatives should also be decided by the wife accordingly. However men attitude towards all the above decision and none of the above decision are less significant.

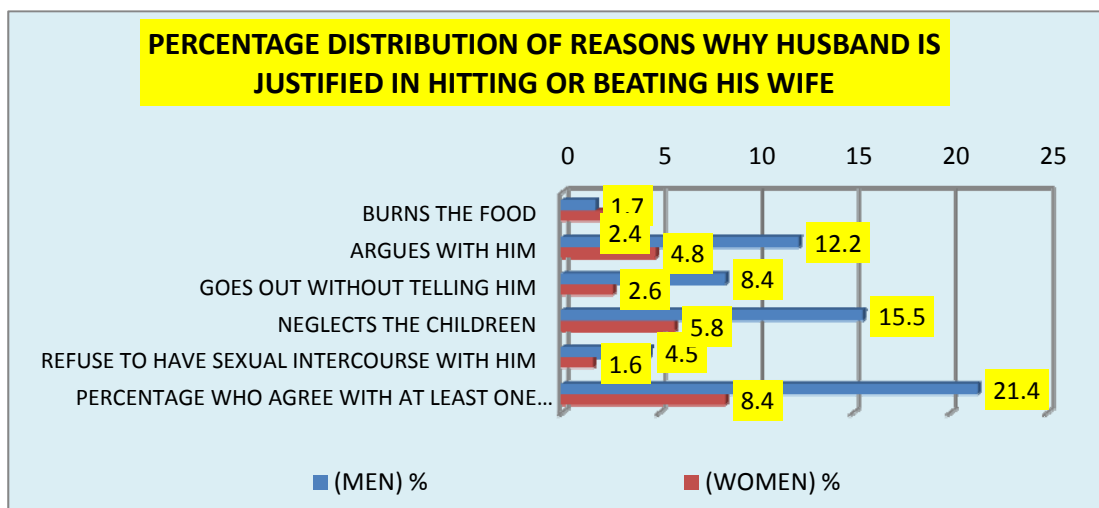
Fig 100: *Men's attitude towards wives participation in decision making*

Attitude towards wife beating

Although the survey did not in any way support wife beating, however, the need to understand specific reasons why husband result into wife battering need can be studied. The result showed that 2.4% of (women) were of the opinion that husband is justified in beating his wife of she burns the food, 4.8% of women also indicated “argument with husband” as a reason, 2.6% and 5.8% attributed the wife beating to “going out without telling the husband,” and “neglect of the children” respectively while only 1.6% actually attributed wife battering to refusal of sexual intercourse with the husband. In all, only 8.4% of the women respondents actually agreed with the reasons stated above.

Similarly, Neglect of children (15.5%) and argument with husband (12.2%) were both adjudged by men as generally justified reasons for hitting or beating the wife.

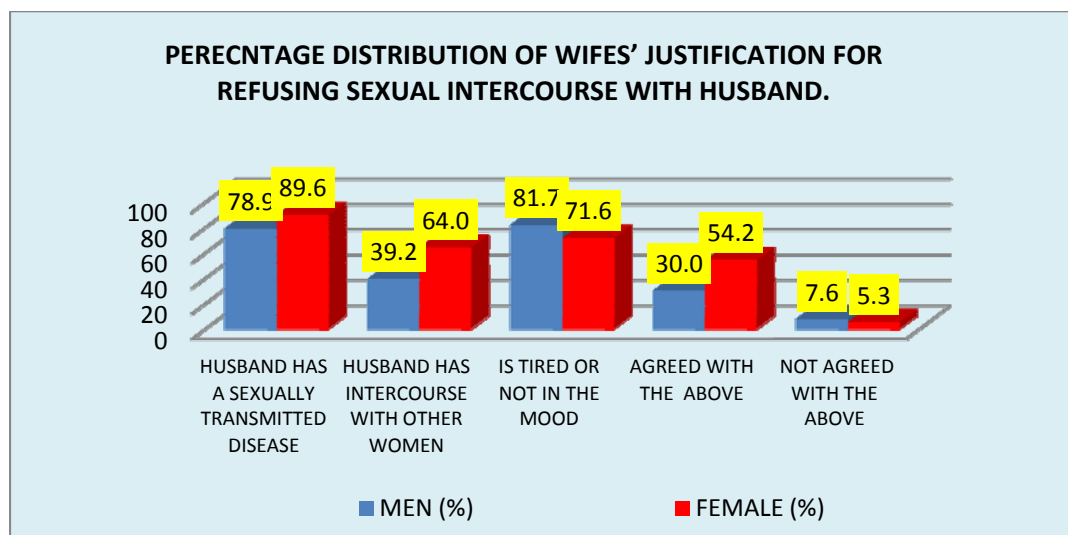
Fig 101: *Attitude towards wife beating*



Attitude towards refusing sexual intercourse with husband; wife's' justification

In specific circumstances, the wife may be justified for refusing the husband sexual intercourse. Such circumstances were enumerated below in accordance with men's opinion. The analysis revealed that 78.9% of men indicated when husband has a sexually transmitted diseases, 39.2% attributed such circumstances to when “husband has intercourse with other woman” and 81.7% specifically specified when “wife is tired or not in the mood”. 30% of the entire male respondents agreed with the three specific reasons given while 7.6% did not agree with any of the stated reasons.

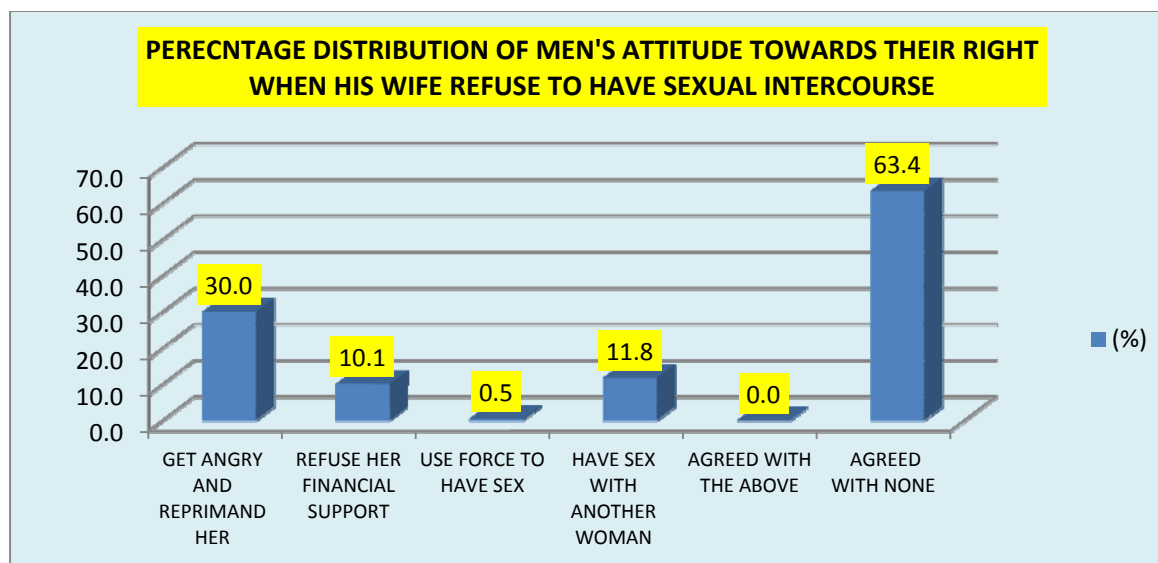
Fig 102: *Attitude towards refusing sexual intercourse with husband; wife's' justification*



Men's attitude towards a husband right when his wife refuses to have sexual intercourse

Wife refusal to have sexual intercourse with husband is expected to elicit certain behaviour from the husband. Such behaviours are enumerated in accordance with men attitudes. It was revealed that 30% of men reportedly get angry and reprimanded her", 10.1% would refuse such wife financial support, "11.8% of them will have sex with another woman" while 0.5% would reportedly use force to have sex with her. On the other hand, 63.4% of men respondents did not agree with all the specified reasons.

Fig 103: *Men's attitude towards a husband right when his wife refuses to have sexual intercourse*



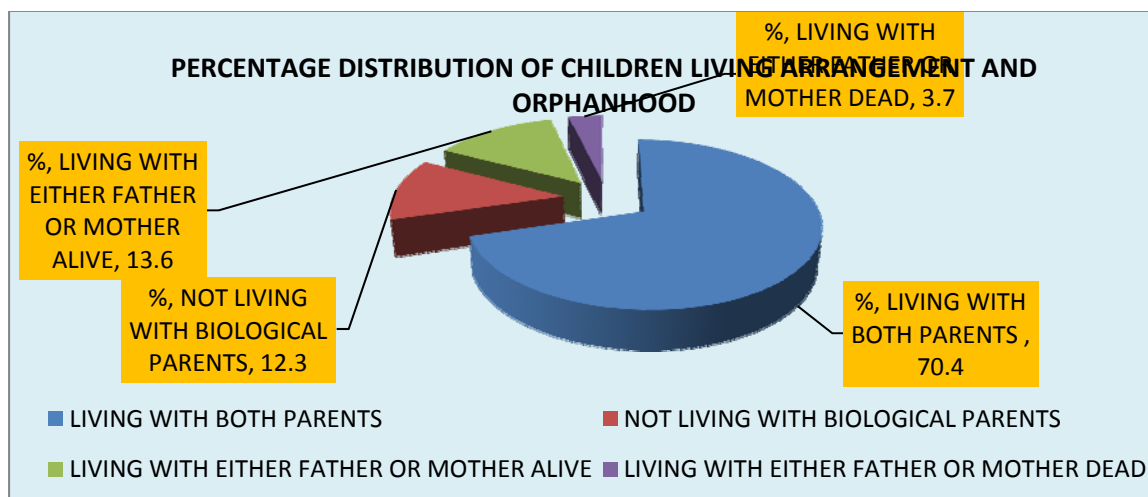
CHAPTER 10

ORPHANS AND VULNERABLE CHILDREN

Orphans and vulnerable children

Orphans and vulnerable children are categorized as children who had no parental support due to death of their parents and/or were made vulnerable through parent's illness. Generally, the living arrangement of children irrespective of parental status was thoroughly examined in the study. It was discovered that 70.4% of the children were actually living with both parents, 12.3% of them were not living with biological parents while 13.6% of the lived with either of the biological parents i.e. (father or mother alone) and 3.7% of the children are also living with the parents where either father or mother was dead respectively.

Fig 104: Orphans and vulnerable children



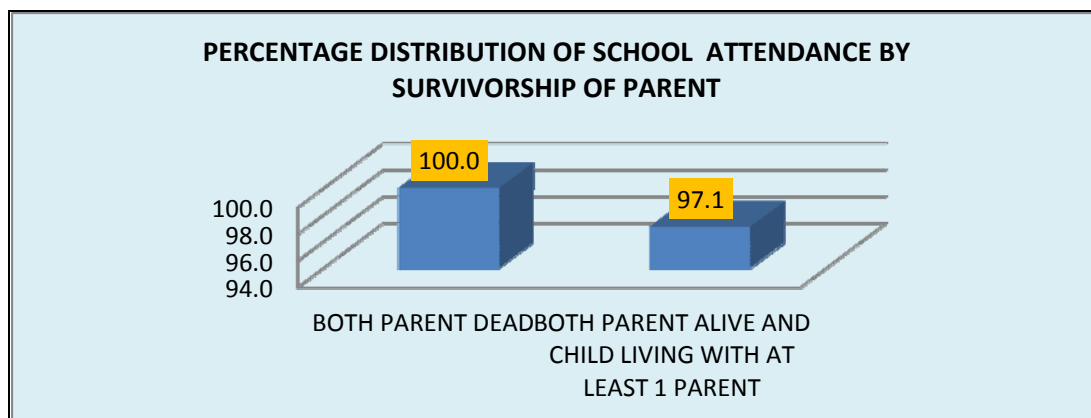
On the other hand, children under 18 years who are orphans or were made vulnerable due to the illness of either of their parents or an adult members of the household in Lagos state showed that 4.4% of them accounted for orphans i.e. children with one or both parents dead while 1.1% of the children (under 18) also comprised vulnerable children i.e. those children with a very sick parent or live in a household with a very sick adult. However, children that are both orphan and vulnerable stood at 6.3%.

School attendance by survivorship of parents

Lagos State school attendance among children age 10-14 years were also studied. The result showed that 97.1% of them, with both parents alive and child living with at least one parents, are currently attending

schools while all the studied children (100%) with dead parents were equally currently attending schools in Lagos. The school attendance ratio between children with both parent dead and both parents living is

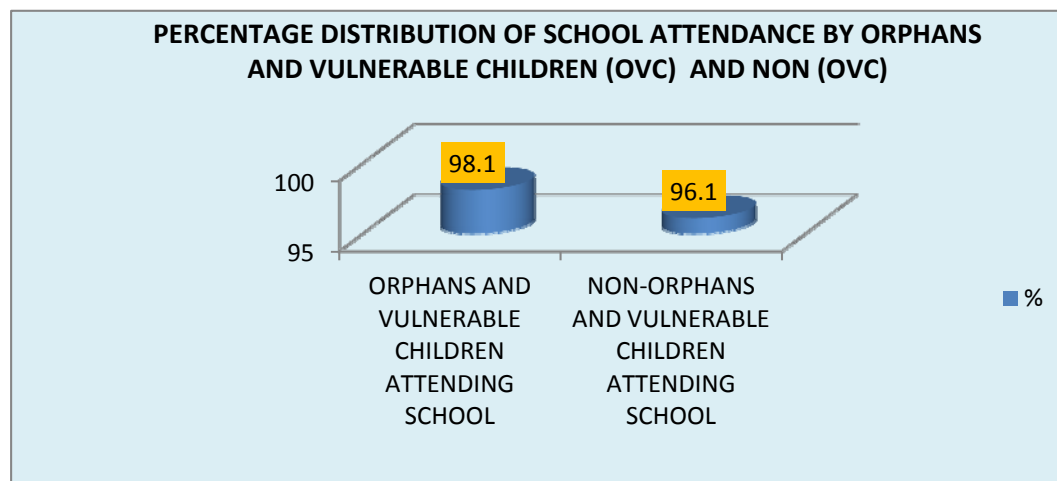
Fig 105: School attendance by survivorship of parents



School attendance by OVC

In the same vein, school attendance by OVC and Non-OVC children were also examined it was revealed that percentage OVC attending school stood at 98.1% while that of Non-OVC stood at 96.1% this given school attendance ratio OVC to Non-OVC of 100:102 accordingly.

