NATIONAL HIV/AIDS & REPRODUCTIVE HEALTH SURVEY

(NARHS)

NIGERIA 2003

DFID
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NATIONAL HIV/AIDS AND REPRODUCTIVE HEALTH SURVEY (NARHS, 2003)

FEDERAL REPUBLIC OF NIGERIA
FEDERAL MINISTRY OF HEALTH
ABUJA, NIGERIA

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This report represents results from the 2003 National HIV/AIDS and Reproductive Health Survey (NARHS) which was undertaken by the Federal Ministry of Health. Financial assistance for the survey was provided by the British Department for International Development (DFID) and the U.S. Agency for International Development (USAID). The Society for Family Health (SFH) provided technical support in planning, implementation, data processing, analysis and report writing. The National Population Commission provided assistance in the design of methodology for the survey and fieldwork.

Additional information about the NARHS may be obtained from the office of the Federal Ministry of Health, Federal Secretariat, Abuja, Nigeria.

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FOREWORD

Nigeria is committed to ensuring that all its citizens have access to information and services that if used can guarantee their reproductive health. Nigeria is also committed to the declaration of the International Conference on Population and Development (ICPD) of 1994. This commitment is further expressed through its adoption of the National Reproductive Health Policy of 2001 which reflects the ICPD declaration. Nigeria is equally concerned about the present HIV/AIDS epidemic. The country is committed to the United Nations General Assembly Declaration of Commitment on HIV/AIDS and is responding through a multisectoral response which includes prevention and control, the care and support for people living with HIV/AIDS, and mitigation of the impact of the epidemic on the socioeconomic system.

Serious challenges exist in the area of Safe Motherhood, HIV/AIDS, Adolescent Reproductive Health, Family Planning and Gender Based Violence. These are shown in the poor health indices reflecting the reproductive health situation of the country. Nigeria is actively implementing various interventions to ensure that the varied poor reproductive health indices are improved. These include strategies and activities included in the RH Strategic Plan and the HIV/AIDS Emergency Action Plan.

There is a need to monitor and evaluate these interventions to ensure that we are achieving the objective for which they have been articulated. The Federal Ministry of Health in collaboration with development partners commenced a biennial national behaviour survey. These will be used in tracking the changes in reproductive and sexual health behaviour over time, thereby evaluating the impact of the national interventions in HIV/AIDS and Reproductive Health.

This study, which took place in 2003, is the first in the series and provides baseline data for assessment of future programme activities.

This series of studies will offer much needed data for guiding the future programming and the implementation of programmes. It is anticipated that these studies will contribute significantly to the improvement in planning and programming of HIV/AIDS and Reproductive Health initiatives and thereby contributing to improving the quality of life for all Nigerians.

Professor Eyitayo Lambo
Honourable Minister of Health

ACKNOWLEDGEMENTS

The Federal Ministry of Health wishes to acknowledge the following organisations and persons that participated and contributed in no small measure to the success of the NARHS survey whose design and implementation took place between January 2002 and October 2003.

Special thanks go to the Central Management and Technical Committee members who worked tirelessly long through the night to design the survey, execute the field operations, supervise data entry, analyse the data and produce the report. In addition, we wish to acknowledge the key role the Society for Family Health took in the planning, implementation, data processing and analysis, and report writing of this survey.

It is important to acknowledge the financial assistance of the donors for this exercise. These were the United States Agency for International Development (USAID) and the British Department for International Development (DFID). In addition, it is necessary to thank the United Nations Population Fund (UNFPA) and UN Programme on HIV/AIDS (UNAIDS), the World Health Organisation (WHO), United Nations Children Fund (UNICEF) and National Action Committee on AIDS (NACA), for their technical support throughout the duration of this project.

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Many persons provided valuable technical input and advice on the methodology of the survey, and the production of this report. These include staff of Society for Family Health(SFH), National Population Commission(NPC), Measure Evaluation, Population Services International (PSI), Family Health International(FHI), Johns Hopkins University(JHU), the Vision Project, Planned Parenthood Federation of Nigeria(PPFN), the Policy Project, Nigerian Institute for Medical Research (NIMR), the Centre for Disease Control and Prevention (CDC), Network of People Living with HIV/AIDS in Nigeria(NEPWHAN), and the AIDS Prevention Initiative in Nigeria(APIN).

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Dr EA Abebe

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EXECUTIVE SUMMARY

The 2003 National HIV/AIDS and Reproductive Health Survey (NARHS) is a nationally representative survey of 10,090 respondents consisting of 5,128 women aged 15-49 years and 4,962 men aged 15-64 years. The objective was to provide information on levels of HIV preventive knowledge and behaviour, other sexually transmitted diseases, HIV voluntary counselling and testing, stigma and discrimination against persons living with HIV/AIDS (PLWHA), maternal health, sexual behaviour, and reproductive health issues including family planning, female circumcision, gender violence and communication for behaviour change. Data were analysed at the zonal level, although information on selected indicators for each state and the Federal Capital Territory is provided in Appendix 2. Field work took place in March 2003.

Sexual Behaviour

A significant proportion of both females and male respondents had ever had sex (83% for females, and 76% for males). Among female respondents, sexual intercourse begins much earlier in the North West, North East and South South zones where the median age at first sex is below the national average of 16.9 years. In the north, first sexual intercourse takes place within marriage for most women. The median age at first sex for the different age groups indicates that very little change has taken place over the years. Seven percent of all female respondents and 12% of males have at least one non-marital sexual partner. The most common type of non-marital non-cohabiting relationship is the boyfriend-girlfriend relationship. Nine percent of females had sex with boyfriends in 12 months preceding the survey; the corresponding figure for males is 18%.

Knowledge, Opinion and Attitudes about HIV/AIDS

Awareness of HIV/AIDS is generally high in both urban and rural areas and between males and females and all age groups, although in North East and North Central zones two out of ten respondents have never heard of HIV/AIDS. Knowledge about HIV prevention and transmission is only fair, with 59% (63% males and 56% females) knowing all the four main transmission routes: sexual intercourse, blood transfusion, mother to child, and sharing of sharp objects. Misconceptions about transmission are still high. Twenty five percent of females and 21% of males believe HIV is transmitted by sharing toilets. In terms of prevention, only 51% (42% females and 60% males) in an answer to prompted questions report that one can reduce the risk of contracting HIV by having sex with one faithful uninfected partner. Six out of ten respondents know that a healthy looking person can be HIV positive. On mother to child transmission, 65% of females and 71% of males know that HIV can be transmitted during pregnancy. Perceived risk of contracting HIV is very low. Seventy two percent (75% females and 69% males) of respondents who have heard of AIDS report that they stand no chance at all of contracting HIV. There are no substantive rural-urban differentials.

Condom Knowledge, Access and Use

Knowledge about condoms is higher in males than females; 76% of males compared with 55% of females have heard of condoms. There are also huge differences between urban and rural areas: only 54% have heard of condoms in rural areas compared to 86% in urban areas. The majority of both female and male respondents feel that condoms are accessible and affordable, but only a small fraction (22%) of all the sexually active respondents have ever used condoms, and only 8% of female and 23% of male sexually active respondents reported that they were using condoms at the time of the survey. However, condom use is higher in non-marital sex with 32% of females and 50% of males reporting using condoms during the last sexual intercourse with a non-marital partner. The majority of those who have ever used condoms are in the southern zones, are younger in age, are educated and from urban areas. Condom use within marital unions is low since condoms are used mainly by majority of respondents for dual protection against HIV/AIDS and STIs and unwanted pregnancy.

HIV Counselling and Testing

Knowledge of where to get an HIV test is generally higher among male respondents (54%) than females (43%). Six percent of females and eight percent of males reported having taken an HIV test, but there are substantial variations according to zones: only 2% of all respondents have undergone an HIV test in North West compared to 18% in South East. Four out of ten respondents (36% females and 45% males) who have not tested for HIV expressed desire to have an HIV test. The majority of respondents do not desire an HIV test because they think it is not necessary.

Sexually Transmitted Infections

The level of awareness of STIs (excluding HIV) is generally high. Higher proportions of males (82%) than females (61%), urban than rural respondents, older than younger respondents, and respondents from southern than those from the northern zones are aware of STIs. Knowledge of symptoms of STIs in women is generally low, while they are better recognized in men. Higher proportions of females than males reported that they experienced STI symptoms during the 12 months preceding the survey despite the fact that STIs are better recognized in males. Government health facilities, traditional healers, private health facilities and the pharmacies in that order are the main sources of STI treatment. It is important to note that a higher proportion of respondents in rural areas than those in the urban areas, and males than females employ the services of traditional healers.

Stigma and Discrimination against PLWHA

A higher proportion of males than females, respondents in urban than in rural areas are willing to care for HIV infected relatives. Respondents in North East and North West are more willing to care for their HIV infected relatives compared to other zones. On the whole, respondents are less willing to associate with non-family HIV infected persons compared to their family members. Only 16% (13% female and 19% male) are willing to buy food from an HIV infected shopkeeper. Similarly, only four out of ten respondents are willing to work with an infected colleague. This apparent level of discrimination against non-family members is worrisome and poses a great challenge to efforts at reducing stigma and discrimination against people living with HIV/AIDS (PLWHA). Nevertheless, a significant proportion of respondents who have heard of HIV/AIDS are of the opinion that persons living with HIV/AIDS (PLWHA) need more health care than others.

Ante-natal and Post-natal Care

Four out of ten (62%) women who had given birth within the last five years received antenatal care during the last pregnancy; the highest proportion is in South East (92%) and the lowest in North West (38%). Health care professionals who provide ante natal care for the majority of women across the zones in both urban and rural areas are nurses and midwives, with doctors attending to a small proportion. This is especially the case in the rural areas, in North East, North West and South South and among the less educated women where Community Health Workers and Traditional Birth Attendants (TBAs) are the main health care providers. The proportion of women who had delivered in the last five years and who had a skilled attendant at their last delivery is 34%. A skilled attendant attends to only 17% of women aged 15 to 19 years during delivery. Post natal care is received by about two-fifths of the women, the majority of service delivery points being government health facilities and about one-quarter from private health facilities. Breastfeeding is nearly practiced by all women with only 3% not breastfeeding at all. The majority of women start breastfeeding immediately or hours after delivery while a small proportion starts days after delivery.

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Family Planning

There are substantial variations in contraceptive knowledge and use according to zones. While at the national level 68% of females know of at least one modern contraceptive method, the corresponding figures for North East and South West are 40% and 89% respectively. The male condom is the best known, most affordable and most accessible modern contraceptive method. Despite the high level of contraceptive awareness, only 9% of women of reproductive age (15-49 years) and 16% of men (15-64 years) were using modern contraceptives at the time of the survey. Again, there are substantial differences between urban and rural areas and also among zones. Only 6% of women of reproductive age in rural areas are using modern contraceptive methods compared to 17% in urban areas. At the zonal level 18% are using in South West compared to 2% in North East and North West. A significant proportion of the respondents are of the opinion that health workers, married persons, teachers, community and religious leaders support family planning. Although health workers are perceived by the majority of respondents as the leading group supporting family planning, the perception by many respondents that community and religious leaders support family planning is important for effective and acceptable family planning programmes in Nigeria in view of their influence on the community and followers.

Cancers of the Reproductive System

Awareness of selected cancers of the reproductive tract is low, except for cancer of the breast (56% males and 51% females), compared to those of the womb (25% males, and 18% females) and of the male reproductive organs (22% males, and 10% females). However, the knowledge about the procedures for detecting cancers is low: only 26% knew about self-breast examination.

Gender Violence

A higher proportion of females than males justify wife beating. The proportion of females who justify this action is consistently higher among all educational groups, and rural-urban categories. For example, 34% of females compared to 19% of males feel that a husband is justified beating his wife if she refuses to have sex with him. Education is inversely associated with justification of wife beating. Fifty eight percent (55% females and 61% males) of respondents are aware of female circumcision and one third of female respondents knew of someone close who had been circumcised. One-third of respondents who have heard of female circumcision view it as a health problem. Of respondents who have heard of female circumcision, the majority (59% females and 63% males) believe that female circumcision should be discontinued.

Sexual Rights

Both female and male respondents appreciate women's sexual rights. The majority, females (74%) and males (80%), report that a woman has the right to refuse sex with a husband when she knows that he is infected with a sexually transmitted infection, when he (the husband) has extra marital sex (62% for both males and females), or when the woman is tired and not in the mood (59% females and 65% males).

Communication for Behaviour Change

Most people find communication with others on sexual matters difficult. Under one-half of males and females with male children or wards over twelve years had discussed 'sexual relationships' and only one in ten have discussed family planning. Many respondents find it uncomfortable discussing sexual matters with family members. Only 9% of respondents aged 15-19 years (14% for 20-24 years) feel comfortable discussing sexual matters with their fathers. Persons also felt uncomfortable discussing sex with teachers and religious leaders. They felt more comfortable talking with siblings especially those of the same sex.

On family planning communication, more respondents discuss with their friends, spouses, and health workers than with parents, sons, daughters and religious leaders. It is worrisome to note that the majority of respondents that are married or cohabiting never discussed Family Planning with their partners in the last 12 months. Health workers and married persons are perceived to support family planning more than religious and community leaders.
A significant proportion perceived media, Federal Government, state and local government, NGOs/CBOs and community leaders as supportive of HIV/AIDS activities, while religious groups, political parties and private companies are also perceived to be supportive though not as supportive as the other groups.

On the use of mass media for reproductive health communications, more than four fifths, about four fifths and slightly more than three quarters considered respectively radio, television, and print media acceptable in communicating reproductive health messages to the general public respectively. Nevertheless, habits on radio listener-ship and television viewer-ship vary across the country. While at the national level seven out of ten listen to radio at least once a week, only five out of ten in North East compared to nine out of ten in South West do so. There are even more substantial differences according to television viewer-ship. At the national level 41% watch television at least once a week (35% females and 46% males), but in North East only 21% do so. In North West, 68% of all respondents do not watch television at all, compared to only 18% in South West.

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ACRONYMS

ANC	Ante Natal Clinic/Care
BCC	Behaviour Change Communication
BSS	Behavioural Surveillance Survey
CHEWs	Community Health Extension Workers
CSW	Commercial Sex Worker
DFID	Department for International Development
EAs	Enumeration Areas
EPI Info	Epidemiological software by WHO
FHI	Family Health International
FMOH	Federal Ministry of Health
FOS	Federal Office of Statistics
FP	Family Planning
HIV	Human Immuno-deficiency Virus
ICPD	International Conference for Population and Development
IUCD/IUD	Intra Uterine Contraceptive Device
LAM	Lactational Amenorrhoea Method
MMR	Maternal Mortality Rate/Ratio
MICS	Multiple Indicator Cluster Survey
NACA	National Action Committee on AIDS
NARHS	National HIV/AIDS and Reproductive Health Survey
NASCP	National AIDS/STD Control Programme
NDHS	Nigeria Demographic and Health Survey
NPC	National Population Commission
PCA	Presidential Committee on AIDS
PNC	Post Natal Care
PLWHA	People Living with HIV/AIDS
RH	Reproductive Health
RHC	State Reproductive Health Programme Coordinator
SAPC	State AIDS Programme Coordinator
SFH	Society for Family Health
SPSS	Statistical Package for Social ScientistsSTD Sexually Transmitted Disease
STIs	Sexually Transmitted Infections
TBAs	Traditional Birth Attendants
TFR	Total Fertility Rate
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNAIDS	United Nations Programme for AIDS
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

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SECTION 1

1.0 INTRODUCTION

Behavioural surveys are designed to inform national response to the HIV epidemic and other areas of reproductive health; using reliable methods to track HIV risk behaviours as well as other behaviours that put individuals at risk. Behavioural surveys often indicate what behaviours may be driving the HIV epidemic, knowledge, perceptions and attitudes of individuals to HIV/AIDS/STIs as well as the possible impact of prevention, care and support programmes. On reproductive health, information may be obtained on factors that impact on women and men's reproductive health.

To be able to measure the success of the overall Nigerian response to HIV prevention, as well as other reproductive health indicators, the Federal Ministry of Health (FMOH) in collaboration with the National Action Committee on AIDS (NACA), the Society for Family Health (SFH) and other development partners and key stakeholders plans to conduct biennial nationwide surveys for the next six years. The 2003 survey, the first in the series, provides baseline data for subsequent assessment of programme indicators and track information on other reproductive health issues including family planning and specific mass media campaigns.

1.1 Nigeria Demographic Situation

Nigeria is the largest country in sub-Saharan Africa, and the tenth most populous country in the world. It has a land area of 923,768 square kilometres, and a density of about 96.3 persons per square kilometre and is predominantly rural. The 1991 population census put the total population figure at 88.9 million (National Population Commission, 1998) and recent projections put the year 2003 population at 126 million. The current growth rate is estimated at about 2.8% per annum.

Nigeria is presently undergoing a demographic transition from a high fertility-high mortality regime to a high fertility- low mortality regime. The base of the population pyramid is wide because of the large number of young persons less than 15 years of age. The median age of the population is 17 years, and 15-24 year age group constitutes about 20% of the population, while the male to female ratio is 100:100.5.