Fig 106: *School attendance by OVC*



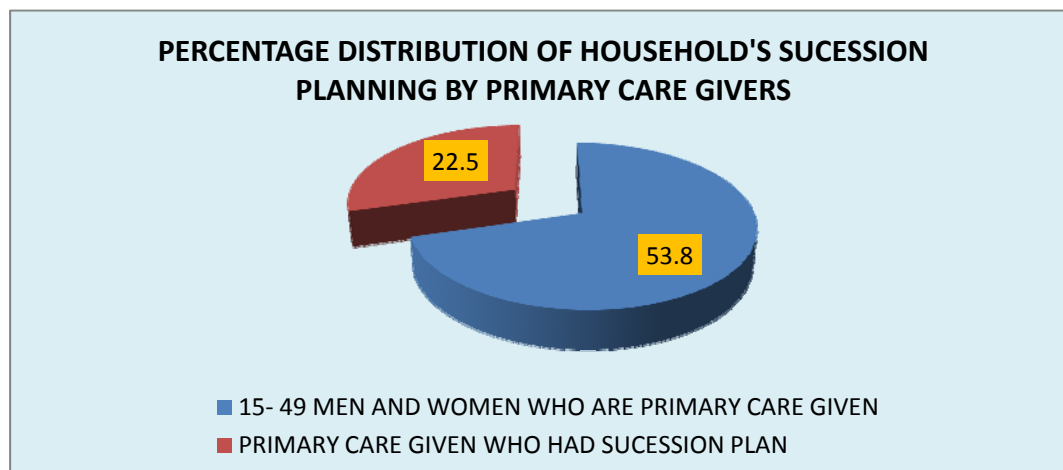
Living with sibling (under 18)

Living arrangement among under 18years orphan in the state, who has sibling under similar age category, was also investigated. It was found out that the percentage of orphans not living with all siblings under age 18 stood at 60.8%.

Succession planning

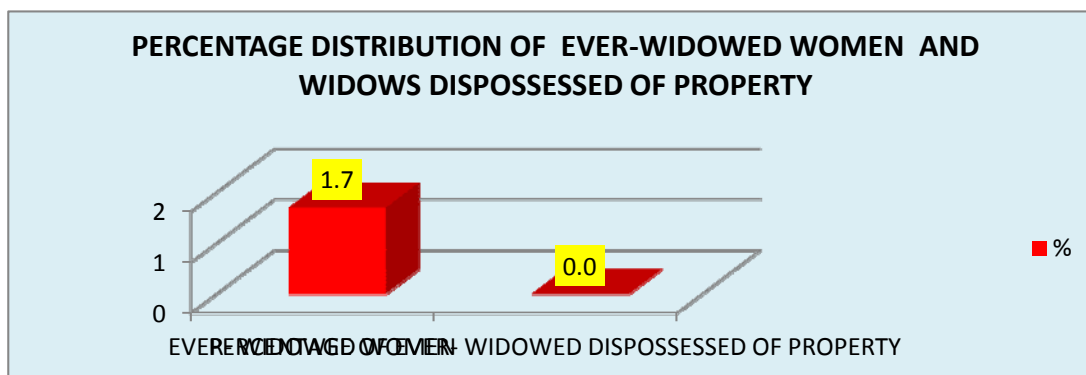
On the other hand, succession planning, i.e. making arrangements for someone else to care for the children in the event that the biological parents are unable to do so due to illness or death were also studied. The result showed that 53.8% of men and women studied were primary care givers have made succession arrangements.

Fig 107: *Succession planning*



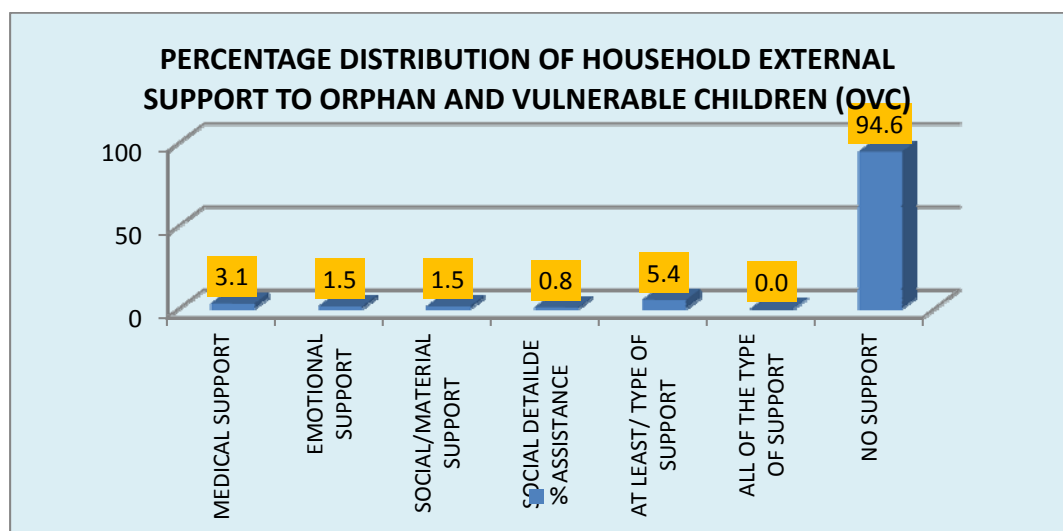
Widows dispossessed of property

Traditional/cultural practices that are inimical to women advancement and economic enhancement, was also examined. The proportion of widows in the State and their right as regards the property of their husband was also examined vis-a vis those that were dispossessed of their properties. In Lagos, the survey revealed that 1.7% of the women 15-49 years are widows (ever-widowed women) and none of them were reportedly dispossessed of their property.

Fig 108: *Widows dispossessed of property*

External support for orphans & vulnerable children

The issue of external support for OVC was also indicated. It was revealed that 94.6% of OVC (under 18years) received no support at all. 3.1% of them received medical support, 1.5% reportedly enjoy emotional support while those children that benefited from social/material support accounted for 1.5%. likewise school related assistance (0.8%). In all only 5.4% of under 18 years OVC children reportedly enjoy at least one type of support mentioned above.

Fig 109: *External support for orphans & vulnerable children*

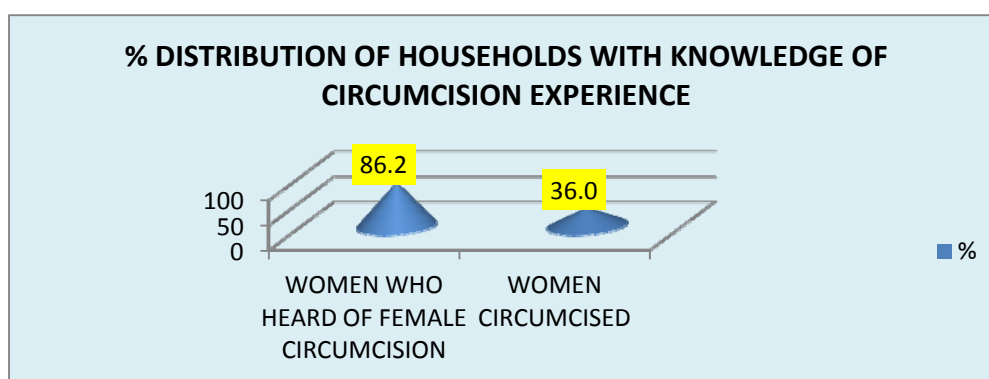
CHAPTER 11

FEMALE GENITAL CUTTING

Female genital cutting (FGC)

Part of harmful practices against women is female genital cutting which is traditionally prominent in the country. Accordingly, 86.2% claimed to have heard of female circumcision out of whom 36.0% were reportedly circumcised.

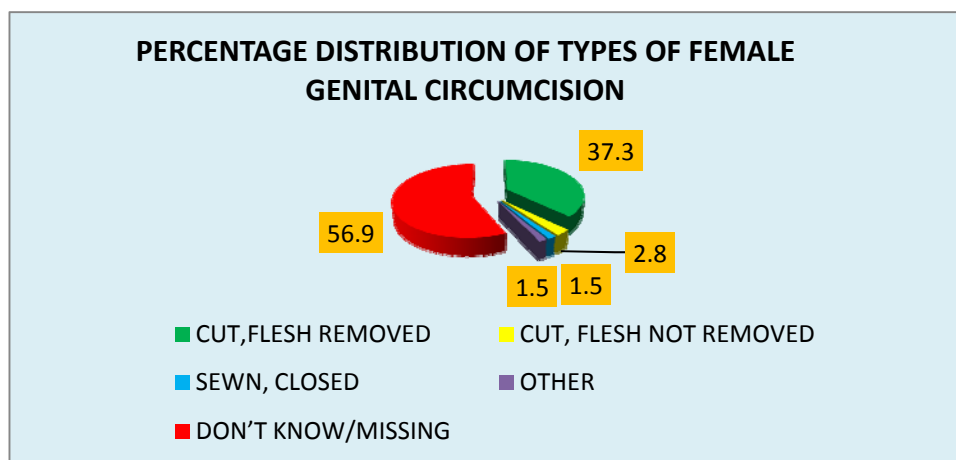
Fig 110: *Female genital cutting (FGC)*



Type of circumcision

Further analysis as regard the type of circumcision showed that 37.3% (women) undergo “cut and flesh removed”, 2.8% cut and flesh not removed and 1.5% of them were reportedly sewn and closed. On the other hand, 56.9% purportedly did not know the type of circumcision performed on them.

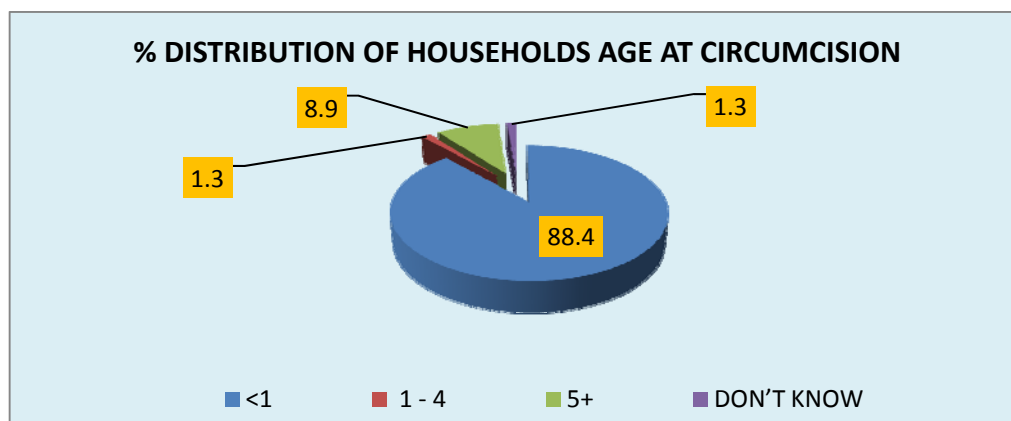
Fig 111: *Type of circumcision*



Age at circumcision

Age at circumcision also indicated that 88.4% of the women 15-49years were circumcised before the age of 1 year. 1.3% of them were circumcised in age 1-4years, 8.9% of them accounted for those circumcised above 5years old while 1.3% reportedly did not know their age of circumcision.

Fig 112: *Age at circumcision*

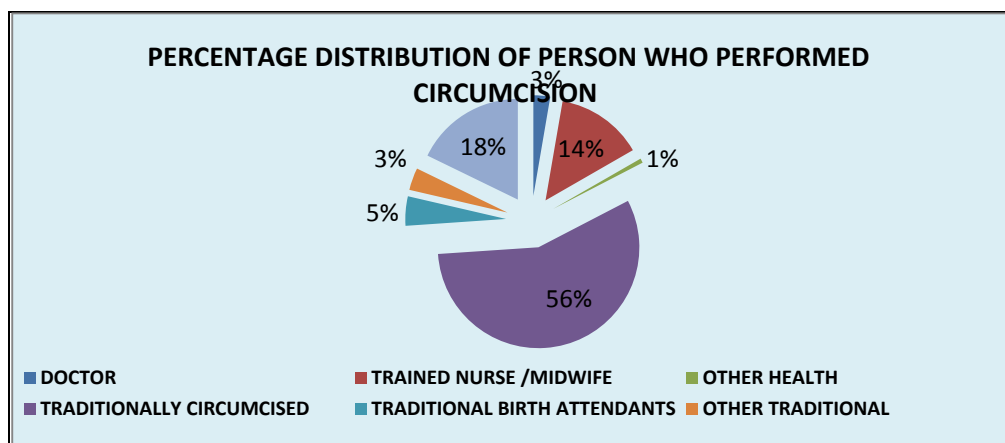


Person who performed circumcision

Attempts were also made to ascertain persons who performed the circumcision on the women. The survey revealed that only 2.7% of the women were actually circumcised by medical doctors, 14.0% of them were circumcised by trained nurse/midwife and 0.7% by other health professionals.

However, 56.6% of the women were reportedly circumcised by Traditional Circumciser, 4.7% by Traditional Birth Attendant, and 3.6% by other traditional. 17.8% of the woman purportedly did not know the person who performed the circumcision on them.

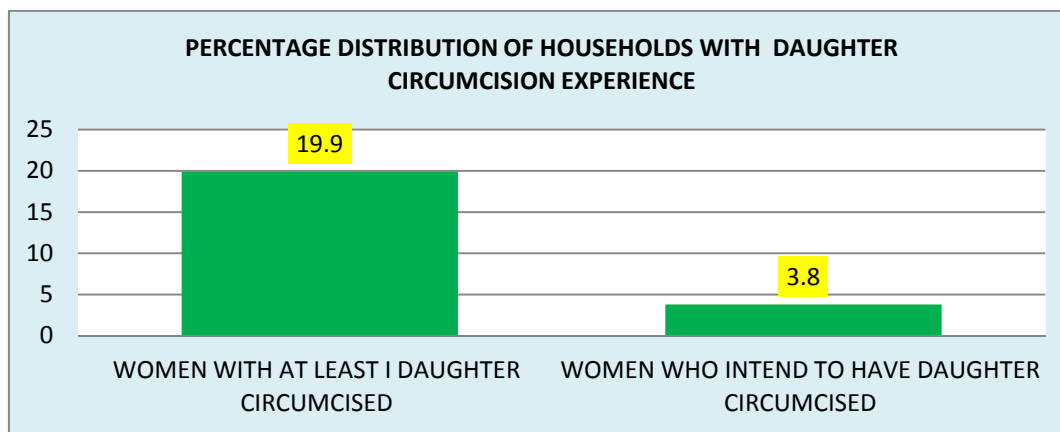
Fig 113: *Person who performed circumcision*



Daughter's circumcision experience

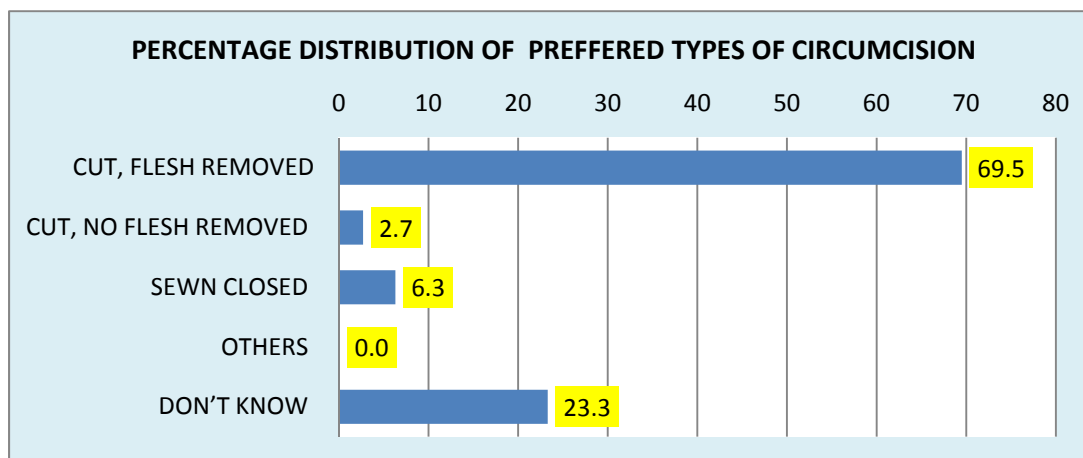
Women who have heard of female circumcision with at least one living daughter, one circumcised daughter who also has the intention of circumcising their daughters with type of circumcision were also examined (NDHS 2008). Lagos specific indicator revealed that 19.9% of the women had at least one daughter circumcised and 3.8% still has the intention of circumcising their daughters.