The life expectancy increased from 45 years in 1963 to 53 years in 1990 and was estimated to have dropped to 51 years in year 2002, largely due to the AIDS epidemic (National Policy on HIV/AIDS, 2003). The infant mortality rate was estimated at 71 per thousand and the under-five mortality rate at 133 per 1000 as at year 1999 (1999, NDHS).

The Total Fertility Rate (TFR) was estimated at 6.0 in 1990 (1990, NDHS). It declined to 5.2 in 1999 (1999, NDHS), however, it was generally believed that a Total Fertility Rate of 5.2 was an under estimation of probable level of fertility. The contraceptive prevalence rate in 1999 among married women of reproductive age was 15.3% for all methods and 8.6% for modern methods only (1999, NDHS). The low level of contraceptive usage reported was however an improvement on the 1991 level which was 6% for all methods and 3.2% for scientific methods only (1990 NDHS).

1.2 HIV/AIDS Situation in Nigeria

The first AIDS case was reported in Nigeria in 1986 and the epidemic has rapidly grown since then. The adult HIV prevalence has increased from 1.8% in 1991 through 4.5% in 1996 to 5.8% in 2001. Estimates using the 2001 HIV/Syphilis sero-prevalence sentinel survey among women attending ante-natal clinics indicates that more than 3.5 million Nigerians aged 15-49 years may be infected with the virus. The epidemic in Nigeria has extended beyond the commonly classified high-risk groups and is now common in the general

population. With the adult prevalence rate at 5.8 percent in 2001, the nation is at the threshold of an exponential explosive growth of the epidemic.

Some parts of the country are worse affected than others but no state is unaffected. In some sites prevalence was higher than 10.0%. All the states of Nigeria have general population epidemics of over 1%. There was no marked difference in HIV prevalence between major urban areas and sites outside major urban areas. The infection cuts across both sexes and all age groups. However, youths between the ages 20–29 years are more infected, though in some parts of the country (south-south and the south-west zones), there was a higher prevalence in the 15–19 year age group.

An increasing number of children are now being either infected with the virus, through mother-to-child-transmission, or are losing one or both parents to AIDS. By all indications, the HIV/AIDS epidemic has continued to grow largely through heterosexual unprotected sexual relationships, mother-to-child transmission and contaminated blood and blood products.

1.3 Responses to HIV/AIDS Situation in Nigeria

Nigeria has passed through several phases in her response to the epidemic. The stages included an initial period of denial; a largely health sector response; and now a multi-sectoral response that focuses on prevention, treatment and mitigation of impact interventions and divorces coordination and implementation as distinct response components. A central body is dedicated to leading and coordinating the response, while the various sectors, including civil society organisations, faith based organisations and People living with HIV/AIDS support groups focus on packaging and implementing interventions based on a national action plan.

The health response which had started soon after the first case of AIDS was reported in 1986, was initially mounted by an ad hoc National Expert Advisory Committee on AIDS (NEACA) in 1987 and supported by some state chapters set up soon after. By 1988 a programme - the National AIDS and STDs Control Programme (NASCP) - was formally established, with state counterparts there after to organise as well as to coordinate all HIV/AIDS activities at national and state levels. NASCP has played a key role in developing guidelines on key interventions and monitoring of the epidemic.

In 1997 the National Council on Health formally endorsed the multi-sectoral approach and in 2000 the Federal Government of Nigeria commenced the implementation of this approach with the establishment of a Presidential Committee on AIDS (PCA) and a National Action Committee on AIDS (NACA). A 3-year *HIV/AIDS Emergency Action Plan (HEAP)* was initiated in 2001 and now being implemented. The partners implementing the plan include governmental institutions, non-governmental organizations, community based organizations, faith-based organizations and persons living with or affected by HIV/AIDS.

Nigeria currently benefits from a high level of political commitment and international support. There is a high level of activities in all sectors: advocacy, prevention, care and support and the mitigation of the impact of the epidemic. However, there is a need to scale up activities, improve coverage, and monitor and evaluate the progress and effects of the interventions to ensure that the desired goals and objectives are achieved.

1.4 Reproductive and Sexual Health Situation in Nigeria

Reproductive health being an integrated approach to health and development needs can be defined as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and process" (ICPD 1994). The components are:

- Safe motherhood comprising prenatal care, safe delivery, essential obstetric care, post partum care, neonatal care and breastfeeding.

- Family planning information and services.
- Prevention and management of infertility and sexual dysfunction in both men and women.
- Prevention and management of complications of abortion.
- Provision of safe abortion services, where the law permits.
- Prevention and management of reproductive tract infections, especially sexually transmitted infections (STIs), including HIV infections and the Acquired Immune Deficiency Syndrome (AIDS).
- Promotions of healthy sexual maturation from pre-adolescence, responsible and safe sex throughout life and gender equality.
- Elimination of harmful practices, such as Female Genital Mutilation (FGM), child marriage, domestic and sexual violence against women.
- Management of non-infectious conditions of the reproductive system, such as genital fistula, cervical cancer, complications of FGM and reproductive health problems associated with menopause.

Available statistics show that the reproductive health situation in Nigeria is poor, with outstanding challenges in the areas of family planning, maternal mortality, adolescent reproductive health, sexually transmitted infections and gender-based violence.

1.5 Maternal Morbidity and Mortality in Nigeria

Nigeria is reported to have one of the highest levels of maternal mortality in the world, with figures ranging from 704 (FOS/UNICEF, 2000) to 1,500 (UNFPA, 2002) maternal deaths per 100,000 live births. Figures based on the results of the 1999 Multiple Indicators Cluster Survey (MICS) show a wide variation from 166 per 100,000 live births in the South West to 1,549 per 100,000 live births in the North East, with a national average of 704 deaths per 100,000 live births. More than 70% of all maternal deaths are due to five major complications: haemorrhage, infection, unsafe abortion, hypertensive disease of pregnancy, and obstructed labour. About 600,000 induced abortions are believed to take place in Nigeria annually. About 40% of pregnant Nigerian women experience pregnancy-related health problems during or after pregnancy and childbirth, with 15% estimated as suffering serious or long-term complications. Poor access to and utilisation of quality reproductive health services contribute significantly to the high maternal mortality scenario: only 31% of deliveries in Nigeria, for example, took place in health facilities (NDHS, 1999).

1.6 Family Planning

The level of utilisation of modern contraceptives in Nigeria is still low, although it has increased over the last decade, with an increase in the contraceptive prevalence rate from 3.5% to 8.6% as recorded in the 1990 and 1999 NDHS respectively. The level of contraception among sexually active adolescents is particularly low, contributing to the high level of teenage pregnancy, unsafe abortions and maternal mortality, among others. On the whole, the total demand for family planning (FP) is still relatively low as only 29% of women demanded for family planning in 1999 as shown by the NDHS. However, the level of unmet needs for family planning reduced from 21% to 13.3% between 1990 and 1999.

1.7 Adolescent Reproductive Health

The reproductive health status of the Nigerian adolescent is poor. The median age at first sexual intercourse was 18 years in 1999, and contraceptive utilisation among the sexually active is low. With a rate of 112 births per 1,000 females of age of 15-19 years, Nigerian adolescents have one of the highest levels of fertility in the world (NDHS,1999). About 12% of teenagers have had their first childbirth before the age 15 years and almost half became mothers before the age of 20 years. About two-fifths of teenage pregnancies in Nigeria are believed to end up with induced abortion, with majority being carried out by untrained personnel and in unsafe environments. Adolescents constitute the majority of cases of abortion-related complications admitted

in Nigerian hospitals. Adolescents also suffer disproportionately from HIV/AIDS and other sexually transmitted infections.

1.8 Harmful Practices, Reproductive Rights and Reproductive Health Problems

Various harmful practices, which may be encountered throughout the life span, contribute to reproductive ill health in Nigeria and constitute a violation of reproductive rights. The types of harmful practices commonly encountered in the traditional setting include female genital mutilation, forced early marriage, traumatic puberty initiation rites, labour and delivery practices and wife inheritance. Wife inheritance and group circumcision are practices that may facilitate the spread of HIV and other sexually transmitted infections.

Other reproductive health challenges in Nigeria include cancers of the reproductive system, cervix, breast, prostrate and reproductive health conditions arising from old age such as menopause and andropause.

SECTION 2

2.0 SURVEY OBJECTIVES AND METHODOLOGY

This section provides information on the survey objectives and methodology of the survey sampling design. Detailed information on the actual sampling used is available in Appendix 1.

2.1 Objectives

The major objective of NARHS is to provide information on the situation of reproductive and sexual health in Nigeria, and the factors that influence them. It will also provide data regarding the impact of ongoing HIV and family planning behaviour change interventions and provide insights into existing gaps that may require attention.

The survey, which is expected to be funded over the next 6 years, will be undertaken biennially. This is to ensure that key stakeholders, development partners and Federal Ministry of Health are provided with up to date and regular data to inform programmes and monitor knowledge, levels and behavioural trend of HIV/AIDS and reproductive health.

The following are the specific objectives of the 2003 wave of NARHS:

- To collect quantitative data on key sexual behaviour and reproductive health indicators among females aged 15-49 years and males aged 15-64 years in Nigeria.
- To provide information that will be used to monitor behavioural patterns that may influence HIV/AIDS/STIs as well as reproductive health in Nigeria and assist in the identification of information gaps that can be further explored using qualitative surveys.
- To provide a baseline against which future changes in the indicators can be measured.
- To use data obtained to review and re-programme HIV/AIDS/STIs, sexual behaviour and reproductive health interventions in the country and provide information that would guide the development of appropriate intervention strategies.

2.2 Methodology

2.2.1 Sampling Design

NARHS is a national sample of females aged 15-49 and men aged 15-64 years living in regular households in rural and urban areas in Nigeria. The sample was drawn from a sampling frame of all rural and urban localities in Nigeria developed and maintained by the National Population Commission (NPC).

A probability sampling technique was employed for the survey. The sampling procedure was a (three-level) multi-stage sampling aimed at selecting eligible persons in each reporting domain (the states) with equal probability. Stage 1 involved the selection of rural and urban localities. Stage 2 involved the selection of enumeration areas (EAs) within selected rural and urban localities while Stage 3 was the selection of individual respondents.

Within a state (the administrative division), all eligible persons irrespective of nature of residence (rural or urban) were given equal chance of being included in the final sample, hence the sample selected was self-weighted within state while weighting was done when combined for zonal or national analysis.

At the onset, a sample size of 8,147 was considered adequate for zonal and national level analysis and was allocated proportionally to the estimated size (projected eligible persons) of each state. To increase the level

of precision of the index obtainable at state level analysis, sample sizes in states with proportional allocation less than 250 were boosted thus yielding a final study size of 10,258. The actual field return was 10,090, with a non-response rate of 1.6%. There was no difference in the non-response rate for males and females.

The final sample allocated to each state was distributed proportionately by location (rural–urban) and sex as shown in Appendix 1.

2.3 Questionnaire

The questionnaire used in this survey was based on the UNAIDS general population HIV/AIDS indicator questionnaire. It contained the following broad themes:

- Characteristics of the survey population
- Sexual behaviour
- Knowledge and treatment of STIs
- Knowledge and perception of HIV/AIDS
- Condom availability, accessibility and use
- Stigma and discrimination
- Knowledge about family planning
- Attitude and use of family planning
- Availability, affordability and accessibility of family planning products
- Reproductive rights and violence against women
- Reproductive health communication

2.4 Fieldwork

An independent research agency was contracted, through a competitive bidding process, to undertake the fieldwork. This enhanced objectivity and independence in data collection and management. To ensure that local peculiarities were taken into account, the selected agency worked closely with the local NPC staff. The agency recruited the supervisors and the interviewers in conjunction with local NPC staff, but the training of all field workers was done by members of the survey Technical Committee (TC). Supervisory visits were undertaken by selected members of the TC to monitor and undertake random field checks of all aspects of the fieldwork.

While it was useful to translate questionnaire into local languages, given the multiplicity of languages in Nigeria, full translation was avoided. However, for each selected community, key words/phrases (including sensitive ones) were translated as part of interviewer training. Interviewers used the semi-translated ones as master copies. A similar approach was successfully used for the 2002 Nigeria Youth BSS.

There was one interview team per state except Kano and Lagos which had two each. Each team consisted of 5-6 interviewers, four listers, and four technical persons who supervised or coordinated various aspects of the survey. One of the four acted as the State Field editor.

2.5 Survey Management

Two key committees managed the survey. The day to day technical aspects of the entire survey was handled by a Technical Committee while an oversight of the survey was provided by a larger Central Committee. The latter is a multi-disciplinary committee drawn from all relevant stakeholders (including development partners), NGOs, Government institutions, and technical experts from academic institutions. Independent

reviews of the entire survey process and questionnaire were undertaken by technical advisors from USAID (through MEASURE Evaluation), DFID and WHO.

2.6 Training

The training of survey personnel was at two levels: central training and state level training. A comprehensive training manual was developed and reviewed as part of both central and state level training. Given the large number of participants, the central level training was in two batches (north and south). The two-day central training involved NPC staff, field coordinators and supervisors from the research agency. The training was on sample selection (including household listing and selection) and all aspects of field work. In view of its complexity and sensitivity, considerable amount of time was devoted to the review and practice of the questionnaire. Coordination and standardization, and shared understanding were key objectives of the central training, but this did not prevent the discussion of local problems.

2.7 Pilot

A pilot study was conducted in Enugu and Kano states (one urban and two rural clusters each) to test the instrument and other aspects of the survey including field work and data entry. This was conducted with the state coordinators, independent research agency supervisors as well as NPC staff.

2.8 Data Retrieval

Data retrieval was done on a daily basis. The interviewer collected the information from the respondents, edited the questionnaire in the field and submitted his/her quota for the day to the representative of the research agency who edited the questionnaire. At the end of each day in the field, and after editing, the representative of the research agency submitted completed questionnaires to the survey supervisor who as the State field editor undertook complete editing of all questionnaires. Where possible, data errors were traced to their original source, through re-visits, and mistakes and omissions were corrected. The Supervisor who was also the State field editor ensured that all instructions were kept, responses were consistent and the questions were fully answered. A questionnaire was not considered accepted until the State field editor had certified it. The working relationship between the research agency and other members of the research team was documented in a contractual agreement.

2.9 Data Entry, Validation and Analysis

The Epi Info (6.04d) was used for data entry, validation, and cleaning. In order to further minimize inconsistent and illegal entries, the CHECK option of the Epi Info menu was used to guide the data entry exercise. Subsequently, 30% of the data were re-entered by different data entry clerks and the VALIDATE menu was used to validate these entries. Discrepant entries were corrected.

The data were subsequently imported into SPSS (version 11.5) and the sampling weights applied in the analysis. The weighting in the analysis was based on the sampling fractions derived from sample size and the population of the states. For most variables, the analysis was done at the national and zonal levels and state level analysis was carried out for selected variables. The various sample sizes (number of women and men) for all groups and subgroups presented in this report are based on unweighted cases. This implies that all percentages were weighted but the number of cases is not. This was to ensure that the exact number of cases upon which the weights were applied was known. Where unweighted cases were fewer that thirty (even though weighted may be more than 30) the resulting percentage was considered unstable and was therefore suppressed.

For the purpose of comparability, internationally accepted definitions were used for indicators where applicable. Data analysis was done at zonal level. State level analysis was done for some selected variables only and is presented in Appendix 2.

2.10 Dissemination

Dissemination of findings will be at both federal and state levels at national and state level workshops. Findings will be presented in different formats depending on the audience and user types. Formats shall include a technical report, wall charts, data sheets, and brochures, and the report will be placed on the web.

SECTION 3

3.0 CHARACTERISTICS OF THE SURVEY POPULATION

This section deals with the data concerning the characteristics of the survey population. These background characteristics include age, sex, ethnic composition, level of education, languages respondents can read or speak, religious affiliation, marital status, types of marriage, occupation and length and place of residence. Knowledge of these background characteristics will enhance the understanding of the factors that are likely to affect sexual behaviour patterns and reproductive health issues.

3.1 Age-Sex Composition

The sample was limited to women of reproductive age (15-49 years) and men 15-64 years old. Fifty-two percent of the rural population were females compared to 48% females from the urban population, while 48% and 52% of the rural and urban populations respectively were males. The median age of the female respondents was 26 years and that of males was 29 years. The age-sex composition of the survey population by location (rural/urban) and zone is presented in Table 3.1. The age and sex composition is similar across the six zones. About 40% of female and male, rural and urban respondents were in the age group 15 and 24 years.

Table 3.1 Age - Sex Composition
Percent Distribution of Age and Sex Composition of Respondents by Location and Zone; FMOH, Nigeria 2003.