Fig 114: *Daughter's circumcision experience*



On the type of circumcision, it was also shown that 69.5% actually preferred cut and flesh removed type of circumcision for their daughter, 2.7% also signified cut and no-flesh removed, 6.3% choose sewn closed while 23.3% reportedly did not know the type to choose.

Fig 115: *Type of circumcision*



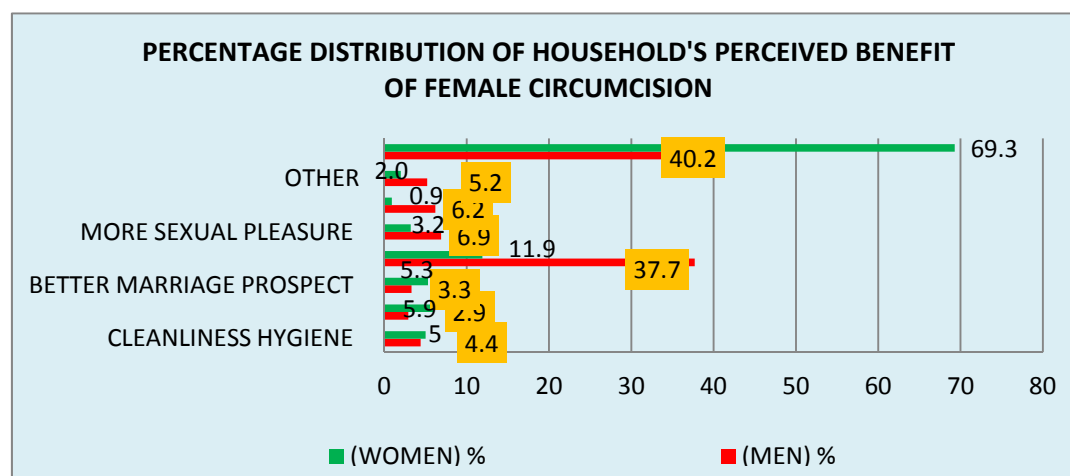
Perceived benefit of female circumcision among (men & women)

Irrespective of respondents' gender, reasonable proportion of sampled household members in Lagos state reportedly indicated no benefits in female circumcision. This position was reflected by 69.3% (female) and 40.2% (male).

On the other hand 37.7% (male) and 11% (female) were of the opinion that female circumcision prevents pre-marital sex and preserve virginity. Cleanliness and hygiene was also indicated as perceived benefit of female circumcision by 5.0% (women) and 4.4% (men). Social acceptance and Better Marriage Prospects were also signified by 5.9% (women) and 2.9% (men) as well as 5.3% (women) and 3.3% (men) respectively.

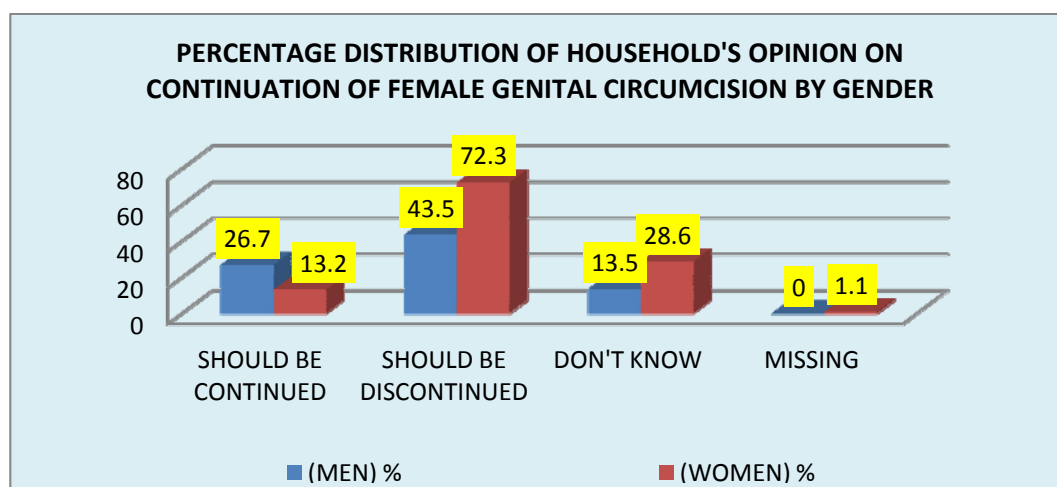
However, 6.2% (men) regarded the practices as religious approval. Ditto 6.9% (men) that ascribed the practice to guarantee of more sexual pleasure for the man. The later position was corroborated by 3.2% (women) female household members.

Fig 116: Perceived benefit of female circumcision among (men & women)



Continuation of female circumcision

Having established the existence of practises of genital female circumcision in the State, the type the persons responsible for its practises, the needs to either continue the practices or otherwise was also examined along the gender divide. The result showed that 72.3% (women) and 43.5% (men) respondents actually wanted such practices discontinued. 28.6% male and 13.5% female were reportedly undecided on the matter while 26.7% (men) and 13.2% (female) reportedly supported the continuation of female circumcision.

Fig 117: *Continuation of female circumcision*

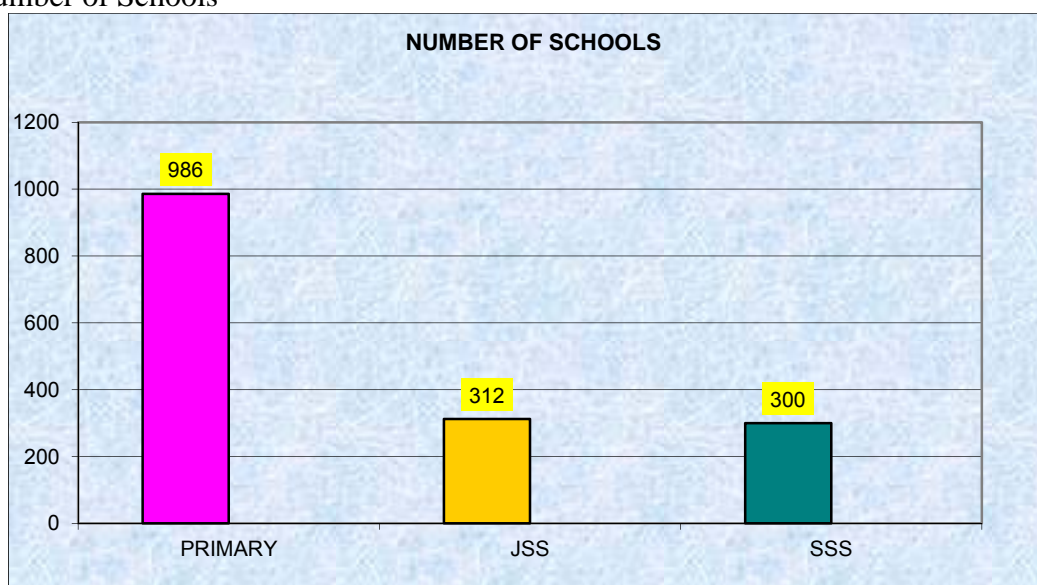
Chapter 12

EDUCATION

Education is the key to human discovery of his latent knowledge. The Millennium Development Goal: 2, Universal Basic Education, provided a comprehensive platform on which education issues: enrolment, teachers, infrastructure facilities, curriculum e.t.c. will be premised.

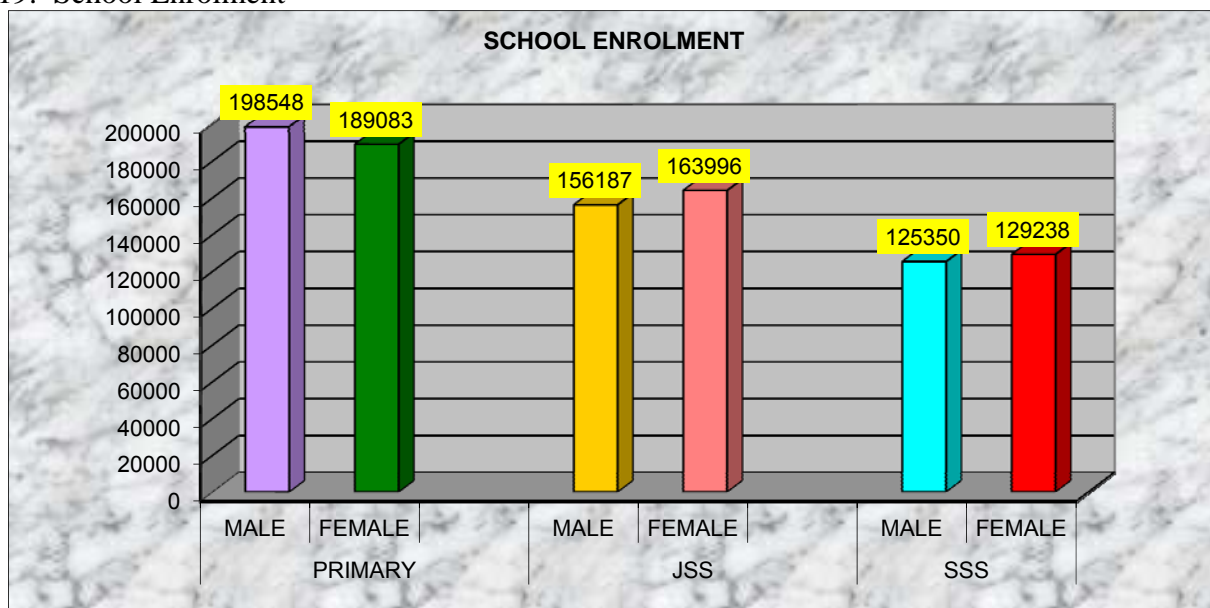
Lagos State enrolments in public schools (in 2010), showed that 57,463 pupils were enrolled into pre-primary schools with 409 qualified teachers. The state also has 986 primary schools with 13,133 qualified teachers to cater for 387,581 pupils i.e. pupil-teacher ratio (1:30). The total primary school classroom stood at 11,700

Fig 118: Number of Schools



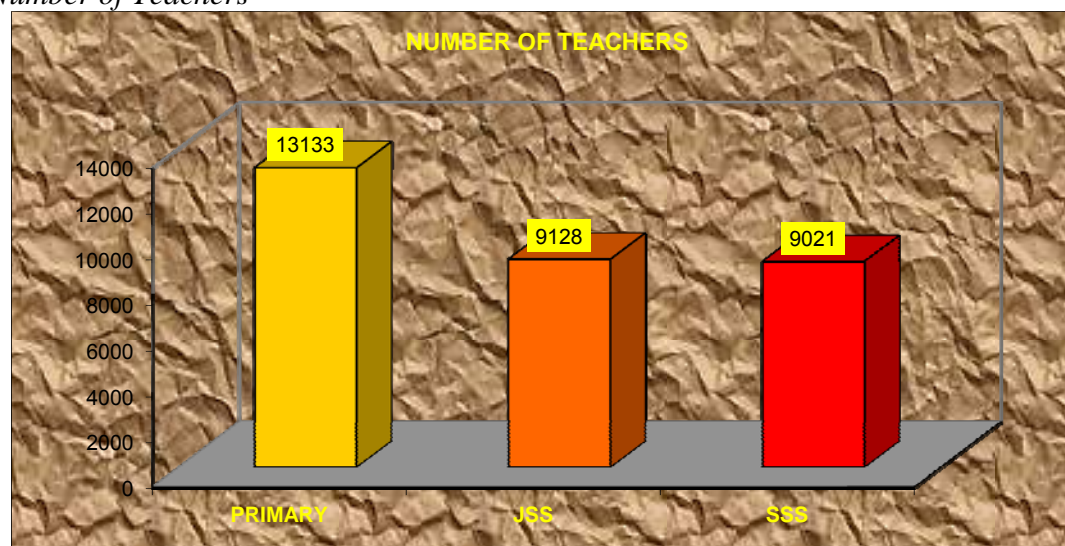
In year 2010, the number of public schools in the State was 986, 312 and 300 for primary, JSS and SSS respectively.

Fig 119: School Enrolment



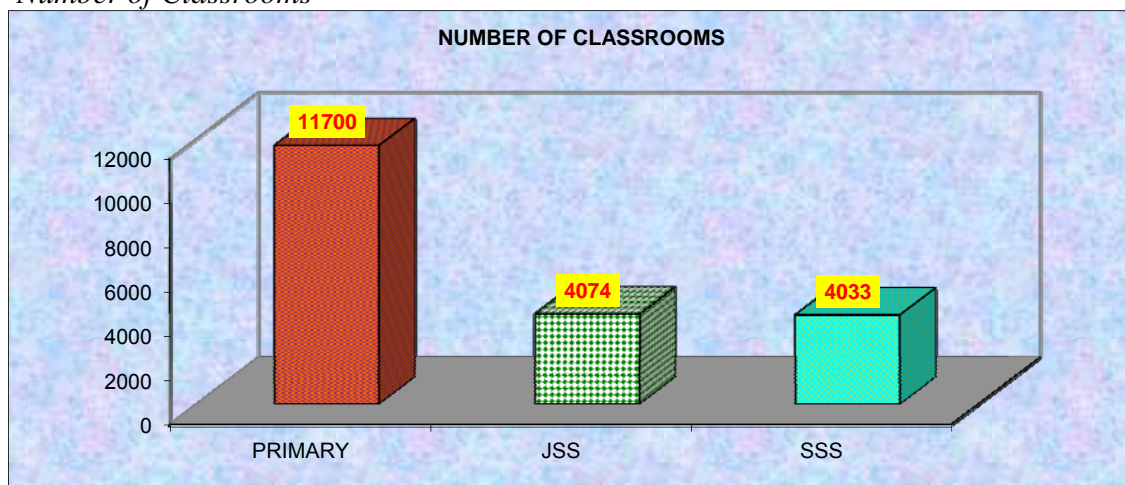
Enrolment at the Junior Secondary Schools (JSS) fell at the senior secondary schools (SSS) (320183 at JSS to 254588 at SSS), this shows a very good gender balance at all levels of schooling system, with more girls in overall population and more girls enrolled in public schools.

Fig 120: Number of Teachers



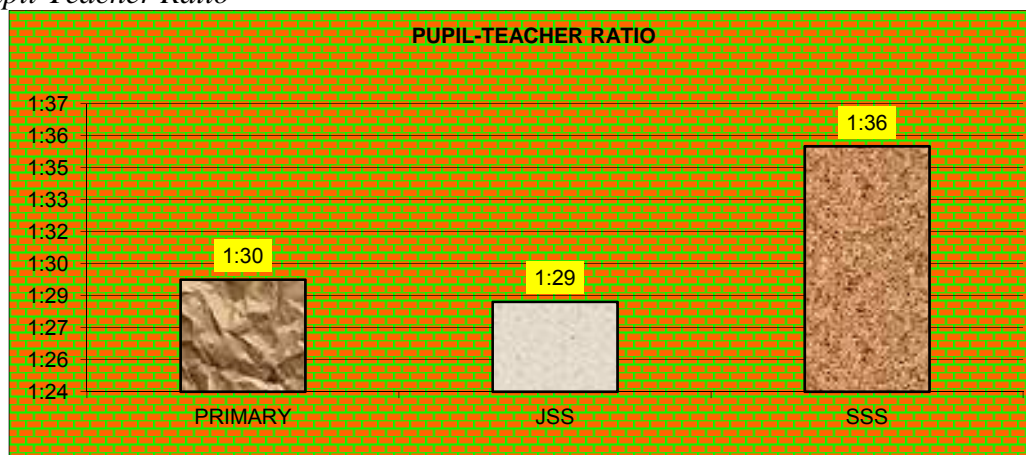
The number of qualified teachers to cater for primary school pupils is 13133, for Junior Secondary Schools students is 9128 and 9021 for Senior Secondary Schools students.

Fig 121: Number of Classrooms



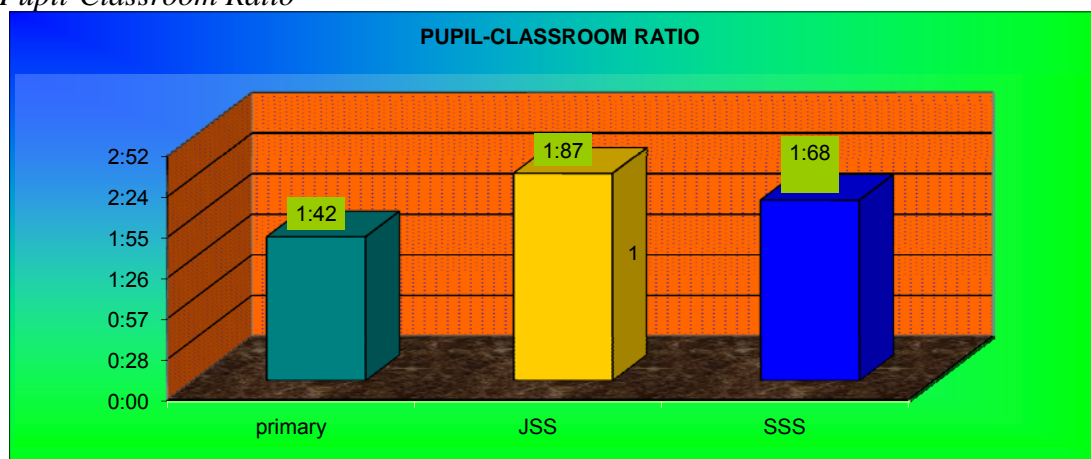
The number of functional classrooms in the State shows that they are 11700 classrooms available for primary pupils, 4074 classrooms available for Junior Secondary School students and 4033 for Senior Secondary Schools.

Fig 122: Pupil-Teacher Ratio



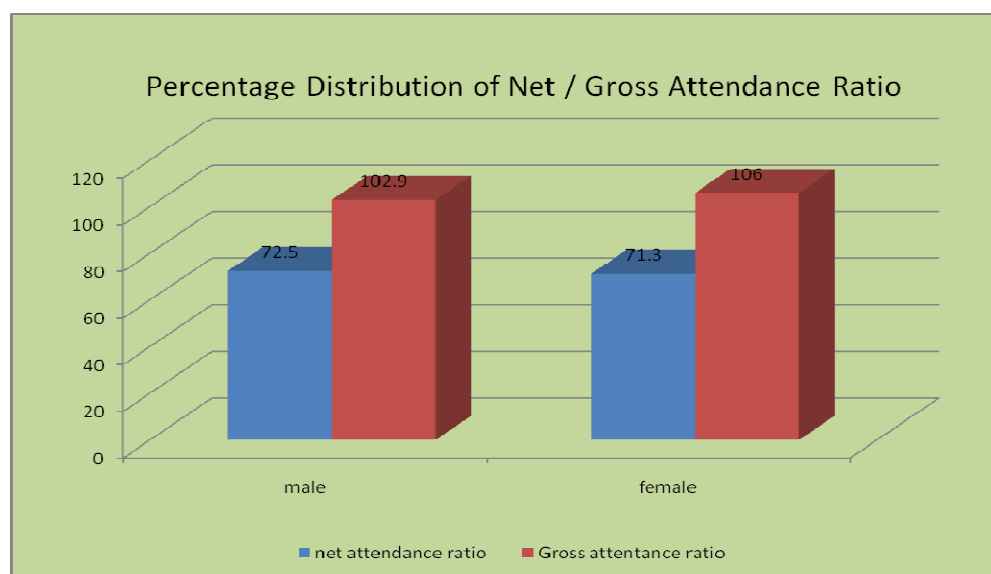
The pupil-teacher ratio shows that average of one teacher is taking care of 30 pupils in primary schools, 29 students in Junior Secondary Schools and 38 students in Senior Secondary Schools in Lagos State.

Fig 123: Pupil-Classroom Ratio



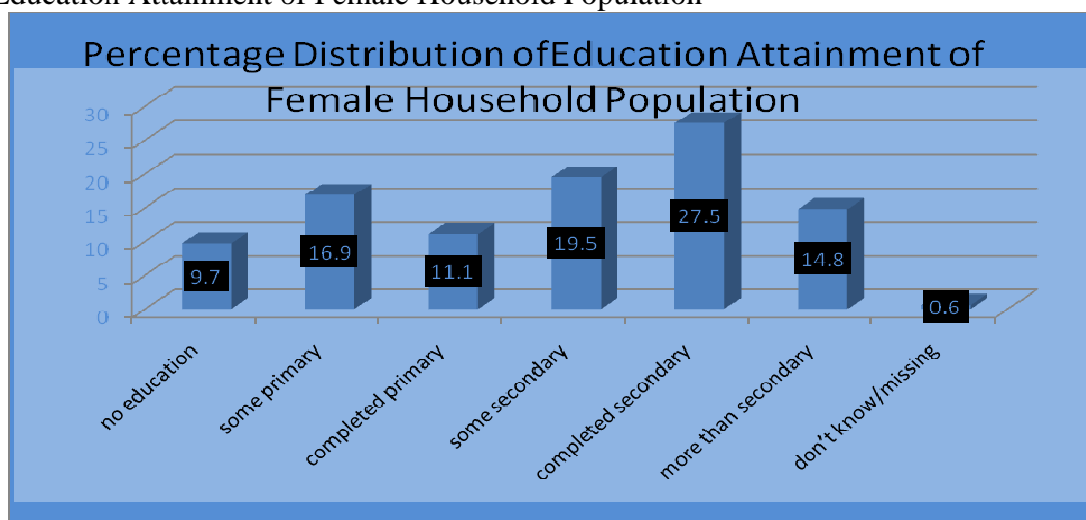
The pupils classroom ratio is 1:42, 1:87 and 1:68 in primary, JSS and SSS respectively

Fig 124: Net/ Gross Attendance Ratio



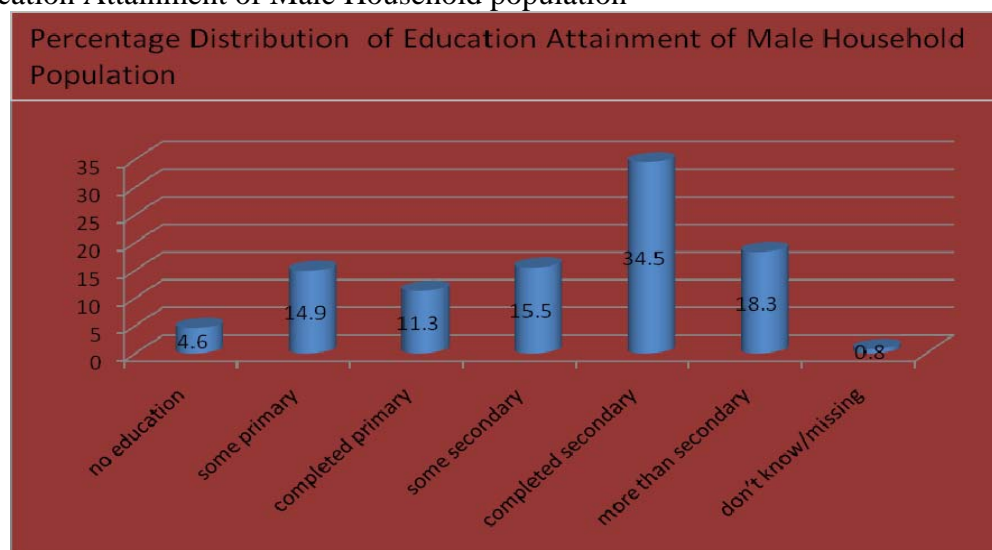
The analysis revealed that the gross enrolment ratio of male to female was 102.9 to 106 while the net enrolment ratio stood at 72.5 to 71.3.

Fig 125: Education Attainment of Female Household Population



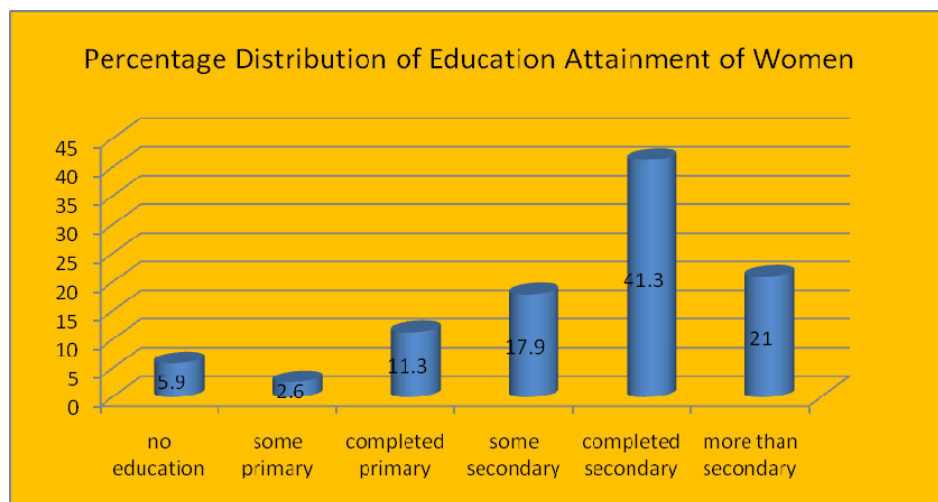
The analysis revealed that the education attainment of female household population was made of 27.5% completed secondary school, 14.8 more than secondary school and 19.5 some secondary while 16.9% accounted for female household that had some primary school and 11.1% completed primary school. The finding showed that 9.7% of female household had no education.

Fig 126: Education Attainment of Male Household population



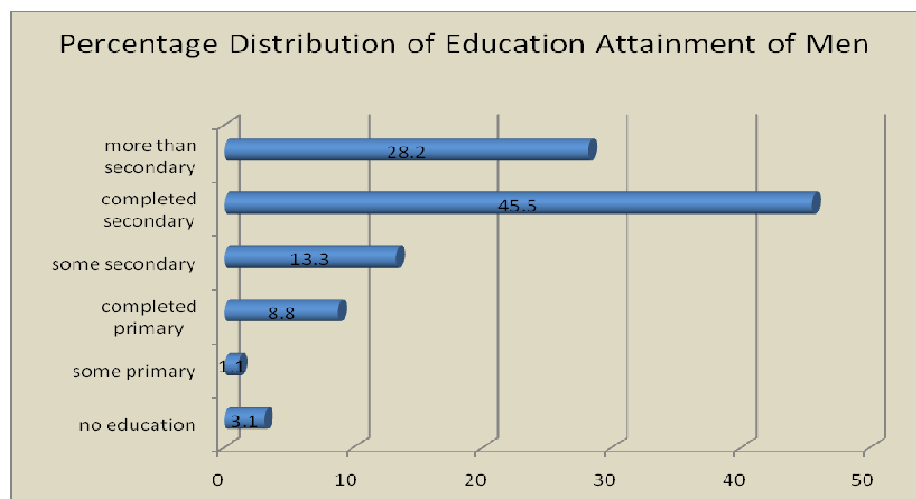
The finding shows that 34.5% of the male population completed their secondary education while 18.3% and 15.5% had more than secondary and some secondary education respectively. The analysis further revealed that 11.3% and 14.9% of the male household completed their primary education and some primary education respectively while 4.6% of them had no education.

Fig 127: Education Attainment of Women



The education attainment of women also revealed that 41.3% of them completed secondary school while 17.9% some secondary school and 21% had more than secondary school education. The findings also indicated that 11.3% and 2.6% of them had completed primary school and some primary school respectively. The analysis also revealed that 5.9% of women had no education.

Fig 128: Education Attainment of Men



45.5% of men had completed secondary school and 28.2%, 13.3% had more than secondary school and some secondary respectively. The study also indicated that 8.8%, 1.1% and 3.1% had completed primary, some primary and no education respectively.

LITERACY LEVEL

The ability to read and write in any language/specific language is a worldwide indicator for measuring human development. When the indicator is tailored after people aged 15 years and above it is referred to as adult literacy. The Lagos State Literacy Rate in any language stood at 89% (House Hold Survey 2010) while literacy in English stood at 84.7% thus reflecting a high level of literacy among the inhabitants of the state.

Fig 129: Literacy Status (Age 6 & above)