Age	North Central		North East		North West		South East		South South		South West		Total	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Rural	689	636	634	556	886	814	427	370	577	546	405	379	3,618	3,301
15 - 19	23.2	19.6	27.1	19.4	23.0	14.3	20.6	22.5	23.3	25.0	16.1	18.4	22.6	19.1
20 - 24	20.6	20.0	21.2	19.0	20.9	16.0	18.3	13.9	20.1	18.0	18.8	12.9	20.2	16.8
25 - 29	18.2	14.8	14.9	17.1	17.5	15.5	13.9	8.6	13.4	14.8	16.8	13.7	16.0	14.6
30 - 39	21.3	15.6	23.5	21.5	21.8	24.2	21.6	17.8	21.0	18.6	27.5	25.0	22.5	20.9
40 - 49	16.7	16.4	13.3	14.6	16.7	15.5	25.7	15.7	22.2	12.8	20.8	11.8	18.6	14.6
50 - 64	NA	13.6	NA	8.4	NA	14.4	NA	21.6	NA	10.7	NA	18.2	NA	14.0
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Urban	201	215	137	138	281	301	195	214	181	206	515	587	1,510	1,661
15 - 19	25.2	20.6	22.3	23.1	20.2	15.1	25.8	19.7	28.8	23.4	21.1	20.0	22.8	19.7
20 - 24	20.6	20.6	24.6	14.6	25.1	24.9	21.1	18.0	22.8	19.1	20.5	17.7	22.1	19.3
25 - 29	11.6	12.1	22.3	15.4	15.0	15.7	16.7	11.8	12.5	14.8	21.7	17.7	17.9	15.6
30 - 39	28.4	21.2	20.0	26.2	23.2	19.1	21.1	17.5	23.9	19.6	25.0	21.8	24.0	20.8
40 - 49	14.2	14.5	10.8	16.9	16.5	13.7	15.3	17.5	12.0	12.9	11.7	13.5	13.3	14.3
50 - 64	NA	10.9	NA	3.8	NA	11.4	NA	15.4	NA	10.0	NA	9.4	NA	10.3
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

**NA = Not Applicable*

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3.2 Ethnic Composition

Table 3.2 presents the ethnic composition of the respondents. The three largest ethnic groups were Hausa, Yoruba and the Igbo, which together accounted for about 58% of the survey population. Nine other ethnic groups listed in Table 3.2 accounted for 26%.

Table 3.2: Ethnic Composition*
Percent Distribution of Ethnic Composition of Respondents

Ethnic Group	Number of women and men	Percent
Edo	198	2.0
Fulani	584	5.3
Hausa	2,151	23.0
Ibibio	223	2.2
Igala	138	1.2
Igbo	1,530	15.2
Ijaw	262	2.0
Kanuri	250	2.6
Nupe	207	2.1
Urhobo	154	1.7
Tiv	205	2.2
Yoruba	1,853	19.6
Others	2,335	20.8
Total	**10,090**	**100**

*Only groups consisting of over 1% are listed. Numbers as usual are based on unweighted number of cases while percentages are based on weighted cases.

3.3 Educational Attainment

Table 3.3 presents the distribution of the survey population according to the level of education attained. There were differences in the educational attainment between respondents in the rural and urban areas and between zones. A higher proportion of urban respondents have higher level of education than rural residents. Higher proportion of males than females have had formal education. Forty-five percent of females and 25% of male respondents in the rural area never attended any formal school compared to 15% and 8% of female and male respondents respectively in the urban area. The proportion of males who went beyond secondary level of education nearly doubled that of the females in both urban and rural areas.

Table 3.3 Level of Education

Percent Distribution of Females and Males by the Highest Level of School Attended by Zones; FMOH, Nigeria 2003

Education	North Central		North East		North West		South East		South South		South West		Total	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M
Rural	689	636	634	556	886	814	427	370	577	546	405	379	3,618	3,301
Never attended														
School.	51.9	29.6	62.8	38.9	64.0	35.6	22.3	7.7	18.0	5.8	20.3	14.8	44.5	24.5
Quranic only	2.8	8.5	11.7	12.6	21.0	31.7	0.5	0.9	0.0	0.2	0.0	0.3	8.4	12.5
Primary	25.1	23.1	16.5	20.9	9.7	17	32	34.8	33	36.3	34.7	30.1	22.5	25.4
Secondary	15.6	32	8.1	24.3	5.2	12.4	38.4	48.7	43.6	50.7	40.8	47.2	21.6	32.0
Higher	4.6	6.9	0.9	3.3	0.1	3.2	6.9	8.0	5.4	7.0	4.2	7.7	3.1	5.5
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Urban	**201**	**215**	**137**	**138**	**281**	**301**	**195**	**214**	**181**	**206**	**515**	**587**	**1,510**	**1,661**
Never attended														
School.	17.4	6.7	43.1	27.7	26.6	11.7	4.3	3.1	6.0	2.4	8.5	6.6	14.7	8.1
Quranic only	1.9	4.8	12.3	8.5	19.0	14.0	0.0	0.0	1.1	1.4	0.4	0.8	5.1	4.2
Primary	27.1	16.4	9.2	17.7	15.9	10.0	15.3	32.3	20.8	19.2	24.7	18.3	20.4	18.3
Secondary	37.4	43.6	23.1	24.6	27.2	41.0	62.2	48.0	51.9	49.0	54.7	51.9	45.9	46.4
Higher	16.1	28.5	12.3	21.5	11.3	23.4	18.2	16.6	20.2	27.9	11.7	22.3	13.8	22.9
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100

**Note: F= Females M= Males*

3.4 Languages Respondents Can Read and Speak

The distribution of respondents according to the language they can read with understanding and speak fluently is presented in Table 3.4. All respondents could speak at least one of the listed languages, while 28% could not read with understanding any of the languages. The main languages that people could read and speak were English, Hausa, Yoruba, Igbo and Pidgin in that order.

There were variations in the distribution of the proportion of respondents who could read or speak Pidgin and English language. A higher proportion of respondents in the South South, South East, South West and North Central could read and speak Pidgin and English than respondents in the North East and North West. Ability to read and speak the Nigerian languages listed corresponds with the zones where the languages originate. The majority of the respondents who reported that they could read and speak Hausa came from the North East and North West while those who reported Igbo and Yoruba were from the South East and South West respectively.

Table 3.4 Languages Respondents Can Read Or Speak
Percent Distribution of Respondents Who Could Read and Speak Selected Languages According to Location and Zone; FMOH, Nigeria 2003

Language	North Central		North East		North West		South East		South South		South West		Total	
	Read	Speak	Read	Speak	Read	Speak	Read	Speak	Read	Speak	Read	Speak	Read	Speak
													Number of Women and Men	
	1,741		1,465		2,282		1,206		1,510		1,886		10,090	
Pidgin	7.1	22.9	2.6	7.6	3.3	5.8	8.6	16.5	17.9	56.1	8.5	18.3	7.6	19.7
English	43.8	43.8	25.3	24.2	20.1	17.9	70.1	70.7	71.5	70.0	63.9	58.1	47.1	44.9
Hausa	19.8	38.0	38.1	80.3	43.0	96.0	2.0	5.3	0.5	1.6	3.7	5.2	19.6	41.7
Arabic	3.6	1.9	13.3	4.9	16.2	5.4	0.1	0.4	0.2	0.4	0.8	0.8	6.5	2.5
Igbo	6.1	10.2	0.4	0.5	0.6	0.7	70.4	95.7	6.5	15.2	6.5	7.7	11.6	16.6
Yoruba	12.9	19.0	0.2	0.9	1.7	2.9	0.9	4.9	1.4	3.9	71.1	85.3	18.2	23.4
Fulfude	0.1	2.6	2.7	22.9	0.8	7.6	0.0	0.1	0.3	0.3	0.5	0.8	0.7	5.4
Edo	0.1	0.3	0.1	0.5	0.0	0.2	0.2	0.3	4.7	9.1	1.7	2.2	1.1	2.0
Tiv	8.3	14.4	0.6	2.0	0.1	0.2	0.0	0.0	0.3	0.5	0.0	0.1	1.3	2.3
Nupe	2.8	16.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.4	2.2
Urhobo	0.1	0.2	0.0	0.0	0.1	0.1	0.1	0.1	3.4	9.9	0.7	1.5	0.7	1.8
Ijaw	0.1	0.2	0.0	0.0	0.0	0.1	0.0	0.0	5.0	0.0	0.2	11.9	0.8	1.9
Efik	0.1	0.2	0.0	0.1	0.0	0.0	0.2	0.4	8.5	12.0	0.9	1.2	1.5	2.1
Kanuri	0.0	0.1	1.9	20.5	0.1	0.3	0.0	0.0	0.0	0.0	0.1	0.0	0.3	2.7
Idoma	0.9	3.6	0.2	0.4	0.1	0.2	0.2	0.2	0.1	0.1	0.8	1.0	0.4	0.8
None	35.1	0.0	45.8	0.0	44.1	0.0	15.6	0.0	17.6	0.0	9.7	0.0	28.3	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

*NA = Not Applicable

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3.5 Religious Affiliation

Table 3.5 presents the distribution of the respondents according to their religious affiliation. Half of the respondents reported that they were Christians (36% Protestants and 14% Catholics) while 48% reported their religion as Islam. The highest proportion of respondents who were Muslims was in the North West (92%) while in the South East, 95% of respondents were Christians.

Table 3.5 Religious Affiliation

Percent Distribution of all Respondents by Religious Affiliation according to Zones; FMOH, Nigeria 2003

Religion	North Central	North East	North West	South East	South South	South West	Total
Islam	42.3	78.7	92.4	1.0	2.5	35.3	47.5
Protestant	29.5	17.0	5.3	44.2	72.3	56.7	35.7
Catholic	22.5	3.5	1.8	51.2	19.6	7.4	14.4
Others*	5.7	0.8	0.6	3.6	5.6	0.6	2.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women and men	1,741	1,465	2,282	1,206	1,510	1,886	10,090

**Includes those with other religious affiliations and no response*

3.6 Marital Status

The distribution of both females and males according to their marital status is shown in Table 3.6. The proportion of females and males currently married was generally higher in the North West, North East and North Central than in the South East, South South and South West. In all, the proportion of females and males currently married was consistently higher in the rural areas and among the females across the zones except in the North East where the proportion of female respondents who were married was slightly higher in the urban than rural areas. The proportion of females and males who were not married but living with a partner was generally low except in the South West.

Table 3.6: Marital Status

Percent Distribution of all Respondents according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	North Central		North East		North West		South East		South South		South West		Total	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M
Rural	689	636	634	556	886	814	427	370	577	546	405	379	3,618	3,301
Currently Married	71.3	52.0	75.7	55.8	88.5	70.0	46.3	48.7	47.8	36.2	56.3	48.3	68.5	54.2
Not married but living with partner	1.3	3.4	2.9	1.5	0.1	0.1	1.3	0.9	5.0	4.3	12.2	5.5	3.1	2.3
Never Married	22.8	40.5	16.0	38.8	5.4	27.5	35.7	46.3	32.9	51.8	24.1	41.2	20.0	39.1
Separated	0.7	1.0	0.5	0.6	0.5	0.4	1.3	0.9	2.3	0.9	3.0	2.6	1.2	1.0
Divorced	0.4	2.0	1.6	0.2	1.6	0.7	1.3	0.0	3.2	1.3	0.2	0.5	1.5	0.8
Widowed	3.5	0.0	1.8	0.4	3.6	1.0	10.8	0.6	6.8	0.9	3.5	0.5	4.6	0.6
No Response	0.0	1.2	0.2	2.7	0.2	0.3	3.3	2.7	1.8	4.5	0.7	1.3	1.1	1.9
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Urban	201	215	137	138	281	301	195	214	181	206	515	587	1,510	1,661
Currently Married	52.9	41.8	73.8	45.0	66.6	48.1	43.3	43.9	39.1	35.1	52.7	37.1	54.4	40.8
Not married but living with partner	5.8	1.8	0.8	1.6	0.6	0.0	0.5	0.4	3.8	5.3	4.5	5.6	3.0	3.2
Never Married	38.1	51.5	20.0	48.1	24.2	49.9	50.0	53.1	50.5	54.8	37.3	52.7	36.5	52.0
Separated	2.6	0.6	0.0	0.8	0.3	1.1	0.5	0.0	0.5	0.5	1.6	0.4	1.1	0.5
Divorced	0.0	0.0	2.3	0.8	5.2	0.0	0.0	0.0	1.1	0.0	0.7	0.3	1.6	0.2
Widowed	0.0	1.2	1.5	0.0	2.5	0.3	3.8	0.0	2.2	0.5	1.0	1.0	1.7	0.6
No Response	0.6	3.0	1.5	3.9	0.6	0.6	1.9	2.6	2.7	3.8	2.1	3.0	1.7	2.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

*Note: F= Females M= Males

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3.7 Age at First Marriage

Information on age at first marriage is presented in Table 3.7. The median age at first marriage was 17.0 years for females and 24.0 for males. By age 24 years, 91% of the females had been married compared with 50% of the males. Marriage was generally earlier for both females and males who had never attended school and those with Quranic education only, in the rural areas and the North West and North East zones.

Table 3.7: Age at First Marriage
Median Age at First Marriage for Females and Males according to Selected Characteristics: FMOH, Nigeria 2003

Characteristics	Female Median age	Male Median age
Location		
Rural	15.0	22.0
Urban	20.0	26.0
Zone		
North Central	18.0	23.0
North East	15.0	21.0
North West	14.0	20.0
South East	19.0	29.0
South South	19.0	26.0
South West	21.0	26.4
Education		
Never Attended School	15.0	20.4
Quranic only	14.0	20.0
Primary	18.0	25.0
Secondary	20.0	26.0
Higher	24.0	28.0
TOTAL	**17.0**	**24.0**

3.8 Polygynous Unions

The percentage distribution of currently married females and males in polygynous unions are presented in Table 3.8. Generally, a higher proportion of females (36%) than males (24%) were in polygynous unions. The proportion of respondents in polygynous unions was also generally higher in the North than in the South, and higher among females and males that never attended school or with Quranic education only compared with those with other forms of education. In terms of

zones, the highest level of polygyny was reported in the North West. In the South, polygyny was more common in the South West and South South than in the South East. The pattern is consistent with previous investigations in Nigeria.

Table 3.8 Polygynous Unions

Percent Distribution of Currently Married Females and Males who are in Polygynous Unions according to Selected Background Characteristics; FMOH, Nigeria 2003

Characteristics	Female	Male
Location	3,256	2,453
Rural	37.8	27.1
Urban	28.8	15.5
Zone		
North Central	43.8	30.7
North East	35.8	32.1
North West	45.0	30.7
South East	13.9	8.9
South South	23.1	14.0
South West	28.7	15.8
Education		
Never Attended School	44.4	37.0
Quranic only	50.3	38.6
Primary	30.2	17.8
Secondary	19.1	12.4
Higher	13.6	12.9
TOTAL	**35.6**	**23.9**

3.9 Occupational Distribution

Table 3.9 presents the occupational distribution of all the respondents according to rural/urban locations and zones. Farming and fishing were reported as occupation by about one-third of the respondents in the rural areas, the proportions varying from 22% in the South South to 42% in the North Central. The proportion who reported their occupation as students in the rural area was higher in South East, South South and South West than in the North Central, North East and North West. Sixteen percent of the respondents in the rural area owned their private businesses; the proportion is higher in the South East and South West and lowest in the North East. Generally, a higher proportion of respondents in the urban areas owned their own businesses. A higher proportion of the respondents reported themselves as housewives in the North East and North West than the rest of the zones. In the urban area only 3% reported themselves as unemployed with the highest proportion being in the South South (5%).

Table 3.9 Occupational Distribution
Percent Distribution of All Respondents according to Location and Zone; FMOH, Nigeria 2003

Occupation	North	North Central	North East	South West	South-East	South South	Total West
Rural	1,325	1,190	1,700	797	1,123	784	6,919
Upper Management	0.5	0.3	0.3	1.5	1.7	1.2	0.8
Own Business	12.3	13.1	13.7	20.4	16.5	25.6	16.0
Blue collar skilled	2.9	0.8	3.4	2.2	3.6	5.6	3.0
Unskilled	0.7	0.4	4.5	3.6	3.0	7.3	3.2
Civil Servant/Clerical	3.1	2.3	1.2	5.6	5.4	2.3	3.0
Farming/Fishing	42.2	33	35.1	29.4	21.9	29.3	32.4
House Wife	14.7	34.5	31.1	1.8	8.2	0.9	18.3
Pensioner/Retired	0.4	0.0	0.2	1.6	2.0	1.2	0.8
Unemployed	2.1	2.5	1.0	3.6	6.5	1.0	2.6
Students	19.0	10.2	6.4	28.8	29.2	21.9	17.1
Others	1.7	1.9	2.8	1.5	1.7	3.7	2.3
No response	0.5	0.9	0.3	0.0	0.4	0.1	0.4
Total	100	100	100	100	100	100	100
Urban	416	275	582	409	387	1,102	3,171
Upper Management	2.2	0.0	3.5	4.4	2.8	4.2	3.4
Self Employed	23.7	18.1	22.4	29.7	23.9	31.3	26.9
Blue collar Skilled	3.7	2.3	5.4	5.1	3.3	10.6	6.9
Unskilled	1.6	0.8	3.5	4.8	2.0	6.9	4.5
Civil Servant/Clerical	15.3	11.6	6.6	6.7	11.5	7.8	8.8
Farming/Fishing	2.2	4.2	3.7	6.2	4.1	1.7	3.1
House Wife	7.2	32	19.1	2.3	4.1	1.7	8.1
Pensioner/Retired	0.9	0.0	1.2	0.5	2.0	1.0	1.0
Unemployed	3.4	3.1	2.2	3.0	5.3	1.8	2.7
Students	34	22.8	27.4	34.3	38.4	30.3	30.9
Others	5.6	4.6	4.3	3.2	1.8	2.1	3.1
No response	0.3	0.4	0.7	0.0	0.8	0.6	0.5
Total	100	100	100	100	100	100	100

3.10 Mobility

Respondents were asked to indicate whether they have been away from home for more than one month in the last twelve months preceding the investigation on the assumption that people who travel away from home are more likely to engage in risky behaviour than those who had never travelled from home. The responses are presented in Table 3.10. The majority of the respondents who had moved away from home were concentrated between the group 15-29 years. A higher percentage of males and urban respondents than females and rural respondents had been away from home. A significantly higher proportion of both females and males in the South South and South East had been away from home during the reference period compared to other zones. The proportion of respondents who had been away from home was lowest among females and in rural areas in the North East and North West and highest among the urban respondents and males in the South East.