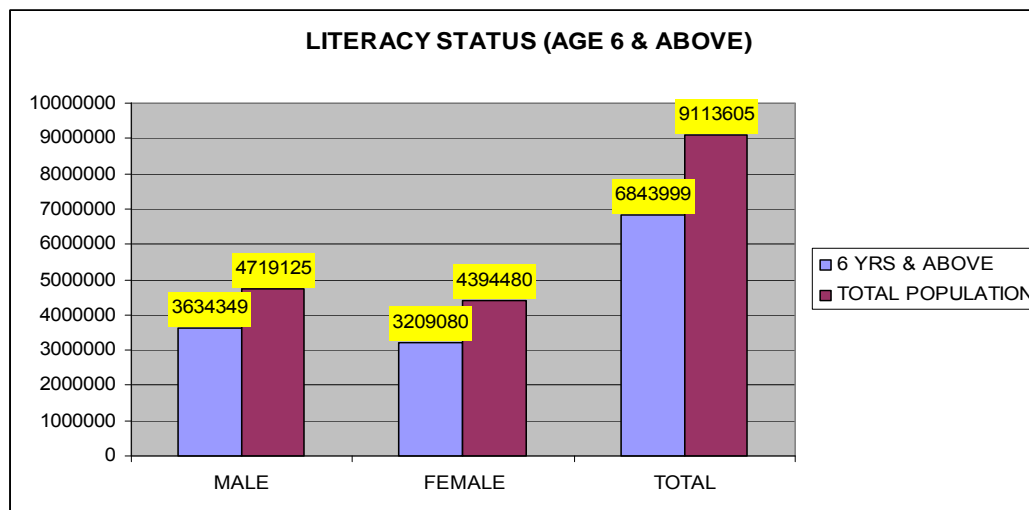
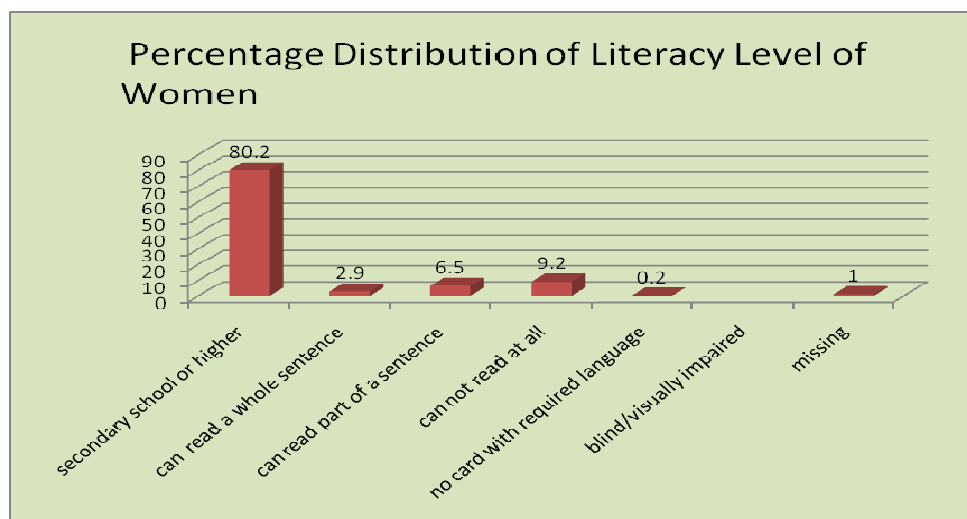
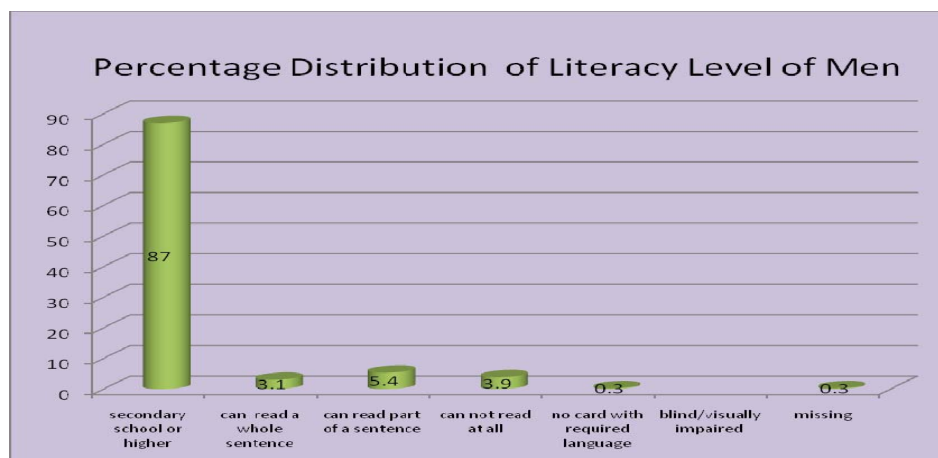


Fig 130: Literacy Level of Women



The study revealed that 80.2% of women had completed secondary and higher education. The finding also shows that 2.9%, 6.5%, 9.2% of the women can read a whole sentence, can read part of a sentence and cannot read at all respectively.

Fig 131: Literacy Level of Men

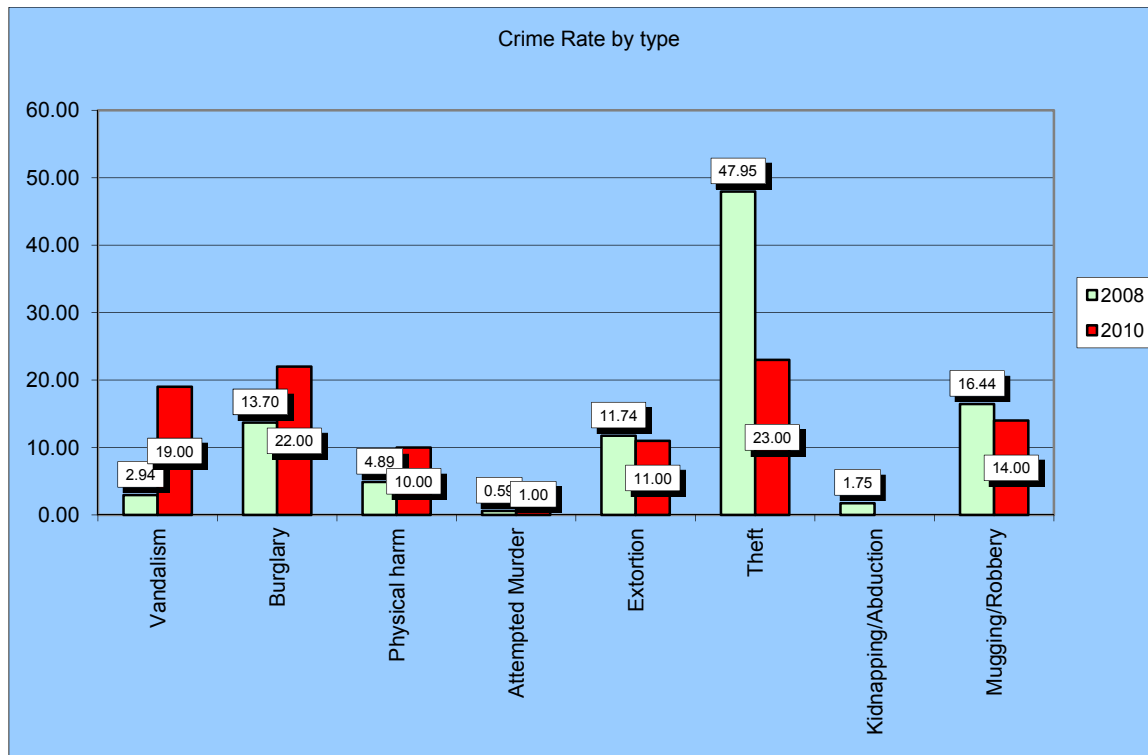


The finding shows that 87% of men had completed secondary school, 3.1% of them can read whole sentence and 5.4% can read part of a sentence while 3.9% cannot read at all.

CHAPTER 13 CRIME AND SAFETY

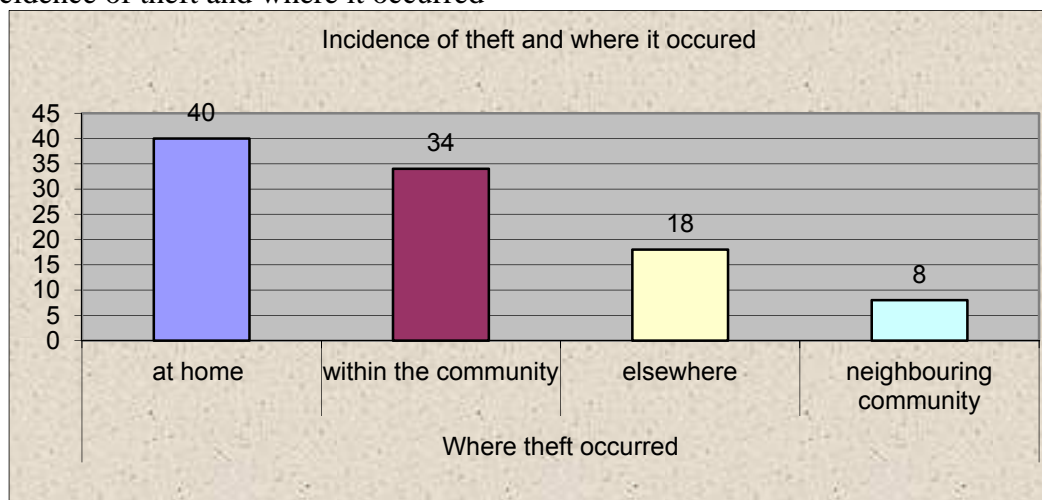
Crime and criminal activities remain a global problem desiring an effective and mitigation plan to curb this menace at individual community and government levels. Thus household crime experiences were examined (Household survey 2005, 2008 & 2010).

Fig 132: Crime Rate in Lagos State



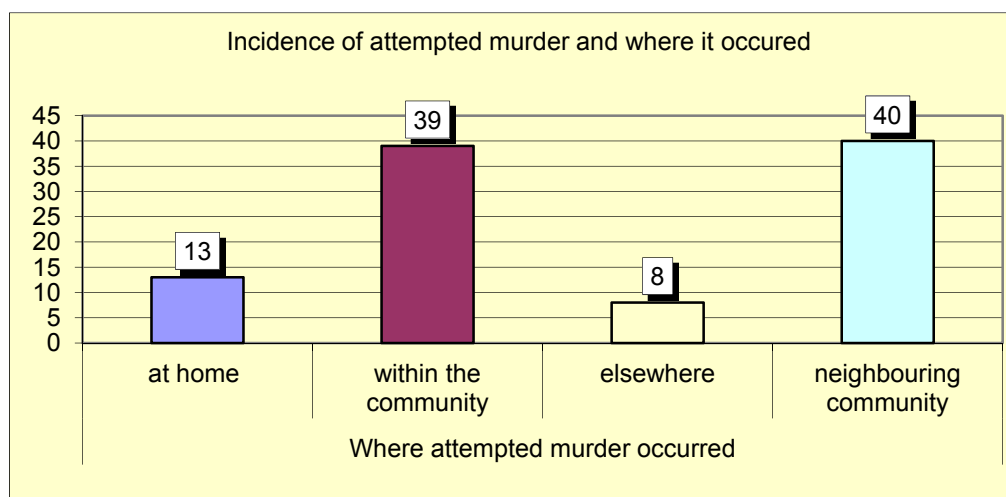
Taking critical look at different types of crime people experienced in the state, such as vandalism, burglary and physical harm, percentages of household population in the state which stood at 2.94%, 13.7% and 4.89% respectively in 2008 rose in 2010 to 19%, 22%, and 10% respectively. However, proportion of household population that experienced theft and mugging/robbery fell in 2010.

Fig 133: Incidence of theft and where it occurred



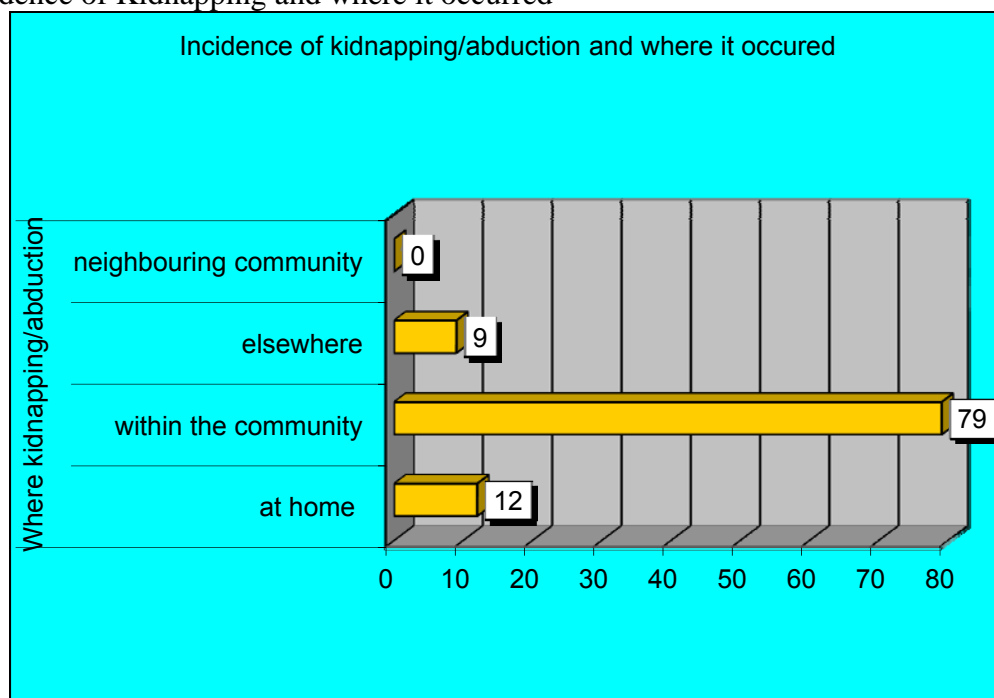
From the 2010 of Lagos household survey, household members reported that theft occurred mostly at home (40%), (34%) within the community while only 8% reported that theft occurred at neighbouring communities.

Fig 134: Incidence of attempted murder and where it occurred



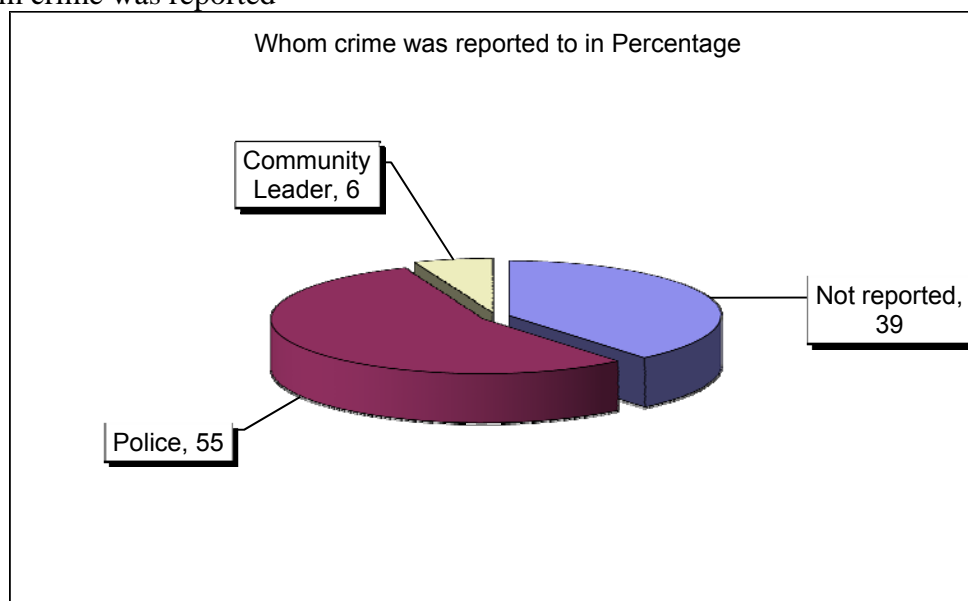
Attempted of murder happened mostly at neighbouring communities having reported by 40% of the household members, followed by within the community, with only 13% of them reported it occurred at home while 8% said elsewhere.

Fig 135: Incidence of Kidnapping and where it occurred



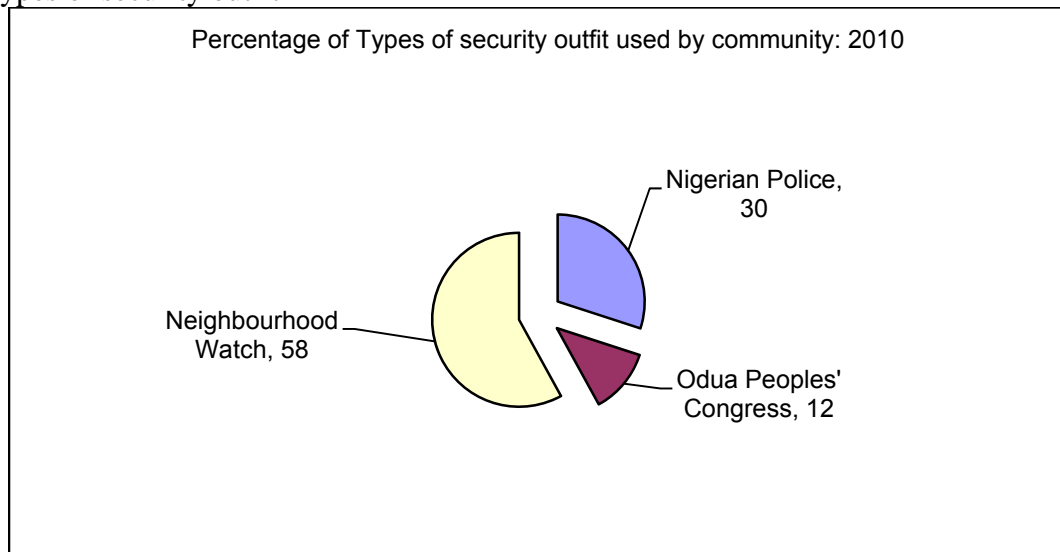
Kidnapping/abduction incidence occurred within the community as reported by 79% of household members, 12% reported at home, 9% reported kidnapping/abduction occurred elsewhere and no incidence of the crime was reported at neighbouring community.

Fig 136: Whom crime was reported



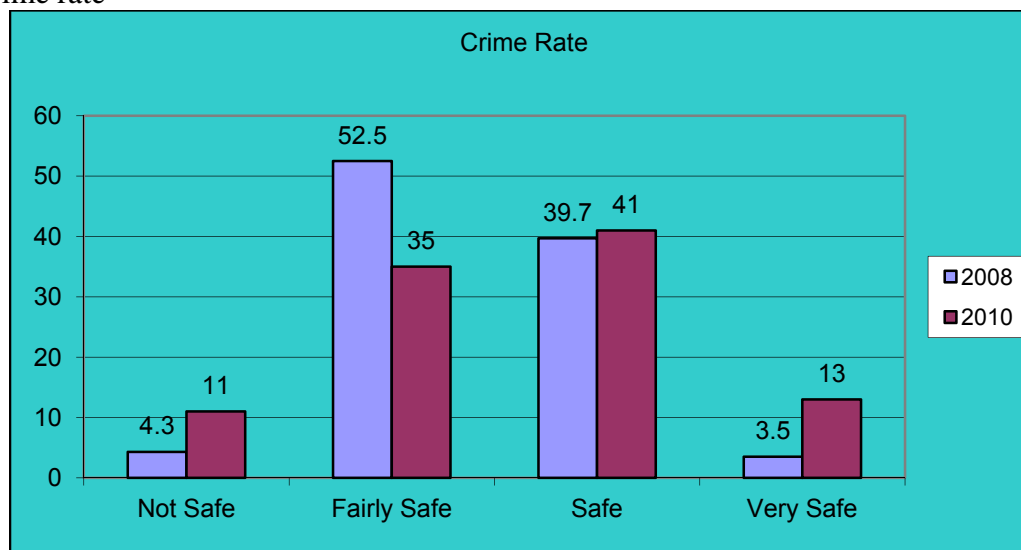
The result of Lagos household survey indicates that crimes occurrence was reported mostly to Nigerian Police Force as reported by 55% of household members', only 6% reported to community leaders and 39% claimed that they didn't report to anybody.

Fig 137: Types of security outfit



On the types of security outfit used by community in the State, the survey reported that slightly less than two in three household members claimed that they used neighbourhood watch, one in three reported they used Nigerian Police and a little above one in every ten household members' used Odua peoples' Congress (OPC).

Fig 138 : Crime rate



Situational reports on crime, according to members of households, were also examined. It was reported that the crime rate in Lagos State fell in 2010 compared to 2008, the state was indicated as **very safe** by 13% of respondents in 2010 against 3.5% of them in 2008. Similarly 41% of respondents in 2010 also adjudged the State as safe from crime in 2010 as against 39.7% of them in 2008 thus implying that Lagosian are more secured in 2010 than 2008.

POSTAL SERVICES

Movement of goods and documents from one place to the other within a defined geographical entity is essential part of communication services. It is often undertaken by government and private organization/individual under the enabling law and regulation as specified by the concerned geographical. However, Postal Services in Nigeria is under the auspices of Ministry of Communication ,A subsidiary of the Ministry, NIPOST, is saddled with the responsibility of providing Post Office Boxes and Private Mail Bags to the teeming individuals and corporate bodies in Nigeria. In the same vein, the State Postal Services revealed that 123,229 (P.O. Boxes) and 2,682 (P.M.Bs.) is currently owned by individual/corporate body in Lagos State.

FOREIGN TRADE

Foreign trade is trans-national and international in nature. It reflects the volume of movement of goods and services from one country to another in form of imports and exports through sea, land and airports as applicable. Nigeria Foreign Trade Summary 2008 showed that 91.21% of all the Foreign Trade by Ports was contributed by the Ports domiciled in Lagos State Namely: Tin can Island.

TABLES

HOUSEHOLD POPULATION AND HOUSING CHARACTERISTICS

Table 1: Percentage Distribution of Educational Attainment of female household population						
No education	Some Primary	Completed Primary	Some Secondary	Completed Secondary	More than Secondary	Don't Know/Missing
9.7	16.9	11.1	19.5	27.5	14.8	0.6

Table 2: Percentage Distribution of Educational attainment of male household population						
No education	Some Primary	Completed Primary	Some Secondary	Completed Secondary	More than Secondary	Don't Know/Missing
4.6	14.9	11.3	15.5	34.5	18.3	0.8

Table 3: Percentage Distribution of Net/Gross Attendance Ratio		
Attendance	Male	Female
Net attendance ratio	72.5	71.3
Gross attendance ratio	102.9	106

Table 4: Percentage Distribution of households' Source of water and Appropriate Method of Treatment		
improved source of water	non improved source of water	usage of appropriate treatment method
67.7	9.4	18.2

Table 5: Percentage Distribution of households' Quality of Sanitation Facilities(toilet/latrine)	
Improved Sanitation Facilities	Non Improved Sanitation Facilities
25.3	74.7

Table 6: Percentage Distribution of households Access to Electricity Supply	
Yes	No
91.4	8.1

Table 7: Percentage Distribution of households by Seen Birth Registration and Total Members Registered	
Birth Certificate Seen	Total Registered
65.1	52.8

Table 8: Percentage Distribution of households by Place of Birth Registration				
National Population Commission	Local Government Administration	Private Clinic/Hospital	Other	Missing
56.2	11.5	21.4	9.4	1.6

Table 9: Percentage Distribution of households Exposure to Mass Media by Men				
Reads A Newspaper At Least Once A Week	Watches Television At Least Once A Week	Listens To Radio At Least Once A Week	All Three Media At Least Once A Week	No Media At Least Once A Week
64.5	88.3	91.6	57.7	1.9

Table 10: Percentage Distribution of households Exposure to Mass Media by Women				
Reads A Newspaper At Least Once A Week	Watches Television At Least Once A Week	Listens To Radio At Least Once A Week	All Three Media At Least Once A Week	No Media At Least Once A Week
28.7	86.1	77.6	26.2	7.1

Table 11: Percentage Distribution of households Employment Status (Women)		
Currently Employed	Not Currently Employed	Not Employed In The 12 Months Preceding The Survey
66.7	0.7	32.6

Table 11: Percentage Distribution of households Employment Status (Men)		
Not Employed In The 12 Months Preceding The Survey	Not Employed In The 12 Months Preceding The Survey	not employed in the 12 months preceding the survey
81.4	1.1	17.5

Table 12: Percentage Distribution of Households by Occupation Status (Women)						
Professional/Technical/Managerial	Clerical	Sales And Services	Skilled Manual	Unskilled Manual	Agriculture	Missing
12.9	8.4	60.4	14.9	0.7	1.5	1.1

Table 13: Percentage Distribution of households by Occupation Status (Men)						
Professional/Technical/Managerial	Clerical	Sales And Services	Skilled Manual	Unskilled Manual	Agriculture	Missing
18.3	3.4	39.6	32.8	0.9	3.8	1.1

Table 14: Percentage Distribution of households Type of Earning by Women				
Cash Only	Cash And In-Kind	In Kind Only	Not Paid	Missing
93.5	2.1	2.1	1.8	0.5

Table 15: Percentage Distribution of households Type of Earning by Men				
cash only	cash and in-kind	in kind only	not paid	missing
85.5	8.1	2.3	4	0.2

Table 16: Percentage Distribution of households Type of Employer by Women			
Employed By Family Member	Employed By Non - Family Members	Self Employed	Missing
2.5	31.1	66.2	0.2

Table 17: Percentage Distribution Of Households Type Of Employer By Men		
Employed By Family Member	Employed By Non - Family Members	Self Employed
0.8	53	46.3

Table 18: Percentage Distribution Of Households Continuity Of Employment By Women			
All Year	Seasonal	Occasional	Missing
93.5	4.7	1.4	0.3

Table 19: Percentage Distribution of households Continuity of Employment by Men		
all year	seasonal	occasional
90.3	7.7	2.1

Table 20: Percentage Distribution of households Knowledge and Attitude concerning Tuberculosis by Women			
Heard Of TB	Report That TB Is Spread Through The Air By Coughing	Believe That TB Can Be Cured	Keep Of Family Member TB Kept Secret
82.6	67.4	78.4	33.5

Table 21: Percentage Distribution of households Knowledge and Attitude concerning Tuberculosis by Men			
heard of TB	report that TB is spread through the air by coughing	believe that TB can be cured	keep of family member TB kept secret
89.2	71.1	87.1	11.1

FAMILY PLANNING

Fertility Level of Women		
total fertility rate	women age 15 -49 currently pregnant	children ever born to women age 40 - 49
4	7.7	4.3

Birth Interval					
7-17	18 - 23	24 - 35	36 - 47	48 - 59	60+
5.8	12.1	35.9	21.6	9.3	15.2

Age at First Birth among Women				
30 - 34	35 - 39	40 - 49	45 - 49	25 - 49
25.6	23.6	23.3	21.2	24.3

Teenage Pregnancy and Motherhood		
live birth	pregnant with first child	begun children bearing
4	1.4	5.3

Percentage of household population using both improved drinking water sources and sanitary means of excreta disposal

Percentage of household population using improved sources of drinking water*	75.6
Percentage of household population using sanitary means of excreta disposal**	84.8
Percentage of household population using improved sources of drinking water and using sanitary means of excreta disposal	66.5

FAMILY PLANNING

Knowledge Of Contraceptive Methods By Women And Men			
Women		Men	
Heard Of Any Method	Heard Of Any Modern Method	Heard Of Any Method	Heard Of Any Modern Method
98.8	97.9	99.3	99

Knowledge Of Modern And Traditional Method Of Contraceptive														
Modern Method										Traditional Method				
Any Method	Any Modern Method	Female Sterilization	Pill	Lud	Injectables	Implants	Male Condom	Female Condom	Lam	Any Traditional Method	Rhythm	Withdrawal	Folk Method	Not Currently Using
49.6	27.5	0.4	6.5	3.5	2.5		8.3		6.3	22.1	7	10.8	4.3	50.4

Exposure To Family Planning Messages									
Women					Men				
Radio	Television	Newspaper/Magazine	Other	None Of These Media Sources	Radio	Television	Newspaper/Magazine	Other	None Of These Media Sources
68.6	68.3	25.1	64.5	17.6	62.9	59.4	39.3	34.2	24.7

Discussion Of Family Planning Among Women Age 15 - 49			
Women Visited For Discussion Of Family Planning	Discuss Family Planning	Did Not Discuss Family Planning	Neither Discuss Family Planning With Field Worker Nor At Health Facility
4.9	13.3	21.8	84.3

Husband/Partner's Knowledge Of Women Age 15 - 49 Use Of Contraception		
Know	Does Not Know	Unsure Whether Knows/Missing
87.7	6.9	5.4

OTHER PROXIMATE DETERMINANTS OF FERTILITY

Distribution of Married Women Age 15 - 49 by number of C0-Wives			
0	1	2+	missing
86.8	9.5	3.1	0.5

Current Married Men Age 15 - 49 by Number of Wives		
1	2+	missing
95.6	4.1	0.3

Recent Sexual Activity by Women			
within past 4 weeks	within 1 year	one or more years	missing
51.8	22	6.4	0.7

Recent Sexual Activity by Men			
within past 4 weeks	within 1 year	one or more years	missing
46.9	27.6	7.8	0.5

MATERNAL HEALTH AND OBSTETRIC FISTULA

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

Provider	%
Doctor	65.5
Nurse/midwife	21.3
Auxiliary nurse/midwife	0.8
Community health worker	0.2
Traditional birth attendant	8
Other	1.6
No one	1.8
Missing	0.8

Percentage distribution among women age 15-49 with a live birth in the five years preceding the survey who took iron tablets or syrup and drugs for intestinal parasites during the pregnancy for the most recent birth

Type of medication	%
Took iron tablets or syrup	92.5
Took intestinal parasite drugs	7.5

Percentage distribution among women age 15-49 who received antenatal care for their most recent birth in the past five years

Selected service	%
Informed of signs of pregnancy complications	81.9
Weighed	93.2
Blood pressure measured	93.2
Urine sample taken	84.7
Blood sample taken	85

Percentage distribution among women age 15-49 with a live birth in the five years preceding the survey who received tetanus toxoid injections

Received two or more injections during last pregnancy	80.8
Whose last birth was protected against neonatal tetanus	83

Percent distribution of live births in the five years preceding the survey by place of delivery and percentage delivered in health facility

Place of delivery	%
Public sector	20.5
Private sector	56.4
Health facility	76.9
Home	9.1
Other	12.7
Missing	1.3

Percent distribution of live births in the five years preceding the survey by person providing assistance during delivery and percentage delivered by caesarean section

Person providing assistance during delivery	%
Doctor	49.7
Nurse/midwife	31
Auxiliary nurse/midwife	2.1
Delivered by a skilled provider	82.8
Traditional birth attendant	10.4
Relative/other	3.5
No one	2
Don't know/missing	1.3
delivered by caesarean section	5.2

Percent distribution of women age 15-49 with a birth in the last five years preceding the survey by timing of mother's first postnatal check-up (for the last live birth)

Timing of first postnatal check-up (time since delivery)	%
Less than 4 hours	66
4-23 hours	8.5
2 days	5.1
3-41 days	7.9
Don't know/missing	3
No postnatal check-up	9.5

Percent distribution of women age 15-49 with a birth in the five years preceding the survey by provider of mother's postnatal check-up (for the last live birth)

Provider of mother's first postnatal check-up	%
Doctor/nurse/midwife	83.6
Auxiliary nurse/midwife	1.6
Community health provider	0
Traditional birth attendant	4.3
Other	0.2
Don't Know/missing	0.8
No postnatal check-up	9.5

Percent distribution of problems in accessing health care facing women age 15-49 when they are sick

Problems in accessing health care	%
Getting permission to go for treatment	2.1
Getting money for treatment	39.7
Distance to health facility	23.7
Having to take transport	19.7
Not wanting to go alone	9.1
Concerned no female provider available	13.5
Concerned no provider available	18.9
Concerned no drugs available	24.3
At least one problem accessing health care	57.3

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card seen.