Table 3. 10 Mobility of Respondents
Percent Distribution of Female and Male Respondents who had been Away from Home for More than One Month in the last 12 Months According to Selected Background Characteristics; FMOH, Nigeria 2003

Characteristics	North Central	North East	North West	South East	South South	South West	Total
	1,741	1,465	2,282	1,206	1,510	1,886	10,090
Sex							
Female	25.4	17.9	17.2	29.3	44.1	29.0	26.2
Male	32.3	29.9	28.3	41.9	41.8	29.9	33.0
Location							
Rural	25.1	22.2	20.3	32.4	43.5	33.1	28.1
Urban	41.0	28.8	29	40.3	41.3	27.5	32.2
Age group							
15 - 19	27.2	20.6	16.3	37.4	41.5	19.5	26.0
20 - 24	39.4	30.1	23.0	50.0	46.9	31.0	34.3
25 - 29	35.1	29.2	28.6	30.4	50.7	34.2	34.0
30 - 39	27.7	22.5	26.5	30.0	41.5	33.4	30.3
40 - 49	20.5	15.5	19.6	34.1	41.5	29.5	26.6
50 - 64	9.2	15.6	18.3	28.0	23.4	27.9	21.4
Total	28.8	23.5	22.7	35.4	43	29.5	29.6

3.11 Access to Communication Facilities

Table 3.11 presents information on access to communication facilities according to the zones and rural-urban location. Just over two-thirds (68%) and nine-tenths (91%) of the respondents in the rural and urban areas respectively reported that they had access to radio. The proportion that had access to radio ranged from 53% in the rural area of the North East to 95% in the urban area of the South East. Access to television was much lower than that of the radio in both rural and urban areas across the zones. Access to television ranged from 7% in the rural area of North East and North West to 81% of the urban area of South West. Overall access to telephone was much better in the urban area than the rural area. The percentage of the respondents who had access to GSM phones was higher in both rural and urban areas than those who had access to land phones.

Table 3.11 Access to Communication Facilities
Percent Distribution of All Respondents by Access to Communication Facilities According to Location and Zone; FMOH, Nigeria 2003

Facility	North Central	North East	North West	South East	South South	South West	Total Number of women and men
Rural	1,325	1,190	1,700	797	1,123	784	6,919
Radio	74.3	55.3	56.0	84.8	74.0	82.4	68.1
Television	18.2	6.5	7.1	36.2	23.8	27.3	17.2
Video	11.5	3.2	4.1	19.3	15.4	17.2	10.3
Cable	0.8	0.2	0.1	1.0	0.6	0.1	0.4
GSM Phone	0.6	0.3	0.1	1.1	2.6	1.7	0.9
Telephone (Landline)	0.1	0.3	0.1	1.0	0.9	0.6	0.4
Urban	416	275	582	409	387	1,102	3,171
Radio	92.5	87.7	90.6	94.5	88.5	92.1	91.4
Television	79.4	52.7	63.2	74.1	77.7	80.9	74.1
Video	62.9	42.3	52.3	57.1	61.2	58.4	56.6
Cable	5.9	13.1	15.2	5.7	5.9	1.9	6.6
GSM Phone	4.7	1.9	10.5	10.8	15.9	15.9	12.2
Telephone (Landline)	9.7	13.8	12.7	14.6	5.9	6.9	9.6

3.12 Use of Drinks Containing Alcohol

Among the background information sought from the respondents was how often they had drinks containing alcohol during the last four weeks preceding the investigation and whether they had ever used psychoactive drugs. This information was sought on the understanding that those who have drinks containing alcohol or use drugs are more likely to engage in risky behaviour than those who do not.

In all, 18% of the respondents reported that they took drinks containing alcohol during the last four weeks. Frequency of alcohol use within the period was categorized as daily use, use at least once weekly and less than weekly. The proportion that took alcoholic drinks daily was 3% of the population while those who did so at least once weekly was 12%.

Alcohol use was reported in all the zones in the country but the lowest use was reported in the North West and North East while the highest rate of use was reported in the South South and South East. The North Central and South West zones reported nearly the same level of use of drinks containing alcohol. The distributions are shown in Table 3.12

Table 3.12 Use of Alcohol
Percent Distribution of All Respondents Who Have Used Drinks containing Alcohol within the Last One Month According to Zone; FMOH, Nigeria 2003

Frequency of Alcohol Use	North Central	North East	North West	South East	South South	South West	Total
	1,741	1,465	2,282	1,206	1,510	1,886	(10,090)
Every day	3.8	1.3	0.5	3.7	7.0	2.2	2.7
At least once weekly	10.7	1.5	0.6	17.7	19.2	10.8	9.0
Less than once weekly	4.7	1.2	0.6	10.2	14.8	7.1	5.9
% using drinks containing alcohol in last one month	19.2	4.0	1.7	31.6	41.0	20.1	17.6

The proportion that reported that they had drinks containing alcohol was higher in the urban areas than in the rural areas.

3.13 Use of Psychoactive Drugs

Respondents were asked to indicate whether they had ever tried any psychoactive drugs. The psychoactive substances were specified to include cannabis, cocaine, heroin and solvents (glue). One hundred and thirteen or 1% of the respondents reported ever using any of the psychoactive drugs. Cannabis was the most reported psychoactive drug ever used. Use of psychoactive drugs was reported in all the zones and the proportion who had ever used was similar in both urban and rural area (1%). Among the 113 respondents who reported ever using psychoactive drugs, 30 (27%) consisting of 14 males and 16 females reported that they had injected cocaine or heroin within the last twelve months.

3.14 Discussion and Conclusions

There are similarities in the age and sex composition of both male and female respondents across the zones. The three major ethnic groups, Hausa, Yoruba and Igbo accounted for a significant proportion of the survey population.

There were differences in the educational attainment between respondents in the rural and urban areas and between zones. The respondents from the urban areas and the southern zones attained higher levels of education than those from the rural areas and northern zones. The languages that respondents could read with understanding and those spoken fluently reflect the level of educational attainment. More respondents in the southern zones than in the northern zones could read and speak English while the majority in the northern zones spoke Hausa only. Islam was the main religion in the northern ones as Christianity was in the southern ones. Of all Christians in the South East zone, majority were Catholics.

Marriage was early and nearly universal for females in the northern zones compared with the southern zones, and among those who had never attended school. The proportion of respondents in polygynous unions was higher in the North than in the South and higher among females and

males who had never attended school or with Quranic education compared with those with other forms of education.

Farming and fishing were the predominant occupations in the rural areas, while the majority of both females and males in the urban areas were self employed or owned their own private business. More females in the northern zones compared with their counterparts in the southern zones reported themselves as housewives.

Male respondents were generally more mobile than the female respondents, while both were more mobile in the southern zones compared with their counterparts in the northern zones.

Majority of respondents across the zones had access to the radio compared with other communication facilities. However accessibility was better in the southern zones and in urban areas across the zones. Use of drinks containing alcohol was generally higher in the southern zones compared with northern zones while the proportion nationwide that reported use of psycho active drugs was low, however more females than males had reported injecting a psychoactive drug with a syringe and needle recently.

The findings in this section are important for the understanding of the factors that are likely to affect sexual behaviour patterns and reproductive health issues that are central to this investigation. The understanding of these will have implications for the type of intervention strategies that may be put in place.

SECTION 4

4.0 SEXUAL BEHAVIOUR

In Africa, heterosexual relationship is the main mode of transmission of HIV/AIDS and other sexually transmitted infections. The understanding of patterns of sexual behaviour is therefore important to gauge the forces driving the HIV/AIDS epidemic and other sexually transmitted infections, and determine how intervention strategies may be adopted to curb further spread of HIV/AIDS and STIs and minimize the impact of the epidemic on the individual, the community and the society.

This section presents the findings from the questions posed to the respondents on their sexual behaviour. Such questions, among others, elicited information on age at first sex, types and number of sexual partners and sex in exchange for favours or gifts.

4.1 Ever Had Sex

The percentage distribution of both female and male respondents who had ever had sex according to zone, rural-urban location, age, education and marital status is presented in Table 4.1. More than four-fifths (83%) of the female respondents compared with about three quarters (76%) of the male respondents had ever had sex. The distribution according to selected characteristics shows a uniform pattern across the zones, where about 70% or more of both females and males had had sexual intercourse. The distribution according to age indicates that less than half of females (47%) and just over one quarter (27%) of males aged 15-19 years reported that they had never had sex. From the age of 30 years nearly all respondents reported that they had ever had sexual intercourse. Among the respondents who had never married, about two-fifths (39%) of females and about half (48%) of males reported that they had ever had sex (not shown in Table 4.1).

Table 4.1: Ever Had Sex
Percent Distribution of Respondents Who Have Ever had Sex according to Selected Characteristics; FMOH, Nigeria 2003

	Female	Number of women	Male	Number of men
Location				
Rural	86.2	3,618	76.9	3,301
Urban	77.6	1,510	75.7	1,661
Zone				
North Central	81.4	612	77.2	562
North East	83.2	666	69.3	585
North West	90.9	900	73.1	828
South East	72.6	425	77.8	375
South South	81.9	505	80.1	491
South West	82.7	415	80.3	382
Education				
Never attended school	93.7	1,830	82.1	950
Quranic Only	93.6	369	78.0	473
Primary	85.2	1,126	80.6	1,117
Secondary	68.0	1,481	67.8	1,853
Higher	81.0	322	85.5	569
Age group				
15 - 19	46.5	1,178	26.8	967
20 - 24	84.0	1,058	61.1	878
25 - 29	96.9	842	88.9	739
30 - 39	98.2	1,172	97.5	1,025
40 - 49	98.8	878	98.6	725
50 - 64	NA	NA	98.9	628
Total	**83.4**	**5,128**	**76.4**	**4,962**

NA = Not Applicable

4.2 Age at First Sex

The median age at first sex for females and males 15-24 years of age was estimated by determining the age at which 50% of them reported having sex. The findings are presented in Table 4.2, for both females and males and according to the zones and rural-urban location. As indicated in Table 4.2, the median age at first sex for all respondents 15-24 years of age was 16.9 years for females and 19.8 years for males. Females in the North West and North East reported the lowest median age at first sexual intercourse. The estimated median age at first intercourse for females in the North Central, South East and South South was much higher than the national average. Median age of first sex for both females and males was lower in the rural areas than in the urban areas. An attempt was also made to determine the age at first sex by asking all the respondents both female and male directly the age at which they had their first sexual intercourse. Findings for females are presented in Table 4.1.

Table 4.2: Median Age at First Sex

Percent Distribution of Median Age at First Sex among Youths 15-24 Years Old according to Selected Characteristics; FMOH, Nigeria 2003

	Youth 15 to 24 years of age	
	Female	Male
Location		
Rural	16.5	19.6
Urban	18.8	19.7
Zone		
North Central	18.6	18.6
North East	16.4	20.4
North West	*Under 15 years	21.6
South East	20.5	19.3
South South	16.7	18.2
South West	18.4	18.6
National	**16.9**	**19.8**

**Could not be determined since over 50% of respondents had had sex before the age of 15*

Table 4.3 Shows the Median Age At First Intercourse for Females for Different Age Groups.

Median Age at First Sex of Female Respondents according to Age group; FMOH, Nigeria 2003.

Females and Median age at first sexual experience	
	Median age of first sex
Age group	
15 - 19	xx
20 - 24	16.7
25 - 29	17.5
30 - 39	17.4
40 - 49	17.1
15 - 49	**16.9**

**xx - figure suppressed because less than 50% of respondents in the group have had sexual intercourse*

4.3 Current Sexual Activity

Information on the proportion of persons who have had sex within the past twelve months is important in assessing the extent of current sexual activity in a country and offers the basis for measuring other useful indicators. Table 4.4 shows the percentage of the total population who have had sex in the past 12 months preceding the survey. From the table, two thirds of the total population (66% of females and 64% of males) have had sex in the last 12 months preceding the survey. In general, sexual activity is higher in the middle age groups which is expected.

Table 4.4: Sexual Activity of the General Population

Percent Distribution of Respondents who had Sexual Intercourse in the Past 12 Months Preceding the Survey among all respondents according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Female	Number of women	Male	Number of men
Location				
Rural	65.9	3,618	63.7	3,301
Urban	64.7	1,510	64.4	1,661
Zone				
North Central	56.7	612	59.5	562
North East	71.9	666	59.9	585
North West	76.4	900	66.2	828
South East	46.2	425	60.2	375
South South	65.0	505	66.6	491
South West	65.1	415	66.7	382
Education				
Never attended school	69.3	1,830	67.8	950
Quranic only	78.8	369	68.4	473
Primary	68.2	1,126	67.5	1 117
Secondary	55.4	1,481	56.3	1,853
Higher	67.1	322	72.1	569
Age group				
15 - 19	39.8	1,178	19.2	967
20 - 24	70.7	1,058	47.6	878
25 - 29	80.5	842	76.0	739
30 - 39	79.6	1,172	87.5	1,025
40 - 49	59.7	878	88.7	725
50 - 64	NA	NA	74.4	628
Total	65.5	5,128	64.0	4,962

NA= Not Applicable

Table 4.5 presents the proportion of sexually active respondents who have had sex in the twelve months preceding the survey according to selected characteristics. Seventy nine percent of all sexually active female respondents compared with 84% males reported having had sex in the twelve months preceding the survey.

Table 4.5 Sexual Activity in the last 12 months among Respondents who had ever had sex
Percent Distribution of Respondents who had Sex in the last 12 months among all respondents whoi have ever had sex according to Selected Characteristics.

Characteristics	Females		Males	
	Women who had sex in the last 12 months	Number of women who have ever had sex	Men who had sex in the last 12 months	Number of Men who have ever had sex
Location				
Rural	76.4	3,104	82.9	2,530
Urban	83.4	1,172	85.1	1,254
Zone				
North Central	69.6	727	77.2	660
North East	86.5	643	86.3	476
North West	84.0	1,062	90.5	818
South East	63.6	454	77.4	451
South South	79.3	624	83.1	603
South West	78.7	766	83.0	776
Education				
Never attended school	74	1,712	82.6	773
Quranic only	84.2	342	87.7	368
Primary	80.0	955	83.7	902
Secondary	81.5	1,006	83	1,255
Higher	82.8	261	84.4	486
Age group				
15 - 19	85.7	547	71.7	263
20 - 24	84.2	890	77.8	540
25 - 29	83.0	816	85.5	648
30 - 39	81.2	1,154	89.7	998
40 - 49	60.3	869	89.8	714
50 - 64	NA	NA	75.2	621
Marital status				
Never Married	74	505	73.1	1,053
Married	85	3,385	90.4	2,573
Total	**78.6**	**4,276**	**83.7**	**3,784**

NA = Not Applicable

4.4 Types of Sexual Partners

Both female and male respondents who reported having had sexual intercourse in the last 12 months preceding the survey were asked to state the number and type of partners they had. A distinction was made between marital and cohabiting partners, boy/girl friends, casual and commercial partners.

A marital/cohabiting partner was defined as a partner either married or living together as married to the respondent, while a boy friend/girl friend was defined as a non-spousal partner but more stable than a casual sex partner. A casual partner was defined as a partner one met on a casual basis and who may or may not demand payment or gift or favour for sex with little or no serious commitment from either side. A commercial partner was defined as one who demanded payment for sex on a strictly cash basis.

4.5 Sex with Non-Marital Partners

Given the risky nature of non-marital sex, Table 4.6 shows the percentage of females and males that had sex with non-marital partners during the last 12 months preceding the investigation. All non-marital, non-cohabiting sexual partners were considered as non-marital partners. In all, 9% of females and 19% of males reported that they had had sex with non-marital partners in the last 12 months preceding the survey. (See chart 4.1 and 4.2).

Table 4.6 Non-marital Sexual Partners Last 12 Months
Percent Distribution of Respondents who had Sex in the last 12 months with a Non-Marital Partner among all respondents according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Women that had non marital partner	Number of women	Men that had non marital partner	Number of men
Location				
Rural	7.1	3,618	15.8	3,321
Urban	12.6	1,510	25.6	1,661
Zone				
North Central	6.9	890	20.0	851
North East	2.5	771	8.2	694
North West	1.8	1,167	5.8	1,115
South East	11.4	622	26.3	584
South South	20.9	758	34.2	752
South West	13.3	920	27.2	966
Age group				
15 - 19	13.0	1,178	17.3	967
20 - 24	15.1	1,058	34.9	878
25 - 29	9.2	842	36.6	739
30 - 39	3.3	1,172	15.3	1,025
40 49	2.9	878	5.8	725
50 - 64	NA	NA	3.2	628
Total	**8.9**	**5,128**	**19.4**	**4,962**

NA = Not Applicable

Chart 4.1: Percentage of Respondents who had Sex with a non Marital Partner in the Last12 Months by Zone and Sex

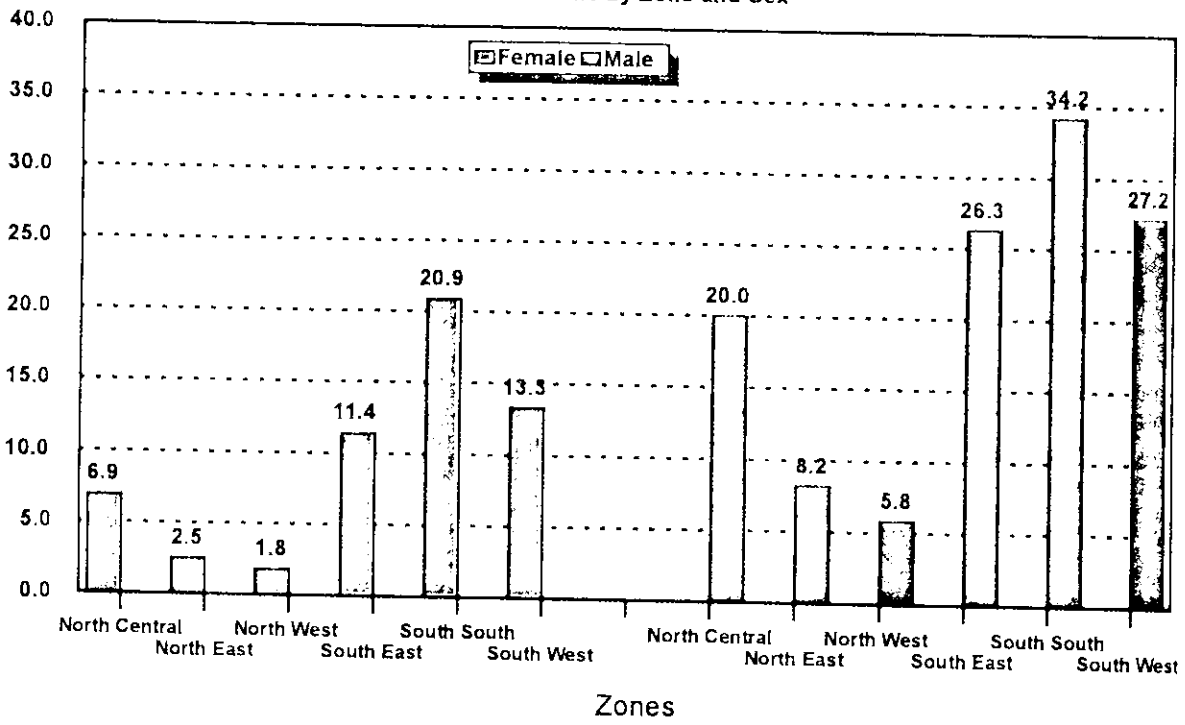
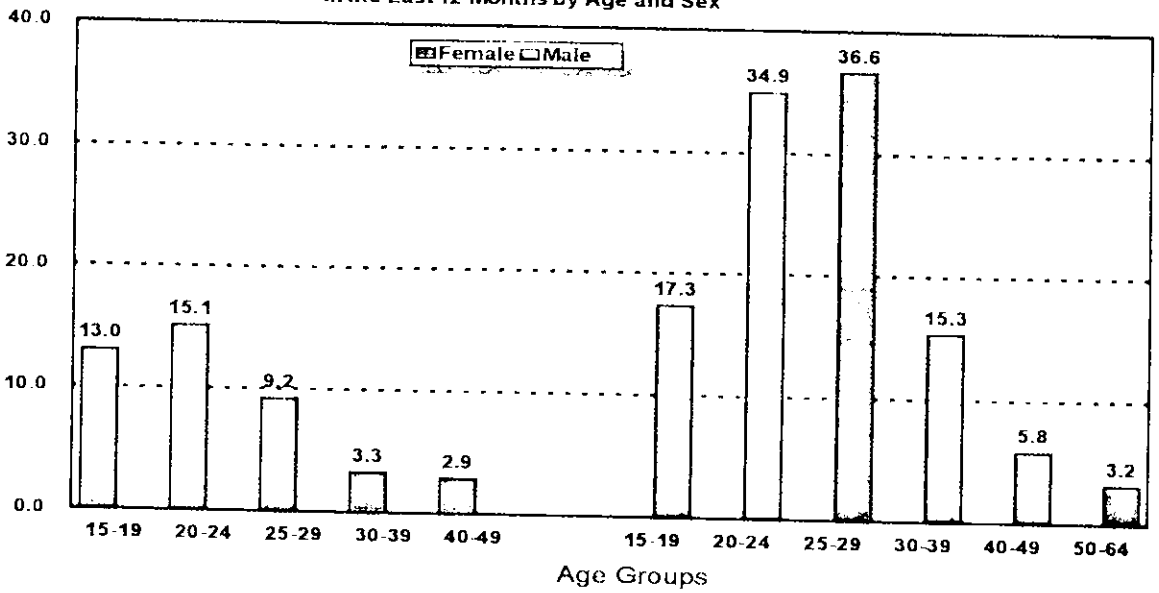


Chart 4.2: Percentage of Respondents who had Sex with a non Marital Partner in the Last 12 Months by Age and Sex



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NA= Not Ap

4.6 Sex in Exchange for Gift or Favour

Table 4.7 shows the distribution of the respondents who had ever had sex in exchange for gift or favour. Seven percent of females and 9% of males reported that they had accepted or given gifts or some kind of favour in exchange for sex. The proportion of respondents who had received or given some kind of gifts or favour for sex was highest in the South South, among the younger age groups (15-29 years), in the urban area and among those with secondary or higher education.

Table 4.7 Transactional Sex

Percent Distribution of Respondents Who have Ever Had Sex in Exchange for Gifts or Favours among all respondents who have ever had sex according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Women who have ever had sex in exchange for gifts or favours	Number of women	Men who have ever had sex in exchange for gifts or favours	Number of men
Location				
Rural	6.3	3,104	8.5	2,530
Urban	8.2	1,172	9.1	1,254
Zone				
North Central	9.8	727	5.8	660
North East	2.8	643	10.0	476
North West	2.8	1,062	2.9	818
South East	8.3	454	9.3	451
South South	15.3	624	21.4	603
South West	6.7	766	7.0	776
Education				
Never attended school	3.3	1,712	3.0	773
Quranic only	2.6	342	2.2	368
Primary	8.7	955	7.9	902
Secondary	10.4	1,006	13.3	1,255
Higher	15.0	261	11.9	486
Age group				
15 19	9.9	547	13.5	263
20 - 24	7.2	890	9.6	540
25 - 29	7.5	816	10.6	648
30 - 39	6.4	1,154	8.6	998
40 - 49	4 8	869	7.6	714
50 - 64	NA	NA	5.6	621
Total	**6.9**	**4,276**	**8.7**	**3,784**

NA= Not Applicable

4.7 Multiple Partners

An important aspect of sexual behaviour is the level of multiple partnering within a community. Information was collected from all respondents who had sex in the last 12 months on how many of a particular partner (both marital and non marital partners) they had sex with in the last 12 months. The results are presented in Table 4.8. Of all respondents who have ever had sex, only 3% of females reported having multiple partners, while 26% of the males reported same. There were substantial differences in the zones, age groups, and levels of education. For females, the lowest levels of multiple partnering were reported in North West (1%) and North East (2%). The highest for males was from North Central (33%). There appeared to be no substantial difference between respondents in rural and urban areas. For females education was found to be associated with multiple partnering; persons with higher levels of education were more likely to report having multiple partners.

Table 4.8 Multiple Partners Last 12 Months

Percent Distribution of Respondents Who Kept more than One Sex Partner (marital or non marital) in the Past 12 Months among all respondents who have ever had sex according to Selected Characteristics: FMOH, Nigeria 2003

Characteristics	Sexually active women who had more than one sexual partner	Women who have ever had sex	Sexually active men who had more than one sexual partner	Men who have ever had sex
Location				
Rural	2.5	3,104	28.6	2,530
Urban	3.4	1,172	22.2	1,254
Zone				
North Central	3.2	727	32.6	660
North East	1.8	643	29.8	476
North West	1.1	1,062	29.3	818
South East	5.1	454	16.7	451
South South	5.9	624	25.5	603
South West	2.0	766	22.9	776
Education				
Never attended School	1.4	1,712	31.2	773
Quranic Only	1.1	342	35.8	368
Primary	2.5	955	23.3	902
Secondary	4.1	1,006	23.9	1,255
Higher	8.8	261	22.8	486
Age group				
15 19	4.6	547	24.8	263
20 24	3.5	890	26.1	540
25 29	2.5	816	25.7	648
30 39	1.7	1,154	24.7	998
40 49	2.4	869	27.2	714
50 64	NA	NA	28.7	621
Marital status				
Never Married	11.1	506	27.7	1,044
Married	1.6	3,393	26.4	2,555
TOTAL	**2.7**	**4,276**	**26.2**	**3,784**

NA = Not Applicable

4.8 Multiple Non-Marital Partners

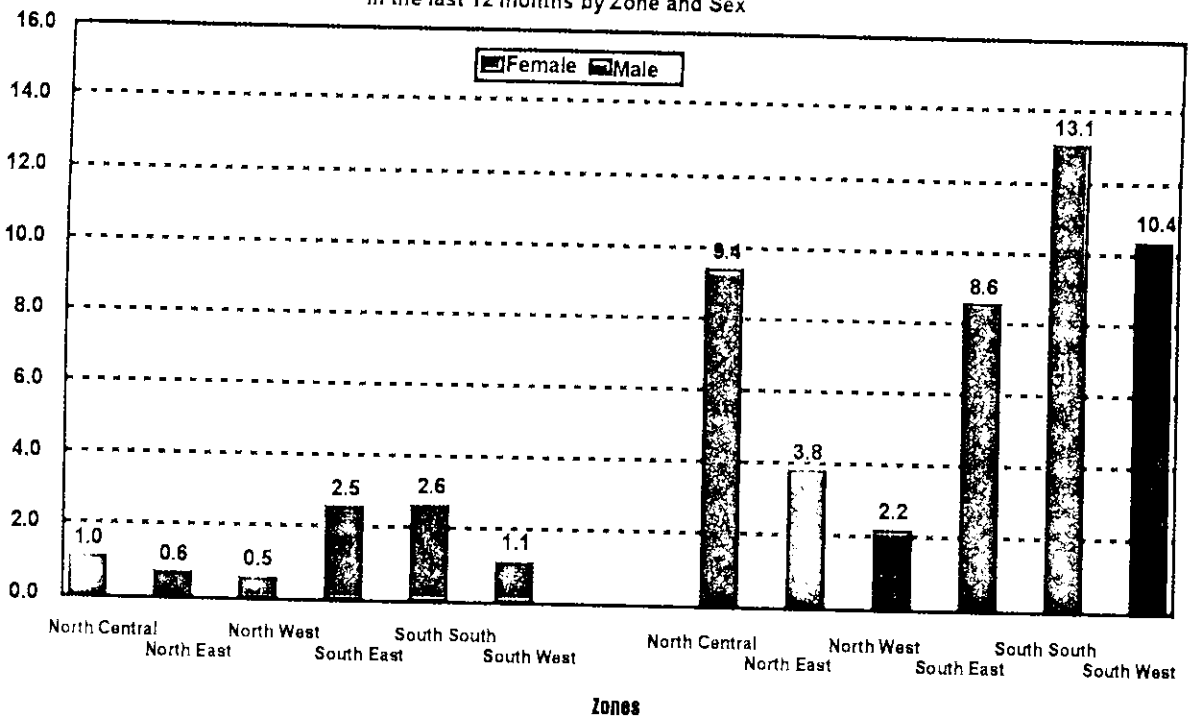
Sexual intercourse with non-marital partners is often considered to be of higher risk than sex with marital partners. Sex with multiple non-marital partners is even more risky. Table 4.9 shows the proportion of respondents who had had multiple non-marital partners. At the national level about 2% of female respondents who had sex in the twelve months preceding the survey had multiple non-marital partners, compared with 8% of males. In terms of education, the highest percentage of female respondents who reported having multiple partners were those with highest education. At the zonal level, the highest proportion for males was in South South, while for females it was in the South East and South South. Both males and females who were not married were more likely to have multiple non marital partners. (See chart 4.3).

Table 4.9 Multiple Non-Marital Partners Last 12 Months
Percent Distribution of Respondents who had Sex with Non-Marital Partners in the Past 12 Months among all respondents according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Female			Males		
	one	More than one	Total	one	More than one	Total
Location						
Rural	6.0	1.1	3,618	8.9	6.9	3,301
Urban	10.8	1.8	1,510	16.7	8.9	1,661
Zone						
North Central	5.9	1.0	890	10.6	9.4	851
North East	1.7	0.6	771	4.3	3.8	694
North West	1.3	0.5	1,167	3.5	2.2	1,115
South East	8.9	2.5	622	17.6	8.6	584
South South	18.2	2.6	758	21.0	13.1	752
South West	12.2	1.1	920	16.7	10.4	966
Education						
Never attended school	1.6	0.4	1,830	2.8	2.0	950
Quranic only	1.6	0.3	369	1.1	1.1	473
Primary	6.6	1.1	1,126	9.5	7.4	1,117
Secondary	14.6	2.0	1,481	18.3	11.0	1,853
Higher	17.6	4.8	322	18.2	11.5	569
Age group						
15 - 19	11.5	1.6	1,178	10.9	6.4	967
20 - 24	12.9	2.3	1,058	21.4	13.5	878
25 - 29	7.8	1.4	842	21.4	15.1	739
30 - 39	2.7	0.7	1,172	9.0	6.3	1,025
40 - 49	2.3	0.6	878	3.7	2.2	725
50 - 64	NA	NA	NA	2.2	1.0	628
Marital status						
Never married	23.6	4.0	1,306	21.0	12.8	2,181
Married	1.2	0.2	3,420	3.9	3.4	2,569
Total	7.6	1.3	5,128	11.8	7.6	4,962

NA= Not Applicable

Chart 4.3: Percentage of Respondents who had Sex with Non-Marital Partner in the last 12 months by Zone and Sex



4.9 Non-Marital/Non Cohabiting Relationship

One of the most common types of non-marital non-cohabiting relationships in Nigeria is the boyfriend/girlfriend relationship. Respondents were asked whether they had had sex with either a boyfriend or girlfriend. Results are presented in Table 4.10.

Table 4.10 Boyfriend/Girlfriend Relationships

Percent Distribution of Respondents who have had Sex with a Boyfriend or a Girlfriend in the Past 12 months among all respondents According to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Women who had intercourse with a boyfriend in the last 12 months	Number of women	Men who had intercourse with a girlfriend in the last 12 months	Number of men
Location				
Rural	6.5	3,618	13.9	3,301
Urban	12.3	1,510	25.7	1,661
Zone				
North Central	6.7	890	19.5	562
North East	2.2	771	7.6	585
North West	1.6	1,167	5.1	828
South East	11.0	622	23.4	375
South South	20.0	758	31.9	491
South West	12.5	920	26.7	382
Education				
Never attended school	1.7	1,830	4.5	950
Quranic only	1.6	369	1.7	473
Primary	7.2	1,126	15.9	1,117
Secondary	16.2	1,481	27.8	1,853
Higher	21.4	322	28.2	569
Age group				
15 - 19	12.6	1,178	16.2	967
20 - 24	15.0	1,058	33.4	878
25 - 29	8.6	842	35.6	739
30 - 39	3.0	1,172	14.2	1,025
40 - 49	2.2	878	4.8	725
50 - 64	NA	NA	2.5	628
Marital status				
Never married	27.1	1,306	32.8	2,181
Married	1.2	3,420	6.1	2,569
Total	8.5	5,128	18.4	4,962

NA= Not Applicable

Nine percent of females compared with 18% of males had sex with boyfriends and girlfriends respectively during the twelve months preceding the survey. Table 4.10 also shows substantial variations for females at the zonal level ranging from 2% in North West to 20% in South South. A higher proportion of both female and male respondents in urban than rural areas reported sexual activity with boyfriends and girlfriends.