Type of vaccine	%
BCG	84.6
DPT 1	86.1
DPT 2	83.2
DPT 3	73.6
POLIO 0	75.1
POLIO 1	83.1
POLIO 2	77.2
POLIO 3	60.9
Measles	69.2
All basic vaccinations	52.8
No vaccinations	11.7
With a vaccination card seen	52.8

Percentage of children age 12-59 months who received specific vaccines through a national immunization da campaign at any time before the survey (accordind to a vaccination card or the mother's report

National immunisation campaigns and vaccines received	%
Polio 2006 (NIDs/Feb-Mar)	20.3
Measles 2005 and 2006 (SIA/Dec 2005,Oct 2006)	17
All 2006 (IPDs/May-Jul)	26.9
All 2007 (IPDs/Jan,SIPDs/Mar-Sep)	52.8
All (IPDs/Jan-Feb,SIPDs/Apr)	55.1

Percentage of children age 12-59 months who are 25-49 unweighted who did not receive any vaccinationa at any time before the survey, by mother's reason for child not receiving any viccinations

Main reasons child has not received any vaccinations	%
Lack of information	21.9
Fear of side effects	10.9
Fear child may get diasea	2.2
Vaccies do not work	4.3
Religious reasons	2.2
Post too far	17.1
Child was absent	0
Other	17.5

Percent distribution of children age 12-59 months by wether child received any polio and mother's reason for child not being immunised against polio

Children age 12-59 months by receipt of polio vaccine

Received polio vaccine	90.6
Did not receive any polio vaccine	9.4
Don't know/missing	0
Mother's reasons for child not receiving polio vaccine	
Lack of information	28.1
Fear of side effects	10
Fear child may get diasea	0
Vaccies do not work	1.9
Religious reasons	0
Post too far	13.8
Child was absent	2
Other	20.1

Percentage of children under age five who had a fever in the two weeks preceding the survey and whom treatment was sought from a health facility or provider

Children under age five	%
Who had fever	7.4
Whom advice or treatment was sought from a health facility or provider	57.7
Who took anti-malaria drugs	57.8
Who took antibiotic	30.8

Percentage of children under age five who had diarrhoea in the two weeks preceding the survey

Children under five with diarrhoea in the two weeks preceding the survey	
All	6.1
Diarrhoea with blood	0.3
Percentage of women age 15-49	
with a birth in the five years preceding the survey who know about ORS packets or ORS prepackaged liquid for treatment of diarrhoea	83.2

Percent distribution of youngest children under age five living with the mother by the manner of disposal of the child's last faecal matter

Manner of disposal of children's stools	%
Child used toilet or latrine	6.6
Put/rinsed into toilet or latrine	63.3
Buried	1
Put/rinsed into drain or ditch	5.2
Thrown into garbage	16.3
Uncontained	3.5
Other	0.4
Missing	3.6
Whose stools are disposed of safely	70.9

NUTRITION OF CHILDREN AND ADULTS

Percentage of children under five years considered malnourished according to three anthropometric indices nutritional status: height-for-age, weight-for-height, and weight-for-age

Height-for-age	
below-3 SD	7.8
below-2 SD	21
Mean Z-score (SD)	-0.6
Weight-for-Height	
below-3 SD	4.1
below-2 SD	9.8
above+2 SD	9.3
Mean Z-score (SD)	-0.1
Weight-for-age	
below-3 SD	1.8
below-2 SD	10.1
above+2 SD	3.9
Mean Z-score (SD)	-0.4

Percentage ever breastfed among children born in the five years preceding the survey and for last-born children ever breastfed

Breastfeeding among children born in past five years	
ever breastfed	96.2
Among last-born children ever breastfed	
who started breastfeeding within 1 hour of birth	21.9
who started breastfeeding within 1 day of birth	63.9
who received a prelacteal feed	37.1

Median duration of any breastfeeding, exclusive, predominant breastfeeding among children born in the three years preceding the survey and percent distribution of frequency of breastfeeding among children under six-months
Median duration (9 months) of breastfeeding among children born in the past three years

Any breastfeeding	14.4
Predominant breastfeeding	3.6
Frequency of breastfeeding among children under six-months	
breastfed 6+ times in past 24 hours	100
mean number of day feeds	9.7
mean number of night feeds	5.3

Percentage of youngest children age (6-23) months living with their mother who are fed to three Infant and young child feeding(IYCF) practices based on breastfeeding status

Among breastfed children age 6-23 months

3+ food groups	53
minimum times or more	43.5
both 3+ food groups and minimum times or more	33
Among non-breastfed children age 6-23 months	
milk or milk products	68.1
4+ food groups	69.1
4+ times or more	40.4
with 3 IYCF practices	24.4
Among all children 6-23 months	
breast milk or milk products	85.6
3+ or 4+ food groups	60.3
minimum times or more	42.1
with all 3 IYCF practices	29.1

Percent distribution of micronutrient intake among children age 6-35 months and 6-59 months

Youngest children age 6-35 months living with the mother	
who consumed foods rich in vitamin A in past 24 hours	78.7
who consumed foods rich in iron in past 24 hours	77
All children age 6-59 months	
took vitamin A supplements in past 6 months	51.2
took iron supplements in past 7 days	55.9
took deworming medication in past 6 months	62.1
Children age 6-59 months in households tested for iodised salt	
with adequately iodised salt	42.4

Percent distribution by level of iodine content of salt	
All households	
with salt tested	94.4
with no salt	5.6
Level of iodine content of salt among households with salt tested	
none (0 ppm)	3.3
inadequate (1-14 ppm)	55.1
adequate (15+ ppm)	41.7

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

Height	
below 145 cm	1.1
Body mass index	
mean body mass index (BMI)	24.6
normal (18.5-24.9)	55
Thin	
<18.5(total thin)	6.3
17.0-18.4(mildly thin)	4
<17 (moderately or severely thin)	2.2
Overweight/obese	
≥25 (total overweight or obese)	38.7
25-29.9(overweight)	26.3
≥30 (obese)	12.4

Percent distribution of foods consumed in a day and night preceding the survey by mothers age 15-49 with a child under age three years living with them

Liquids	
Milk	46.3
tea/coffee	48.7
Solid or semi-solid foods	
foods made from grains	69.8
foods made from roots/tubers	22.2
foods from legumes	38.8
meat/fish/shellfish/poultry/eggs	91.4
cheese/yogurt	7.2
vitamin A-rich fruits/vegetables	51
other fruits/vegetables	37
Foods made with oil/fat/butter	54.2
Sugary foods	17.3

Percent distribution of micronutrient intake among women age 15-49 with a child under three years living with them			
Among women with a child under three years living with her	consumed vitamin A-rich foods		91.7
	consumed iron-rich foods		91.4
women with a child in the past five years	who received vitamin A dose post-partum		74.3
	who had night blindness during pregnancy for last birth	Reported	2.2
		Adjusted	0.2
	number of days women took iron tablets or syrup during pregnancy for last birth	None	6.9
		<60	1.4
		60-89	2.8
		90+	85
		don't know/missing	4
	who took deworming medication during pregnancy for last birth		7.5
women with a child born in the past five years in households that were tested for iodised salt	with adequately iodised salt in the household		42.1

MALARIA

Percentage Distribution of households with at least one and with one mosquito net (treated or untreated), ever-treated mosquito net, and Insecticide Net (INT) and the average number of nets per household

Any type of mosquito net	
with at least one	14.7
with more than one	4.9
average number of nets per household	0.2
Ever-treated mosquito net	
with at least one	13.4
with more than one	4.2
average number of ever-treated nets per household	0.2
Insecticide-treated mosquito nets (ITNs)	
with at least one	9.3
with more than one	2.2
average number of ITNs per household	0.1

Percent distribution use of mosquito nets by children under five years on the night preceding the survey	
Among children under five in all households	
slept under any net	9.9
slept under an ever-treated net	9.4
slept under an INT	6.5
Among children under five in households with ITN	
who slept under an ITN past night	43

Percent distribution of use of mosquito nets by all women age 15-49 in all households	
Among women age 15-49 in all households	
slept under any net	5.4
slept under an ever-treated net	5.1
slept under an INT	3
Women age 15-49 in households with an ITN	
who slept under an ITN the past night	27

Percent distribution of use of mosquito nets by pregnant women age 15-49 in all households

Among pregnant women age 15-49 in all households	
slept under any net	6.2
slept under an ever-treated net	6.2
slept under an INT	2.1

Percent distribution of prophylactic use antimalaria drugs women age 15-49 with live birth in the two years preceding the survey

Who received any antimalarial drug	21.1
SP/Fansidar/Amalar/Maloxine	
who received any SP/Fansidar/Amalar/Maloxine	14.2
who received 2+ doses	6.8
Intermittent Preventive Treatment	
who received any SP/Fansidar/Amalar/Maloxine during an ANC visit	9.4
who received 2+ doses, at least one during an ANC visit	5.5

PERCENTAGE DISTRIBUTION OF HOUSEHOLDS' TYPE AND TIMING OF ANTI-MALARIA DRUGS		
	% OF CHILDREN WHO RECEIVED SPECIFIC ANTI-MALARIA DRUGS	% OF CHILDREN WHO RECEIVED DRUGS THE SAME OR NEXT DAY
SP/FASIDAR/AMALAR/MALOXINE	11.5	1.9
CHLOROQUINE	23.1	7.7
AMODIAQUINE	5.8	3.9
QUININE	1.9	0.0
ACT	9.7	3.9
OTHER ANTI- MALARIA	5.8	1.9

HIV AND AIDS-RELATED KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

HIV/AIDS - RELATED KNOWLEDGE	(MEN) %	(WOMEN) %
HAS HEARD	99.7	98

Knowledge Of HIV Prevention Methods.	(Men) %	(Women) %
Using Condoms	65.4	53.7
Limiting To One HIV Negative Partner	77.5	66.1
Using Condoms And Limiting To One HIV Negative Partner	58.1	43.9
Abstaining From Sexual Intercourse	61.5	53.7

Percentage Distribution Of Households That Have Comprehensive Knowledge About HIV And AIDS		
Comprehensive Knowledge About HIV AND AIDS.	(Men) %	(Women) %
A Healthy Looking Person Can Have HIV	92.1	86.6
HIV Cannot Be Transmitted By Mosquito Bite	78.8	78.0
HIV Cannot Be Transmitted By Supernatural Means	2.6	70.0
One Can't Contract HIV By Sharing Food With A Person Who Has HIV	5.8	86.8
A Healthy Looking Person Can Have HIV And Reject The Two Common Local Misconceptions	1.6	56.0
Have Comprehensive Knowledge About HIV And AIDS	8.4	26.9

KNOWLEDGE OF PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV.	(MEN) %	(WOMEN) %
HIV Can Be Transmitted By Breast Feeding	60.0	72.3
Risk Of MTCT Can Be Reduced By Mother Taking Drugs During Pregnancy	46.3	48.2
HIV Can Be Transmitted By Breast Feeding And Risk Of MTCT Can Be Reduced By Taking Drugs	36.5	45.2

ACCEPTING ANTIDOTE TOWARDS PERSON LIVING WITH THE HIV/AIDS.	(MEN) %	(WOMEN) %
ARE WILLING TO CARE FOR A FAMILY MEMBER WITH HIV IN THE RESPONDENTS HOME.	84.3	79.2
WOULD BUY FRESH VEGETABLE FROM SHOP KEEPER WHO HAS HIV	57.7	52.9
A FEMALE TEACHER WITH HIV WHO IS NOT SICK SHOULD BE ALLOWED TO TEACH	63.8	59.5
WOULD NOT WANT TO KEEP SECRET THAT A FAMILY MEMBER HAS HIV	66.1	45.2
EXPRESS ACCEPTANCE ALTITUTDE ON ALL FOUR INDICATORS	31.0	17.5

ALTITUDE TOWARDS NEGOTIATING SAFER SEXUAL RELATIONS WITH HUSBANDS.	(MEN) %	(WOMEN) %
REFUSING TO HAVE SEXUAL INTERCOURSE WITH HUSBAND	78.9	89.6
ASKING THAT THEY USE A CONDOM	84.8	85.2
REFUSING SEXUAL INTERCOURSE OR ASKING THAT THEY USE A CONDOM	96.4	95.7

ADULT SUPPORT OF EDUCATION ABOUT CONDOM USE TO PREVENT TRANSMISSION OF HIV	(MEN) %	(WOMEN) %
THOSE WHO AGREE	55.0	38.1

MULTIPLE SEXUAL PARTNERS AND HIGHER RISK SEXUAL INTERCOURSE IN THE PAST 12 MONTHS	ALL WOMEN (%)	WOMEN WHO HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS (%)	THOSE WHO USED A CONDOM AT LAST SEXUAL INTERCOURSE WITH THE PERSON
THOSE WHO HAD 2+ PARTNERS IN THE PAST 12 MONTHS	1.1	1.5	0.0
THOSE WHO HAD HIGHER RISK SEXUAL INTERCOURSE IN THE PAST 12 MONTHS	15.6	21.1	50.3

MULTIPLE SEXUAL PARTNER	(MEN) %	(WOMEN) %
MEAN NUMBER OF SEXUAL PARTNER IN LIFETIME	2.0	2.0
MEN/WOMEN WHO USED CONDOM AT LAST SEXUAL INTERCOURSE	75.4	50.3
MEN/WOMEN WHO HAD 2 PARTNERS IN THE PAST 12 MONTHS	14.1	1.1
MEN WHO HAD HIGHER RISK SEXUAL INTERCOURSE IN THE PAST 12 MONTHS	35.9	15.6
MEN WHO HAD 2+ PARTNERS IN THEIR LAST 12 MONTHS BUT USED CONDOM DURING INTERCOURSE	18.9	1.5

PAYMENT FOR SEXUAL INTERCOURSE	%
MEN WHO PAID FOR SEXUAL INTERCOURSE	1.4
MEN WHO USED CONDOM AND PAID FOR SEXUAL INTERCOURSE	NIL

COVERAGE OF PRIOR HIV TESTING	(MEN) %	(WOMEN) %
KNOWLEDGE OF PLACE OF HIV TEST	79.9	79.0
EVER TESTED AND RECEIVED RESULT	28.5	36.5
EVER TESTED AND DID NOT RECEIVE RESULT	3.0	2.9
NEVER TESTED	68.6	60.6
EVER TESTED	31.4	39.4
RECEIVED RESULT IN THE PAST 12 MONTHS	12.3	15.4

PREGNANT WOMEN COUNSELLED AND TESTED FOR HIV AIDS	%
PREGNANT WOMEN WHO RECEIVED HIV COUNSELLING DURING ANC	69.1
WHO OFFERD AND ACCEPTED HIV TEST DURING ANC AND RECEIVED RESULT	61.1
NOT RECEIVED RESULT	5.2
COUNSELLED OFFERED AND TESTED AND RECEIVED RESULT	57.3

PREMARITAL SEXUAL INTERCOURSE/CONDOM USE DURING AMONG NEVER MARRIED OF AGE 15-24	(MEN) %	(WOMEN) %
WHO HAVE NEVER HAD SEXUAL INTERCOURSE	53.9	60.8
WHO HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS	39.5	35.3
WHO USED CONDOM AT LAST SEXUAL INTERCOURSE	68.2	58

THOSE WHO HAD HIGHER RISK SEXUAL INTERCOURSE AMONG YOUTHS OF AGE 15-24	(MEN) %	(WOMEN) %
WHO HAD HIGHER RISK INTERCOURSE	98.6	65.4
WHO REPORTED A CONDOM AT LAST HIGHER RISK SEXUAL INTERCOURSE	67.3	57.1

AGE- MONEY IN SEXUAL RELATIONSHIP AMONG WOMEN AGE 15-19	%
THOSE WHO HAD HIGHER RISK SEXUAL INTERCOURSE WITH A MAN 10+ YEARS OLDER	9.6