4.10 Discussion and Conclusions

A significant proportion of both females and male respondents were sexually active and the pattern was uniform across the zones for both married and unmarried male and female respondents.

Among female respondents, sexual intercourse began much earlier in the North West, North East and South South zones where the median age at first sex was below the national average of 16.9 years. The median age at first sex for the different age groups indicates that very little change has taken place over the years. Given the low mean age at first marriage and low median age at first sex among females in the North West and North East zones, it would appear that in most cases the first sexual intercourse took place within marriage. Higher proportions of females and males in the urban areas had non-marital sex in the last 12 months than their counterparts in the rural areas. Most of the non-marital sexual encounters were with boy or girlfriends. A much larger proportion of males than female respondents reported multiple partnering and the rural urban differential was small.

SECTION 5

5.0 KNOWLEDGE, OPINION AND ATTITUDES ABOUT HIV/AIDS

Since 1986 when the first AIDS case was detected in Nigeria, the epidemic has rapidly grown. According to surveys carried out by the Federal Ministry of Health, the adult HIV prevalence has increased from 1.8% in 1991 to 4.5% in 1996 to 5.8% in 2001. With adult prevalence at 5.8 percent in 2001, the nation is now threatened by an exponential growth of the epidemic.

This section presents information about awareness of HIV, knowledge of how it is spread, knowledge of how it can be prevented, misconceptions about transmission and prevention of HIV and respondents' assessment of their personal risk of contracting HIV.

5.1 Knowledge About HIV/AIDS

Table 5.1: Knowledge of HIV/AIDS

Percent Distribution of Respondents who have ever heard of HIV/AIDS according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Heard of HIV or AIDS	Number of women and men
Sex		
Female	83.0	5,128
Male	92.4	4,962
Location		
Rural	82.9	6,919
Urban	97.5	3,171
Zone		
North Central	76.8	1,741
North East	79.9	1,465
North West	83.8	2,282
South East	97.4	1,206
South South	91.4	1,510
South West	97.2	1,886
Education		
Never attended school	71.6	2,780
Quranic only	80.0	842
Primary	92.0	2,243
Secondary Education	97.3	3,334
Higher	99.0	891
Age group		
15 - 19	85.1	2,145
20 - 24	90.0	1,936
25 - 29	90.2	1,581
30 - 39	89.4	2,197
40 - 49	84.6	1,603
50 - 64	89.0	628
Total	88.0	10,090

Awareness about HIV/AIDS was generally high both in the rural (83%) and urban (98%) areas (Table 5.1). It was slightly higher among the males than the females. It was lowest among people who never attended school (72%) and highest among people with secondary or more education (99%). There was no remarkable difference in the awareness levels among the different age groups. At regional levels, awareness about HIV was generally lower in the north than in the south.
The percentage of respondents who had heard of HIV/AIDS in the Northern zones ranged between 77% and 84% compared to 91% and 97% in the Southern zones.

5.1 Knowledge of AIDS Cure

Respondents were asked whether they thought there was a cure for HIV/AIDS. The results are presented in Table 5.2. Over 80% reported that there was no cure. A higher proportion of females (18% against 9%) said they were not sure if there was a cure for AIDS. Uncertainty about whether or not there was cure for HIV/AIDS was higher among people who had never been to school, those who had Quranic education only, and also among those from the northern zones. A higher proportion of respondents in rural areas (8%) felt AIDS was curable compared to 5% in urban areas. Again a higher percentage of males than females thought so too.

Table 5.2: Knowledge of AIDS Cure
Percent Distribution of Respondents Reporting that AIDS has or does not have a cure according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	AIDS does not have cure	AIDS does have a cure	Don't know/have not heard of AIDS	Number of women and men
Sex				
Female	77.4	4.7	17.8	4,962
Male	83.0	8.0	9.0	5,128
Location				
Rural	76.2	5.0	18.8	6,919
Urban	87.6	8.9	3.5	3,171
Zone				
North Central	72.1	3.3	24.7	1,741
North East	72.3	5.6	22.1	1,465
North West	72.4	9.5	18.2	2,282
South East	88.9	8.1	3.1	1,206
South South	86.0	4.3	9.7	1,510
South West	90.3	5.6	4.1	1,886
Education				
Never attended school	64.7	4.8	30.6	2,780
Quranic only	70.7	6.8	22.6	842
Primary	85.3	5.4	9.2	2,243
Secondary	89.2	7.1	3.7	3,334
Higher	88.7	9.9	1.4	891
Age group				
15 - 19	76.9	6.9	16.2	2,145
20 - 24	82.0	6.5	11.5	1,936
25 - 29	81.8	6.6	11.5	1,581
30 - 39	82.2	6.2	11.6	2,197
40 - 49	77.8	5.2	17.0	1,603
50 - 64	80.5	6.5	13.0	628
Total	80.2	6.4	13.4	10,090

5.3 Knowledge of Someone Who Had HIV/AIDS or Died of AIDS

When respondents were asked whether they had seen someone with HIV or knew someone who died of AIDS, about a quarter said they had seen someone with HIV or knew someone who died of AIDS (Table 5.3). The percentage was slightly higher in the urban than in the rural areas. There was no difference between males and females. Knowledge was highest in the South East (41%) and lowest in the South West (12%).

Table 5.3: AIDS Related Death

Percent Distribution of Respondents Who Knew Someone Who has HIV/AIDS or has Died of AIDS according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Knew someone who had or died of AIDS	Number of women and men
Sex		
Female	24.9	4,962
Male	24.9	5,128
Location		
Rural	23.8	6,919
Urban	27.0	3,171
Zone		
North Central	29.2	1,741
North East	27.5	1,465
North West	30.5	2,282
South East	40.5	1,206
South South	16.8	1,510
South West	11.5	1,886
Education		
Never attended school	17.2	2,780
Quranic only	26.8	842
Primary	25.8	2,243
Secondary	26.7	3,334
Higher	36.4	891
Age group		
15 - 19	22.9	2,145
20 - 24	25.1	1,936
25 - 29	24.7	1,581
30 - 39	26.8	2,197
40 - 49	24.9	1,603
50 - 64	24.6	628
Total	24.9	10,090

5.4 Personal Risk Perception of Contracting HIV

Respondents who had heard of AIDS were asked to rate their chances of being infected with HIV; the results are presented in Table 5.4. Overall, only 2% rated their chances of being infect ed high, 23% rated their chances low, and 72% believed that they were at no risk at all.

Table 5.4: Risk Perception

Percent Distribution of Respondents' Personal Risk Perception of Contracting HIV according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Respondents opinions about their chances of contracting HIV				Number of women and men who have heard of AIDS
	High chance	Low chance	No risk at all	No Response	
Sex					
Female	2.3	19.1	75.2	3.3	4,193
Male	1.5	26.4	68.8	3.1	4,557
Location					
Rural	1.8	21.7	73.2	3.3	5,672
Urban	2.0	25	69.8	3.2	3,078
Zone					
North Central	1 8	39.4	55.1	3.5	1,351
North East	1.9	20.6	72.9	4.5	1,150
North West	1.8	14.6	81.9	1.7	1,873
South East	1.1	24.6	71.7	2.5	1,168
South South	2.4	28.5	63.3	5.9	1,382
South West	2.1	20.0	75.3	2.6	1,826
Education					
Never attended school	1.2	18.1	76.5	4.1	1,934
Quranic only	0.9	17.2	79.0	2.5	661
Primary	2.0	22.9	71.8	3.2	2,043
Secondary	2.1	25.2	69.8	2.8	3,232
Higher	3.0	29.2	64.6	3.2	880
Age group					
15 - 19	1.5	20.7	74.0	3.7	1,791
20 - 24	2.2	26.6	67.9	3.3	1,724
25 - 29	2.6	25.4	68.9	3.1	1,407
30 - 39	1.6	22.3	72.7	3.3	1,942
40 - 49	1.9	20.5	75.1	2.3	1,330
50 - 64	1.2	20.5	74.9	3.3	556
Total	1.9	22.9	71.9	3.2	8,750

5.5 Knowledge of Routes of HIV Infection

Correct knowledge of HIV transmission is important to enable the design of interventions that will minimise the spread of the virus. Respondents were therefore asked to indicate how they thought a person could get the virus that causes AIDS. The findings are presented in Table 5.5. The routes of HIV transmission mentioned by the respondents included sexual intercourse (84%), blood transfusion (75%), mother to unborn child (65%) and sharing of sharp objects (76%). The proportion that mentioned all four ways of transmitting HIV was 59%.

Knowledge was higher in the southern zones than in the northern zones; higher amongst the male respondents than the females; higher among urban dwellers than rural dwellers and higher in persons with higher levels of education. There was no noticeable relationship with age. (See chart 5.1A and 5.1B).

Table 5.5: Knowledge of Routes of HIV Transmission

Percent Distribution of Respondents who knew how a person can get the virus that causes AIDS according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Sexual Intercourse	Blood Transfusion	Mother to unborn child	Sharing sharp objects	Knew all four	Number of women and men
Sex						
Male	89.9	81.6	67.7	81.8	62.7	5,128
Female	77.7	68.6	61.8	70.9	56.1	4,962
Location						
Rural	77.6	66.6	57.3	68.6	51.3	6,919
Urban	95.3	90.5	78.6	90.6	74.4	3,171
Zone						
North Central	72.0	66.5	56.0	67.3	52.4	1,741
North East	74.8	60.5	49.8	61.4	43.4	1,465
North West	78.2	65.0	55.9	70.4	50.3	2,282
South East	93.1	87.3	78.6	86.0	70.8	1,206
South South	87.7	80.8	70.0	78.6	62.4	1,510
South West	95.3	89.6	78.1	90.6	75.3	1,886
Educational Status						
Never attended school	63.7	49.2	41.6	52.2	35.7	2,780
Quranic only	74.4	57.9	45.3	62.3	39.9	842
Primary	88.5	79.0	67.4	80.8	61.4	2,243
Secondary	95.0	90.8	79.6	90.9	74.6	3,334
Higher	98.0	97.5	88.7	94.5	85.1	891
Age group						
15 - 19	80.0	70.7	59.0	73.1	53.0	2,145
20 - 24	85.8	78.7	69.6	79.2	64.1	1,936
25 - 29	87.0	79.3	69.4	81.4	64.8	1,581
30 - 39	86.5	77.7	68.5	78.7	63.3	2,197
40 - 49	79.3	69.7	59.2	69.8	53.9	1,603
50 - 64	84.1	70.7	57.4	69.7	51.7	628
Total	83.8	75	64.7	76.3	59.3	10,090

Chart 5.1A: Percentage of all Respondents who knew how a person can get the virus that causes aids by zone

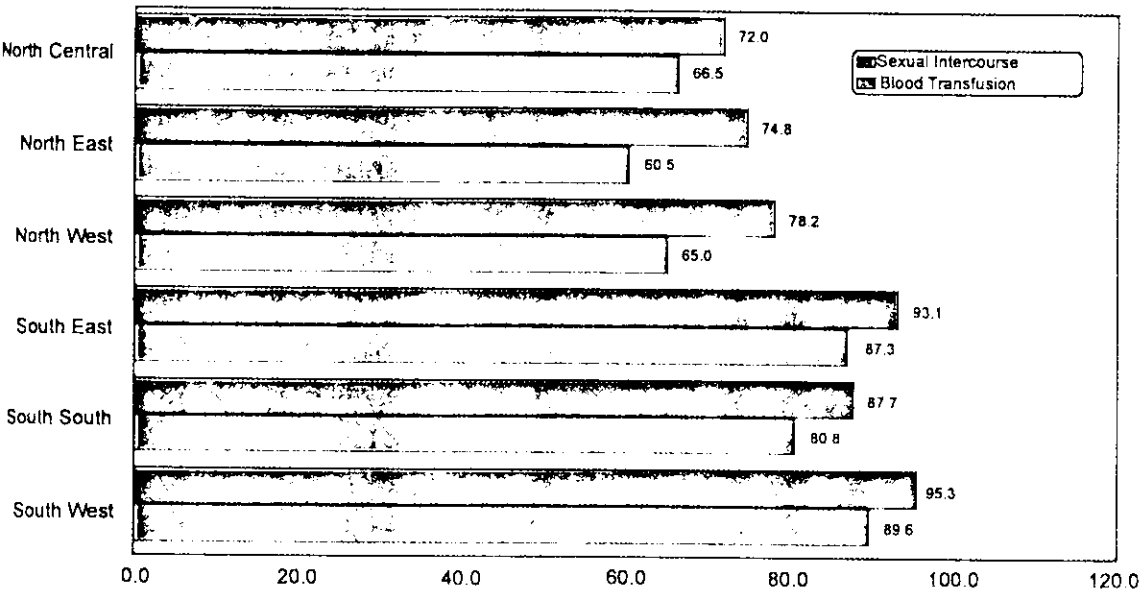
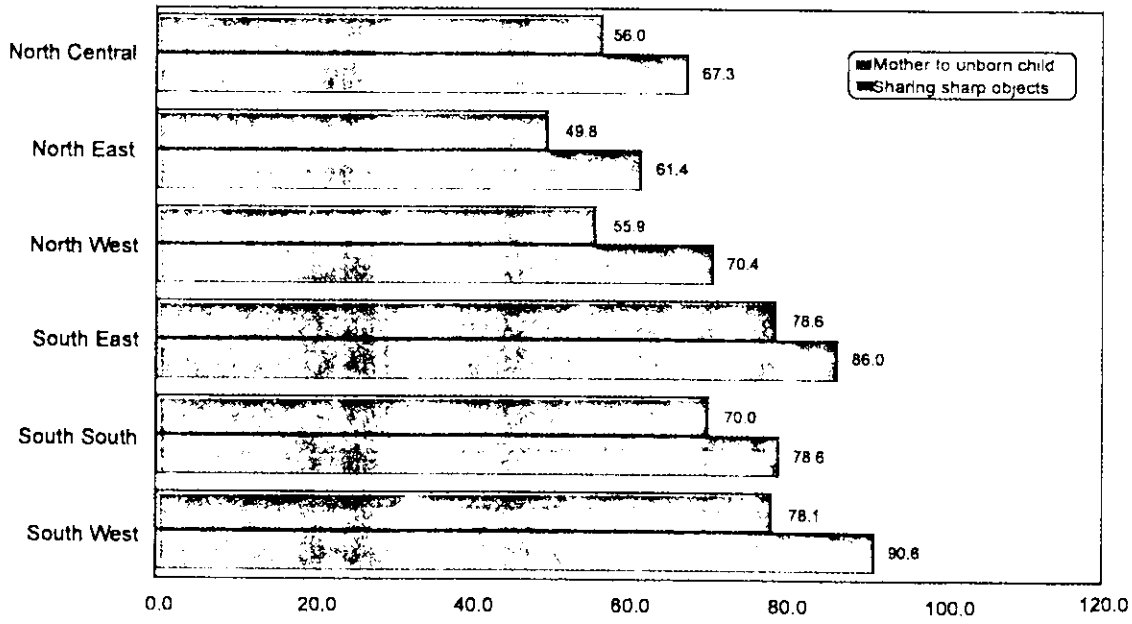


Chart 5.1B: Percentage of all Respondents who knew how a person can get the virus that causes AIDS by Zone



5.6 Misconceptions About HIV Transmission

Misconceptions about how HIV is transmitted was investigated. Table 5.6 presents levels of misconceptions about how HIV is transmitted from one person to the other. The misconception that HIV is transmitted through mosquitoes and bedbugs was highest (32%) followed by kissing (27%), sharing of toilets (23%), sharing eating utensils (21%), witchcraft (15%) and hugging (10%). At the zonal level, misconceptions were least in the North East and highest in the South West, which also showed the highest level of correct knowledge of HIV transmission.