DRUNKNESS DURING SEXUAL INTERCOURSE AMONG YOUTH AGE 15-24	(MEN) %	(WOMEN) %
THOSE WHO HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS WHILE DRUNK	1.1	0
THOSE WHO HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS WHILE DRUNK OR WITH A PARTNER WHO HAS DRUNK	1.1	1.2

	%
MALE CIRCUMCISION	98.8

SELF REPORTED PREVALENCE STIs AND STIs SYMPTOMS		
	(MEN) %	(WOMEN) %
BAD SMELLING/ABNORMAL GENITAL DISCHARGE	1.5	5.8
SEXUALLY TRANSMITTED INFECTIONS (STI)	0.2	2.2
GENITAL SORE/ULCER	2.4	6.6
STI/GENITAL DISCHARGE/SORE/ULCER	1.3	2.4

PREVALENCE OF MEDICAL INJECTION	(MEN) %	(WOMEN) %
% WHO RECEIVED MEDICAL INJECTIONS IN THE PAST 12 MONTHS	37.1	30
AVERAGE NUMBER OF MEDICAL INJECTIONS PER PERSON	2	2
FOR LAST INJECTION, SYRINGE AND NEEDLE TAKEN FROM A NEW UN-OPENED PACKAGE	97.2	94.8

COMPREHENSIVE KNOWLEDGE ABOUT HIV/AIDS AND A SOURCE OF CONDOM AMONG YOUTH	(MEN) %	(WOMEN) %
WITH COMPREHENSIVE KNOWLEDGE OF HIV/AIDS	31.6	23.6
WHO KNOW A CONDOM SOURCE	91.3	80.2

AGE AT FIRST SEXUAL INTERCOURSE AMONG YOUTH	(MEN) %	(WOMEN) %
15-24	4.8	3.1
18-24	21.8	23.1

CONDOM USE AT FIRST SEXUAL INTERCOURSE	(MEN) %	(WOMEN) %
15-24	39.6	31.5

CONDOM USE AT FIRST SEXUAL INTERCOURSE	(MEN) %	(WOMEN) %
15-24	39.6	31.5

PREMARITAL SEXUAL INTERCOURSE/CONDOM USE DURING AMONG NEVER MARRIED OF AGE 15-24	(MEN) %	(WOMEN) %
WHO HAVE NEVER HAD SEXUAL INTERCOURSE	53.9	60.8
WHO HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS	39.5	35.3
WHO USED CONDOM AT LAST SEXUAL INTERCOURSE	68.2	58

THOSE WHO HAD HIGHER RISK SEXUAL INTERCOURSE AMONG YOUTHS OF AGE 15-24	(MEN) %	(WOMEN) %
WHO HAD HIGHER RISK INTERCOURSE	98.6	65.4
WHO REPORTED A CONDOM AT LAST HIGHER RISK SEXUAL INTERCOURSE	67.3	57.1

AGE- MIXING IN SEXUAL RELATIONSHIP AMONG WOMEN AGE 15-19	%
THOSE WHO HAD HIGHER RISK SEXUAL INTERCOURSE WITH A MAN 10+ YEARS OLDER	9.6

DRUNKNESS DURING SEXUAL INTERCOURSE AMONG YOUTH AGE 15-24	(MEN) %	(WOMEN) %
THOSE WHO HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS WHILE DRUNK	1.1	0
THOSE WHO HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS WHILE DRUNK OR WITH A PARTNER WHO HAS DRUNK	1.1	1.2

HIV TESTS AMONG YOUTHS OF AGE 15-24 WHO HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS	(MEN) %	(WOMEN) %
THOSE WHO WERE TESTED FOR HIV IN THE PAST 12 MONTHS AND RECEIVED THE RESULTS	8.1	13.5

WOMEN'S EMPOWERMENT AND HEALTH OUTCOMES

PERSON WHO DECIDES HOW WIFE'S CASH EARNING ARE USED	%
MAINLY WIFE	70.1
WIFE AND HUSBAND JOINTLY	18.7
MAINLY HUSBAND	10.8
OTHERS	0.0

WOMEN CASH EARNING COMPARED WITH HUSBANDS CASH EARNINGS	%
MORE	4.8
LESS	81.3
ABOUT THE SAME	3.7
HUSBAND/PARTNER HAS NO EARNINGS	2.3
DON'T KNOW/MISSING	7.8

PERCENTAGE DISTRIBUTION OF WHO HAS CONTROL OVER MEN CASH EARNING BY GENDER			
S/N		MALE	FEMALE
1	MAINLY WIFE	1.5	12.8
2	HUSBAND & WIFE JOINTLY	21.4	28.3
3	MAINLY HUSBAND	77.1	58.5
4	OTHER	0	0.1
5	MISSING	0	0.3

MEN AND WOMEN ATTITUDE TOWARDS SPOUSE PARTICIPATION IN DECISION MAKING			
S/N		MEN (%)	WOMEN (%)
1	OWN HEALTH CARE	0.0	68.9
2	MAKING MAJOR HOUSEHOLD PURCHASE	16.7	58.0
3	MAKING PURCHASE FOR DAILY HOUSEHOLD NEEDS	61.7	72.9
4	VISITS TO HER FAMILY OR RELATIVES	53.7	74.7
5	WHAT TO DO WITH THE MONEY THE WIFE EARNS	87.2	0.0
6	HOW MANY CHILDREN TO HAVE	62.8	0.0
7	ALL DECISION	8.0	53.6
8	NONE OF THE DECISION	5.6	19.9

REASONS FOR ATTITUDE TOWARD WIFE BEATING	(MEN) %	(WOMEN) %
BURNS THE FOOD	1.7	2.4
ARGUES WITH HIM	12.2	4.8
GOES OUT WITHOUT TELLING HIM	8.4	2.6
NEGLECTS THE CHILDREN	15.5	5.8
REFUSE TO HAVE SEXUAL INTERCOURSE WITH HIM	4.5	1.6
PERCENTAGE WHO AGREE WITH AT LEAST ONE SPECIFIED REASON	21.4	8.4

JUSTIFICATION FOR SEXUAL INTERCOURSE REFUSAL (WOMEN)	%
HUSBAND HAS A SEXUALLY TRANSMITTED DISEASE	89.6
HUSBAND HAS INTERCOURSE WITH OTHER WOMEN	64
IS TIRED OR NOT IN THE MOOD	71.6
AGREED WITH THE ABOVE	54.2
NOT AGREED WITH THE ABOVE	5.3

MEN'S ATTITUDE TOWARDS HUSBAND'S RIGHT WHEN HIS WIFE REFUSE TO HAVE SEXUAL INTERCOURSE	(%)
GET ANGRY AND REPRIMAND HER	30.0
REFUSE HER FINANCIAL SUPPORT	10.1
USE FORCE TO HAVE SEX	0.5
HAVE SEX WITH ANOTHER WOMAN	11.8
AGREED WITH THE ABOVE	0.0
AGREED WITH NONE	63.4

ORPHANS AND VULNERABLE CHILDREN

CHILDREN LIVING ARRANGEMENT AND ORPHANHOOD	%
LIVING WITH BOTH PARENTS	70.4
NOT LIVING WITH BIOLOGICAL PARENTS	12.3
LIVING WITH EITHER FATHER OR MOTHER ALIVE	13.6
LIVING WITH EITHER FATHER OR MOTHER DEAD	3.7

ORPHAN AND VULNERABLE CHILDREN (OVC)	%
CHILDREN WITH ONE OR BOTH PARENT DEAD (ORPHAN DEAD)	5.4
VULNERABLE CHILDREN	1.1
ORPHAN AND VULNERABLE CHILDREN	6.3

PERCENTAGE DISTRIBUTION OF SCHOOL ATTENDANCE BY SURVIVORS OF PARENT	%
BOTH PARENT DEAD	100.0
BOTH PARENT ALIVE AND CHILD LIVING WITH AT LEAST 1 PARENT	97.1

PERCENTAGE DISTRIBUTION OF SCHOOL ATTENDANCE BY ORPHANS AND VULNERABLE CHILDREN (OVC)	%
ORPHANS AND VULNERABLE CHILDREN ATTENDING SCHOOL	98.1
NON-ORPHANS AND VULNERABLE CHILDREN ATTENDING SCHOOL	96.1

PERCENTAGE DISTRIBUTION OF ORPHANS AND VULNERABLE CHILDREN (OVC) POSSESSING ALL BASIC NEEDS	%
ORPHANS AND VULNERABLE CHILDREN (OVC) POSSESSING ALL BASIC NEEDS	96.6
NON- ORPHANS AND VULNERABLE CHILDREN (OVC) POSSESSING ALL BASIC NEEDS	92.4

PERCENTAGE DISTRIBUTION OF ORPHANS NOT LIVING WITH SIBLING (UNDER 18 YEARS)	%
ORPHANS NOT LIVING WITH SIBLING UNDER AGE 18	60.8

SUCESSION PLANNING BY PRIMARY CARE GIVEN	%
15- 49 MEN AND WOMEN WHO ARE PRIMARY CARE GIVEN	53.8
PRIMARY CARE GIVEN WHO HAD SUCESSION PLAN	22.5

PERCENTAGE DISTRIBUTION OF WIDOWS DISPOSSESSED OF POVERTY	%
EVER- WIDOWED WOMEN	1.7
PERCENTAGE OF EVER- WIDOWED DISPOSSESSED OF PROPERTY	0.0

EXTERNAL SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN (OVC)	%
MEDICAL SUPPORT	3.1
EMOTIONAL SUPPORT	1.5
SOCIAL/MATERIAL SUPPORT	1.5
SOCIAL DETAILDE ASSISTANCE	0.8
AT LEAST/ TYPE OF SUPPORT	5.4
ALL OF THE TYPE OF SUPPORT	0.0
NO SUPPORT	94.6

FEMALE GENITAL CUTTING

PERCENTAGE DISTRIBUTION OF HOUSEHOLDS WITH KNOWLEDGE OF CIRCUMCISION EXPERIENCE	%
WOMEN WHO HEARD OF FEMALE CIRCUMCISION	86.2
WOMEN CIRCUMCISED	36

TYPES OF CIRCUMCISION	%
CUT, FLESH REMOVED	37.3
CUT, FLESH NOT REMOVED	2.8
SEWN, CLOSED	1.5
OTHER	1.5
DON'T KNOW/MISSING	56.9

AGE AT CIRCUMCISION	%
<1	88.4
1 – 4	1.3
5+	8.9
DON'T KNOW	1.3

PERSON WHO PERFORMED CIRCUMCISION	%
DOCTOR	2.7
TRAINED NURSE /MIDWIFE	14.0
OTHER HEALTH	0.7
TRADITIONALLY CIRCUMCISED	56.6
TRADITIONAL BIRTH ATTENDANTS	4.7
OTHER TRADITIONAL	3.6
DON'T KNOW	17.8

PERCENTAGE DISTRIBUTION OF HOUSEHOLDS WITH DAUGHTER CIRCUMCISION EXPERIENCE	%
WOMEN WITH AT LEAST 1 DAUGHTER CIRCUMCISED	19.9
WOMEN WHO INTEND TO HAVE DAUGHTER CIRCUMCISED	3.8

PERCENTAGE DISTRIBUTION OF TYPES OF CIRCUMCISION	%
CUT, FLESH REMOVED	69.5
CUT, NO FLESH REMOVED	2.7
SEWN CLOSED	6.3
OTHERS	0.0
DON'T KNOW	23.3

BENEFIT OF FEMALE CIRCUMCISION	(MEN) %	(WOMEN) %
CLEANLINESS HYGIENE	4.4	5
SOCIAL ACCEPTANCE	2.9	5.9
BETTER MARRIAGE PROSPECT	3.3	5.3
PRESERVE VIRGINITY	37.7	11.9
MORE SEXUAL PLEASURE	6.9	3.2
RELIGIOUS APPROVAL	6.2	0.9
OTHER	5.2	2.0
NO BENEFIT	40.2	69.3

FEMALE CIRCUMCISION	(MEN) %	(WOMEN) %
SHOULD BE CONTINUED	26.7	13.2
SHOULD BE DISCONTINUED	43.5	72.3
DON'T KNOW	13.5	28.6
MISSING	1.0	1.1

EDUCATION

Education Attainment by Women					
no education	some primary	Completed primary	Some secondary	completed secondary	more than secondary
5.9	2.6	11.3	17.9	41.3	21

Education Attainment by Men					
no education	some primary	completed primary	some secondary	completed secondary	more than secondary
3.1	1.1	8.8	13.3	45.5	28.2

Literacy Level of Women						
secondary school or higher	can read a whole sentence	can read part of a sentence	can not read at all	no card with required language	blind/visually impaired	missing
80.2	2.9	6.5	9.2	0.2		1

Literacy Level of Men						
secondary school or higher	can read a whole sentence	can read part of a sentence	Can not read at all	no card with required language	blind/visually impaired	missing
87	3.1	5.4	3.9	0.3		0.3

Types of Crime Experienced in the State		
	2008	2010
Vandalism	2.94	19.00
Burglary	13.70	22.00
Physical harm	4.89	10.00
Attempted Murder	0.59	1.00
Extortion	11.74	11.00
Theft	47.95	23.00
Kidnapping/Abduction	1.75	
Mugging/Robbery	16.44	14.00

Where theft occurred	at home	40
	within the community	34
	Elsewhere	18
	neighbouring community	8

Where attempted murder occurred		
	at home	13
	within the community	39
	Elsewhere	8
	neighbouring community	40

Where kidnapping/abduction		
	at home	12
	within the community	79
	Elsewhere	9
	neighbouring community	0

Whom crime was reported to in Percentage		
	Not reported	39
	Police	55
	Community Leader	6

Percentage of Types of security outfit used by community: 2010	
Nigerian Police	30
Odua Peoples' Congress	12
Neighbourhood Watch	58

Physical Security (Crime, Violence)		
	2008	2010
Not Safe	4.3	11
Fairly Safe	52.5	35
Safe	39.7	41
Very Safe	3.5	13

Community Current Safety Level	2008	2010
Much Better	11.7	26
Somewhat Better	43.5	42
About the Same	40.5	25
Somewhat Worse	2.9	3
Much Worse	1.4	4
(Percentage of Household Population)	2008	2010
Road Accessibility by Car	78.2	74
Satisfaction with the condition of road	21.8	29

Problem with road	Poor Drainage in Rain	21.5	33
	Bad Road Surface	51.3	53
	No Side Walk	3.2	5
	Narrow/Obstructed Side Walk	8.7	9
	No Problem With Road	15.3	
Tarred Road			53.1

Main mode of transportation	2005	2008	2010
Walk	6.1	11	11.99
Bicycle	0.4	0.5	1.73
Private Car	9.4	8.2	7.08
Okada/Motorcycle	2.5	13.2	7.89
Public Bus	77.6	52	70.24
Danfo/Molue		14.3	
Train			0.04
Shared taxi	0.7		
Micro Bus	1.5		
Water Transport	1.8	0.8	1.03

References

1. Annual School Census Report :2001-2010 by Lagos State Ministry of Education
2. Lagos State Household Survey Reports, 2006, 2008, 2010 by Lagos Bureau of Statistics.
3. Multiple Indictors Cluster Survey MICS-2007 by UNICEF/NBS
4. National Demographic and Health Survey -2008 NDHS-2008 by National Population Commission (NPopC)
5. National Population Census-Priority Tables.2006 by National Population Commission (NPopC)