Table 5.6: Misconceptions About HIV Transmission
Percent Distribution of Respondents who had Misconceptions about HIV Transmission according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	By sharing toilets	By eating utensils	By mosquito bites/bed bugs	By witchcraft	By Kissing	By Hugging	women and men who have heard of AIDS
Sex							
Female	25.2	22.0	33.2	17.6	28.8	11.5	4,193
Male	21.3	19.9	31.0	12.9	24.8	8.4	4,557
Location							
Rural	24.4	22.5	35.9	17.7	27.5	11.7	5,672
Urban	21.3	18.4	26.0	11.3	25.4	7.0	3,078
Zone							
North Central	22.6	22.6	37.1	23.9	26.9	12.8	1,351
North East	19.3	14.8	23.6	8.9	17.0	6.7	1,150
North West	16.6	17.2	29.9	12.4	19.3	9.8	1,873
South East	19.7	14.4	24.4	14.8	22.5	6.0	1,168
South South	22.5	20.7	36.7	23.1	32.8	9.6	1,382
South West	33.9	30.1	36.8	12.0	36.7	12.5	1,826
Education							
Never attended school	21.5	20.8	29.1	14.0	20.9	12.0	1,934
Quranic only	17.7	17.2	30.3	9.7	20.7	10.5	661
Primary	28.1	27.2	39.7	19.3	32.0	12.0	2,043
Secondary	24.4	20.4	33.6	16.2	29.8	9.0	3,232
Higher	15.1	11.3	17.0	9.0	20.0	3.8	880
Age group							
15 - 19	26.1	22.1	34.1	16.4	29.7	10.8	1,791
20 - 24	23.8	20.5	35.0	17.2	27.8	9.4	1,724
25 - 29	24.4	20.2	31.2	13.8	27.4	10.0	1,407
30 - 39	22.5	21.4	32.4	15.3	25.6	10.2	1,942
40 - 49	20.1	20.7	27.1	14.0	24.3	9.2	1,330
50 - 64	17.6	18.0	28.9	11.2	21.4	8.8	556
Total	23.2	20.9	32.1	15.2	26.7	9.9	8,750

5.7 Knowledge of How to Avoid the Virus That Causes AIDS

Knowledge about how to prevent HIV was also investigated. It was observed to be generally high. These results are presented in Table 5.7. Knowledge of staying with one uninfected partner was highest (81%), followed by avoiding sharing sharp objects (77%), avoiding sex with people who have multiple sexual partners (71%), abstaining from sex (70%), reducing number of sexual partners (60%), using condoms every time (52%) and finally by delaying sexual debut (44%).

Knowledge of ways to prevent contracting HIV was generally higher among the males than the females, higher in the urban than in the rural, higher among respondents with secondary education or more than those with primary or less, and higher in the Southern zones than in the Northern zones. (See chart 5.2 and 5.3).

Table 5.7: HIV Prevention Methods

Percent Distribution of Respondents' Knowledge of Ways of Preventing HIV Infection according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Knowledge variables							Number of women and men
	Stay with one uninfected partner	Use of condom every time	By abstaining from sex	By delaying sexual debut	By avoidingsex with people with multiple sexual partners	By reducing number of sexual partners	By avoiding sharing of sharp objects	
Sex								
Female	75.0	43.3	65.0	45.4	65.8	58.0	71.6	4,962
Male	86.4	61.8	74.9	42.9	75.8	61.8	82.7	5,128
Location								
Rural	74.6	43.2	63.1	39.9	65.1	54.8	69.4	6,919
Urban	91.7	69.6	82.4	52.1	81.3	69.3	91.2	3,171
Zone								
North Central	69.9	47.1	63.1	43.8	64.7	56.5	67.3	1,741
North East	69.8	30.6	51.2	24.9	63.9	46.6	62.3	1,465
North West	74.1	33.3	57.2	33.9	62.3	48.5	71.3	2,282
South East	90.7	54.6	91.2	52.3	76.4	71.2	88.1	1,206
South South	85.0	69.6	80.1	50.2	73.5	60.8	79.5	1,510
South West	92.9	77.7	81.4	59.0	83.3	76.2	90.6	1,886
Education								
Never attended school	60.3	30.0	45.3	27.7	52.6	41.9	54.0	2,780
Quranic only	70.9	37.0	55.2	32.0	59.2	47.1	62.8	842
Primary Education	85.4	64.8	76.5	48.3	74.9	63.9	81.6	2,243
Secondary	92.1	83.3	84.5	55.2	81.4	71.5	91.0	3,334
Higher	95.1	91.4	85.3	53.0	85.1	71.6	95.2	891
Age group								
15 - 19	75.6	51.1	70.3	43.0	66.9	56.4	73.7	2,145
20 - 24	82.4	58.2	73.2	45.6	72.4	62.2	80.0	1,936
25 - 29	84.8	57.1	71.5	46.2	73.8	62.9	81.1	1,581
30 - 39	83.4	55.5	70.0	46.3	73.8	62.6	80.3	2,197
40 - 49	76.7	43.3	64.6	40.3	66.6	55.1	71.1	1,603
50 - 64	81.6	39.5	67.4	41.3	70.7	59.6	72.3	628
Total	80.6	52.4	69.9	44.1	70.8	59.9	77	10,090

Chart 5.2: Percentage of all Respondents with knowledge of Ways of Preventing HIV Infection by Zone

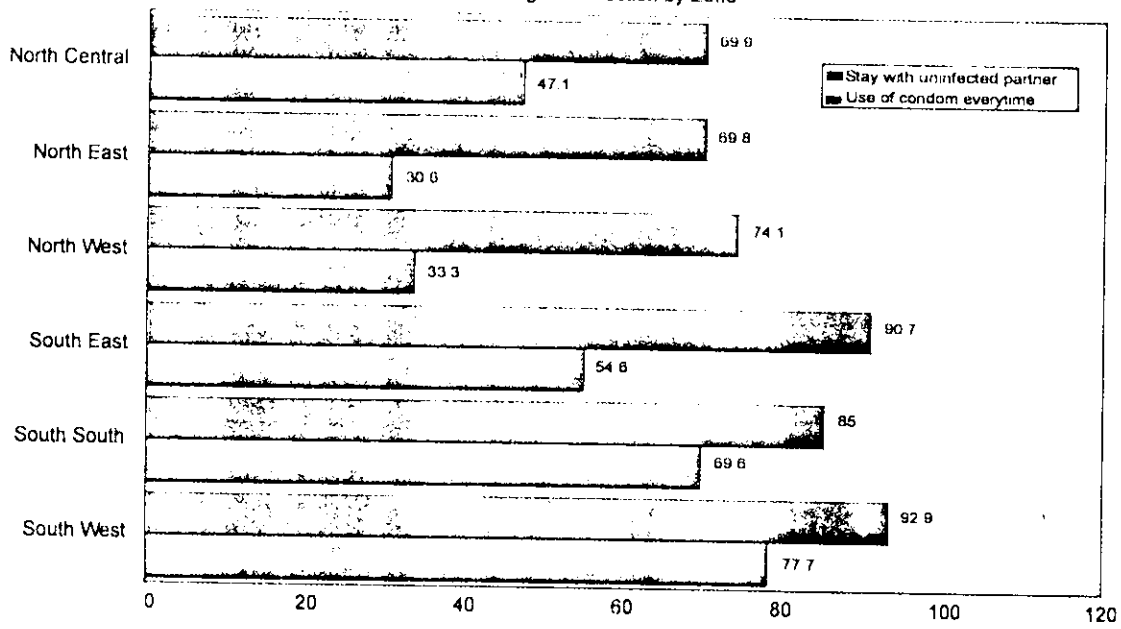
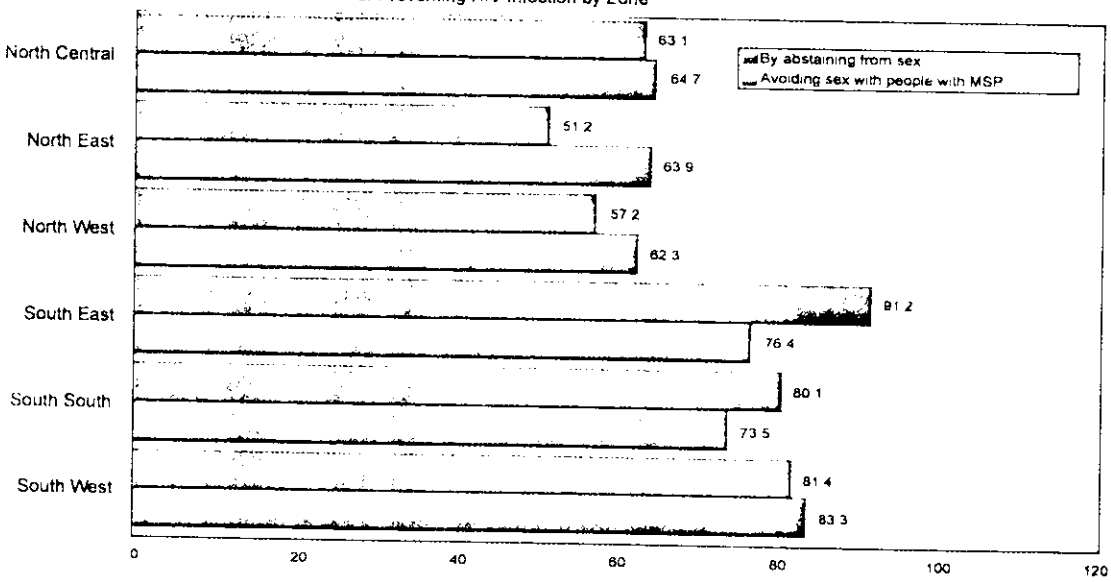


Chart 5 3 Percentage of all Respondents with knowledge of Ways of Preventing HIV Infection by Zone



5.8 HIV Prevention Methods (UNAIDS)

The UNAIDS indicator for knowledge of prevention methods is a very useful, universal indicator for correct knowledge of HIV prevention method. The indicator specifically measures if individuals can correctly respond to prompted questions that a person can reduce risk of contracting HIV by using condoms and by having sex with only one faithful uninfected partner. Fifty one percent of all respondents with higher figures among men, urban dwellers, individuals in the South West and those of higher educational levels knew both means as ways of reducing one's risk of contracting HIV (see table 5.8).

Table 5.8: HIV Prevention Methods (UNAIDS)

Percent Distribution of Respondents by Knowledge that One can Reduce One's Risk of Contracting AIDS by having Sex with only one Faithful Uninfected partner and by using Condoms according to Selected Characteristics.; FMOH, Nigeria 2003

Characteristics	Knowledge variables		Number of women and men
	Incomplete knowledge	Know the two indicators	
Sex			
Female	57.8	42.2	5,128
Male	40.1	59.9	4,962
Location			
Rural	58.1	41.9	6,919
Urban	32.3	67.7	3,171
Zone			
North Central	54.1	45.9	1,741
North East	71.0	29.0	1,465
North West	67.5	32.5	2,282
South East	47.6	52.4	1,206
South South	32.3	67.7	1,510
South West	23.9	76.1	1,886
Education			
Never attended school	79.0	21.0	2,780
Quranic only	74.1	25.9	842
Primary Education	45.7	54.3	2,243
Secondary	27.8	72.2	3,334
Higher	24.8	75.2	891
Age group			
15 - 19	51.4	48.6	2,145
20 - 24	43.1	56.9	1,936
25 - 29	43.9	56.1	1,581
30 - 39	46.0	54.0	2,197
40 - 49	57.9	42.1	1,603
50 - 64	61.2	38.8	628
Total	49.0	51.0	10,090

5.9 Misconceptions About How to Avoid HIV

Table 5.9 presents the proportion of respondents who reported some misconceptions about how to prevent HIV. The reported misconceptions were praying to God (59%), going for check ups (31%), using antibiotics (16%), and seeking protection from traditional healers (12%).

Generally there was no major difference between age groups in the level of misconceptions. At the zonal level, the misconception of the use of antibiotics as a preventive measure, was reported by 19% of respondents in South West and 8% in the North East. Seeking protection from traditional healers was also fairly high, especially in the South West, North Central and North West (13%).

Table 5.9: Misconceptions About HIV Prevention

Percent Distribution of Respondents' Misconceptions about How to Avoid HIV according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Praying to God	Going for check ups	Using antibiotics	Seeking protection from traditional healers	Nothing	Number of women and men who have heard of AIDS
Sex						
Female	53.7	27.6	13.3	11.1	1.4	4,193
Male	63.4	34.7	17.9	12.0	1.7	4,557
Location						
Rural	60.0	29.9	16.1	13.1	1.7	5,672
Urban	56.8	33.5	15.0	9.2	1.3	3,078
Zone						
North Central	53.3	34.0	14.5	13.2	0.7	1,351
North East	61.6	22.7	8.3	11.9	1.2	1,150
North West	73.1	24.9	16.7	12.9	0.1	1,873
South East	56.7	24.6	13.7	8.1	1.6	1,168
South South	46.7	38.9	18.0	9.9	5.2	1,382
South West	54.5	39.2	18.6	12.5	1.4	1,826
Education						
Never attended school	62.3	22.6	13.7	13.0	1.2	1,934
Quranic only	68.2	24.3	12.6	13.6	0.1	661
Primary	58.4	32.0	18.2	13.9	1.7	2,043
Secondary	56.0	35.8	16.5	10.4	2.0	3,232
Higher	54.7	37.0	13.6	6.6	1.5	880
Age group						
15 - 19	58.3	33.0	17.8	13.0	1.7	1,791
20 - 24	58.6	32.8	15.9	11.4	2.0	1,724
25 - 29	58.8	32.1	14.4	11.7	1.4	1,407
30 - 39	59.1	30.7	14.1	10.6	1.4	1,942
40 - 49	57.7	27.8	15.1	10.9	1.0	1,330
50 - 64	62.0	30.3	19.2	13.3	2.5	556
Total	58.8	31.3	15.7	11.6	1.6	8,750

5.10 Mother to Child Transmission of HIV

The respondents were asked if the virus that causes AIDS could be transmitted from mother to child during pregnancy, during delivery and by breastfeeding. The findings are presented in Table 5.10.

Sixty eight percent reported that HIV can be transmitted from mother to child during pregnancy, during delivery (55%), and by breast feeding (56%). Knowledge of mother to child transmission was generally higher in the urban than in the rural area, and among those with secondary education and above than those with primary or less education.

Table 5.10: Knowledge of Mother to Child Transmission

Percent Distribution of Respondents' Knowledge of Mother to Child Transmission of HIV according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Routes of HIV transmission from mother to child			Number of women and men
	During Pregnancy	During delivery	Through breast feeding	
Sex				
Female	65.1	55.8	55.1	4,962
Male	70.7	55.0	57.0	5,128
Location				
Rural	60.0	48.2	50.4	6,919
Urban	82.4	68.8	66.5	3,171
Zone:				
North Central	57.4	46.1	49.7	1,741
North East	54.1	41.7	44.1	1,465
North West	58.5	48.3	44 7	2,282
South East	78.2	62 6	64.7	1,206
South South	75.4	54.9	63.9	1,510
South West	82.7	73.8	70.3	1,886
Education				
Never attended school	43.9	34.6	35.7	2,780
Quranic only	48.5	42.9	39.0	842
Primary	71.2	58.6	61.4	2,243
Secondary	83.6	68.7	69.7	3,334
Higher	89.4	70.7	68.1	891
Age group				
15 - 19	62.2	51.5	53.1	2,145
20 24	72.5	61.9	60.8	1,936
25 - 29	72.9	60.2	61.0	1,581
30 - 39	72.0	58.0	58.5	2,197
40 - 49	62.0	48.6	49.5	1,603
50 - 64	60.3	47.3	46.6	628
Total	67.9	55.4	56.1	10,090

5.11 Knowledge About Whether a Healthy Looking Person Could Be HIV Positive

Respondents were asked if a healthy looking person could be HIV positive. The findings are presented in Table 5.11. Sixty percent said a healthy looking person could be HIV positive. Knowledge was higher in the urban than the rural, among males than females, as well as among those with higher levels of education.

Table 5.11: Asymptomatic Transmission of HIV

Percent Distribution of Respondents Who Know That a Healthy Looking Person could be HIV Positive according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	% Who know that a healthy looking person could be HIV positive	Number of women and men
Sex		
Female	53.4	4,962
Male	66.0	5,128
Location		
Urban	50.0	6,919
Rural	77.4	3,171
Zone		
North Central	51.3	1,741
North East	41.4	1,465
North West	51.2	2,282
South East	73.8	1,206
South South	64.1	1,510
South West	74.5	1,886
Education		
Never attended school	34.1	2,780
Quranic only	44.5	842
Primary	60.2	2,243
Secondary	75.3	3,334
Higher	88.5	891
Age group		
15 - 19	57.3	2,145
20 - 24	62.4	1,936
25 - 29	62.5	1,581
30 - 39	62.5	2,197
40 - 49	53.9	1,603
50 - 64	55.2	628
Total	59.6	10,090

5.12 Knowledge About HIV Transmission (UNAIDS Indicators)

For purposes of international comparisons, five of the knowledge indicators were pulled together using the UNAIDS guidelines. The results are presented in Table 5.12. About 19% of the respondents reported all the five indicators correctly. Males were more knowledgeable than females and the urban dwellers more than the rural dwellers.

Table 5.12: Knowledge About HIV Transmission (UNAIDS Indicators)

Percent Distribution of Respondents' Knowledge about HIV Transmission (UNAIDS Indicators) according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Peoples' knowledge about HIV transmission						Number of women and men
	HIV transmission can be reduced by staying with one faithful uninfected partner	Can reduce HIV transmission by using condoms all the time	Healthy looking person can be HIV positive	Mosquito cannot transmit HIV	Sharing meal utensils cannot spread HIV	Who got all five right	
Male							
Rural	81.9	53.2	72.0	32.1	47.6	15.7	2,533
Urban	93.6	75.6	80.1	57.6	65.5	31.9	1,251
Female							
Rural	67.1	32.9	59.8	25.0	35.1	8.6	3,116
Urban	90.2	63.4	85.6	52.4	65.3	28.4	1,160
All							
Urban	92.0	69.8	77.3	55.1	65.4	34.7	6,746
Rural	74.2	42.6	49.5	28.4	41.1	15.2	3,344
Zone							
North Central	69.9	47.1	51.3	32.8	43.4	18.8	1,741
North East	69.8	30.6	41.4	33.1	43.1	10.7	1,465
North West	74.1	33.3	51.2	32.1	44.7	12.4	2,282
South East	90.7	54.6	73.8	54.5	68.2	27.6	1,206
South South	85.0	69.6	64.1	34.4	51.9	19.4	1,510
South West	92.9	77.7	74.5	44.7	52.9	24.9	1,886
Total	80.6	52.5	59.6	38	49.9	18.6	10,090

5.13 Young People's Knowledge About HIV Transmission

Analysis of the five knowledge indicators among young people 15 to 24 years (See Table 5.13) revealed the same pattern as in the general population. Males were more knowledgeable than females, respondents in the urban area more than those in the rural area, and those in the Southern zones more knowledgeable than those in the Northern zones.

Table 5.13: Young Peoples Knowledge of HIV Transmission

Percent Distribution of Young Peoples' (15-24 years) Knowledge about HIV Transmission according to Selected Characteristics; FMOH, Nigeria

Characteristics	Peoples' knowledge about HIV transmission						Young people 15-24 years
	HIV transmission can be reduced by staying with one faithful uninfected partner	Can reduce HIV transmission by using condoms all the time	Healthy looking person can be HIV positive	Mosquito cannot transmit HIV	Sharing meal utensils cannot spread HIV	Who got all five right	
Female							
Rural	67.5	36.3	43.9	25.0	36.1	9.3	1,555
Urban	88.1	61.5	72.7	52.9	66.2	26.6	681
Male							
Rural	77.6	58.2	56.8	31.7	47.5	17.2	1,196
Urban	90.8	77.2	79.7	52.7	64.6	29.0	649
All							
Rural	72.6	45.6	49.8	28.0	41.4	12.7	2,751
Urban	89.9	70.1	77.1	53.5	65.8	28.3	1,330
Zone							
North Central	71.9	50.8	53.0	34.7	44.7	20.1	716
North East	64.2	27.1	37.9	31.6	39.0	10.0	641
North West	71.9	36.1	53.8	31.0	44.9	13.4	879
South East	89.5	62.4	75.8	56.9	71.0	29.8	475
South South	85.5	73.3	63.5	33.1	51.7	17.9	669
South West	91.0	78.6	74.3	42.7	55.5	22.7	401
Total	78.9	54.6	59.7	37.2	50.3	18.3	4,081

5.14 Discussion and Conclusions

Awareness of HIV/AIDS was generally high in both urban and rural areas and between males and females ed in all age groups. A significant proportion reported that AIDS has no cure, while about one quarter eported that they knew of someone who had died of AIDS.

However a large proportion of respondents rated their chances of being infected with HIV low or no chance at all. Knowledge of routes of transmission was generally high while misconception of routes of HIV transmission was also high especially on the fact that HIV can be transmitted through mosquitoes or bed bugs. Misconceptions were higher in rural areas and among females. It was also significant that knowledge of ways of preventing HIV transmission was also high.

In general on an assessment of the knowledge of young people about AIDS, males were more knowledgeable about means of HIV transmission than females, urban more than rural and respondents in the Southern zones were more knowledgeable than those in the Northern zones.

Although the knowledge of HIV/AIDS awareness was high, it would appear that the high level of knowledge of HIV has little impact on misconceptions about HIV transmission especially in the South West. The level of misconceptions was generally high and this has implications for interventions and acceptance of people living with HIV/AIDS. It will be necessary that interventions focus on providing correct knowledge about HIV/AIDS to allay misconceptions.

SECTION 6

6.0 CONDOM KNOWLEDGE, ACCESS AND USE

Unprotected sexual intercourse is the most common mode of transmission of HIV/AIDS in sub Saharan Africa. In addition, it is also the mode of transmission of STIs. Use of latex condoms substantially reduces risk for both partners provided condoms are used correctly and consistently Condoms also have several contraceptive benefits. The survey assessed the awareness of respondents on condoms, access to condoms, reasons for use or non-use as well as obstacles to use. The results are presented below.

6.1 Knowledge of Condom

Knowledge about condoms may be preceded by whether the person has ever heard of condoms. All respondents, including those who were not sexually active, were asked whether they had ever heard of male condoms. As shown in Table 6.1, 65% of all respondents reported having heard of condoms. There were obvious rural urban differentials, with just over one-half (54%) in rural areas compared with 87% in urban reporting that they had ever heard of condoms. Similarly, a higher proportion of males than females had ever heard of condoms: 76% and 55% respectively. The differences still persisted especially for women in rural and urban areas where the rates were 42% and 81% respectively. In both rural and urban areas, the highest proportions of people who have heard of condoms were those aged 20-39 years peaking at age 25-29 years. For respondents in rural and urban areas, the proportion who had heard of condoms increased progressively with increased education. In rural areas, for example, the proportion rose from 24% for those with no formal education to 96% among those with higher education. (See chart 6.1).

Chart 6.1: Percentage of Respondents ever heard of condoms by Zone and Rural/Urban classification

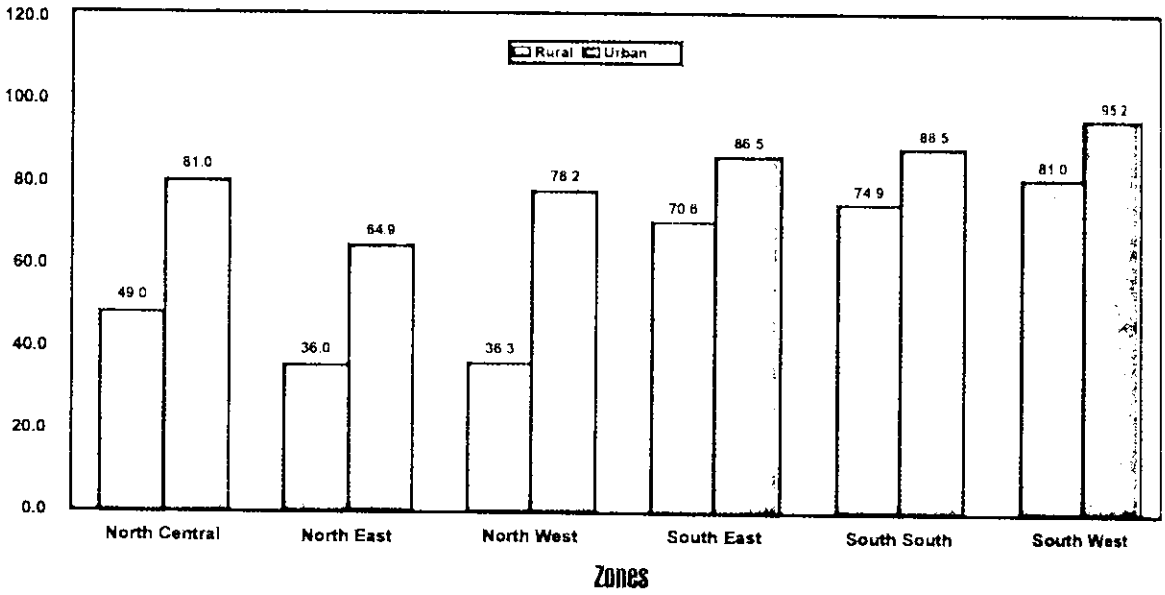


Table 6.1: Knowledge of Condoms

Percent Distribution of Respondents who have ever heard of Condoms according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Percentage who have heard of male condoms			Number of women and men
	Rural	Urban	Total	
Sex				
Female	42.3	81.0	55.0	5,128
Male	66.6	91.6	75.9	4,962
Zones				
North Central	49.0	81.0	56.5	1,741
North East	36.0	64.9	41.8	1,465
North West	36.3	78.2	47.4	2,282
South East	70.6	86.5	76.7	1,206
South South	74.9	88.5	78.5	1,510
South West	81.0	95.2	90.2	1,886
Education				
Never attended school	24.1	58.2	29.1	2,780
Quranic only	32.8	63.8	38.8	842
Primary	66.1	85.1	71.9	2,243
Secondary	83.6	92.1	87.7	3,334
Higher	95.7	97.3	96.8	891
Age group				
15 - 19	47.7	81.1	59.4	2,145
20 - 24	60.0	88.9	70.8	1,936
25 - 29	61.5	91.9	72.7	1,581
30 - 39	58.0	90.2	69.5	2,197
40 - 49	45.3	83.0	57.0	1,603
50 - 64	46.6	77.6	56.0	628
Total	53.9	86.6	65.3	10,090

6.2 Opinions About Condoms Affordability, Accessibility and Breakage

Sustained condom use may be difficult to achieve if people perceive condoms as not affordable or difficult to obtain. In Nigeria where socially marketed condoms constitute about 80% of the market, it is essential to assess the affordability and accessibility of condoms. The survey sought information on respondents' perception of condom affordability and accessibility and the findings are presented in Table 6.2.

Overall, 71% of respondents who have heard of condoms considered them accessible and 66% thought condoms were affordable. The proportions of persons who felt condoms were affordable or easily available were lower in the rural than urban areas and lower amongst persons with lower education.

Table 6.2: Condom Accessibility and Affordability

Percent Distribution of Respondents who have heard of Condoms and who Agree that condoms are easy to Obtain or agree that Condoms are affordable according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Agree that condoms are easy to obtain	Agree that condoms are affordable	Respondents who have heard of condoms
Sex			
Female	69.0	61.2	2,698
Male	71.8	69.1	3,687
Location			
Rural	62.5	57.8	3,678
Urban	80.0	74.9	2,707
Zones			
North Central	72.8	67.9	1,005
North East	58.6	57.9	579
North West	56.1	53.6	1,037
South East	68.0	61.6	901
South South	78.1	75.3	1,184
South West	78.5	70.7	1,679
Education			
Never attended school	46.4	41.0	759
Quranic only	37.6	37.9	313
Primary	64.0	57.6	1,571
Secondary	78.7	73.6	2,883
Higher	88.7	86.0	859
Age group			
15 - 19	72.8	63.7	1,227
20 - 24	77.2	71.3	1,339
25 - 29	72.8	69.3	1,117
30 - 39	71.4	68.0	1,483
40 - 49	60.6	59.9	871
50 - 64	51.8	44.6	348
Total	70.6	65.8	6,385

6.3 Opinions on Condom Efficacy

General opinions of respondents about condoms are presented in Table 6.3. Most respondents viewed male condoms as being effective in preventing unplanned pregnancy (52%), protecting against STIs (51%) and HIV/AIDS (50%). On the whole, a higher proportion of males expressed a greater confidence in the efficacy of condoms than females. Similarly, a higher proportion of respondents in the urban areas also had a higher level of confidence in the efficacy of condoms than those in the rural areas.

Table 6.3: Opinions on Condom Efficacy

Percent Distribution of all Respondents' who Agree to selected statements on Condom Efficacy according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Male condoms protect against unplanned pregnancy	Male condoms protect against HIV	Male condoms protect against diseases that are transmitted through sexual intercourse	All respondents
Sex				
Female	42.0	39.7	40.7	5,128
Male	63.0	60.4	62.4	4,962
Location				
Rural	42.0	40.3	41.3	6,919
Urban	71.7	67.7	70.4	3,171
Zones				
North Central	47.0	42.3	44.6	1,741
North East	30.0	28.3	29.6	1,465
North West	34.6	33.8	34.7	2,282
South East	56.0	48.7	51.8	1,206
South-South	66.4	64.6	66.3	1,510
South West	77.8	76.5	77.4	1,886
Education				
Never attended school	19.9	18.8	19.1	2,780
Quranic only	24.9	24.9	24.6	842
Primary	55.9	53.9	54.9	2,243
Secondary	73.8	70.6	73.0	3,334
Higher	84.6	77.7	82.4	891
Age group				
15 - 19	47.0	45.5	46.1	2,145
20 - 24	59.4	56.3	58.0	1,936
25 - 29	60.6	57.9	59.6	1,581
30 - 39	56.8	53.4	55.9	2,197
40 - 49	41.6	39.7	41.1	1,603
50 - 64	39.5	38.0	38.9	628
Total	**52.4**	**49.9**	**51.4**	10,090

6.4 Ever Use of Condom

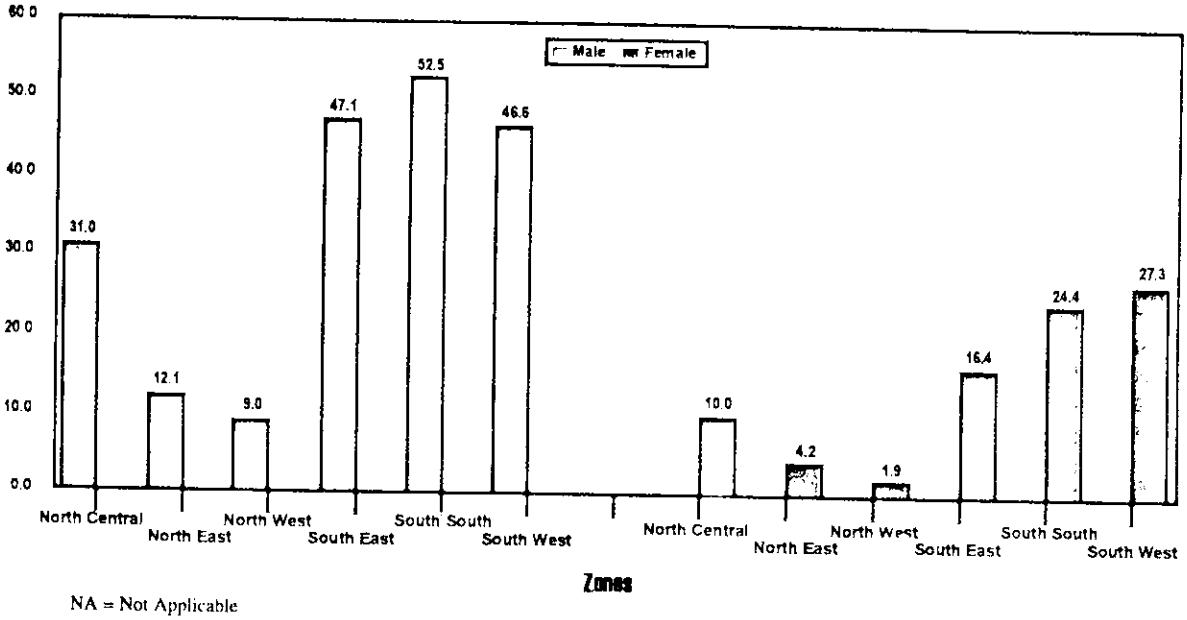
The proportion of persons who have ever used condoms is often used as one of the indicators of condom use. Although it may not necessarily reflect current behaviour, it may provide some insight into current behaviour. People who have ever used condoms are more likely to be current users and those who have ever used condoms but are not currently doing so may also offer important reasons for drop out.

Over one fifth (22%) of all sexually active respondents had ever used condoms (See Table 6.4). A higher proportion of males (33%) compared to females (13%) reported having used condom before. For both males and females, ever use of condoms peaked at age 20 to 29 years and declined thereafter. The proportions of males and females who had used condoms before were consistently lower in the northern zones than the southern zones. The lowest rates were in North West (2% for females, and 9% for males) and the highest for males was in South South (53%). For both males and females, ever use of condom increased with education, rising from 5% among males who never attended school to 61% for those with higher education. There were [illegible] For example, while [illegible] of males in rural areas had ever used condom, the proportion in urban areas was 49%. (See Chart 6.2).

Table 6.4: Ever Use of Condom
Percent Distribution of Sexually Active Respondents who had Ever Used Condoms according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Male	Female	Total	Number
Location				
Rural	23.1	7.6	14.5	5,634
Urban	49.3	26.4	38.3	2,426
Zone				
North Central	31.0	10.0	20.0	1,387
North East	12.1	4.2	7.5	1,119
North West	9.0	1.9	5.0	1,880
South East	47.1	16.4	31.8	905
South South	52.5	24.4	38.3	1,227
South West	46.6	27.3	37.1	1,542
Education				
Never attended school	5.4	1.2	2.5	2,485
Quranic only	2.7	1.4	2.1	710
Primary	25.4	10.8	18.0	1,857
Secondary	51.3	29.9	41.7	2,261
Higher	60.9	48.0	56.4	747
Age group				
15 - 19	43.4	10.6	21.2	810
20 - 24	48.1	17.8	29.1	1,430
25 - 29	43.1	17.2	28.8	1,464
30 - 39	34.5	13.1	23.1	2,152
40 - 49	23.9	6.5	14.5	1,583
50 - 64	10.6	NA	10.6	621
Total	32.6	13.3	22.4	8,060

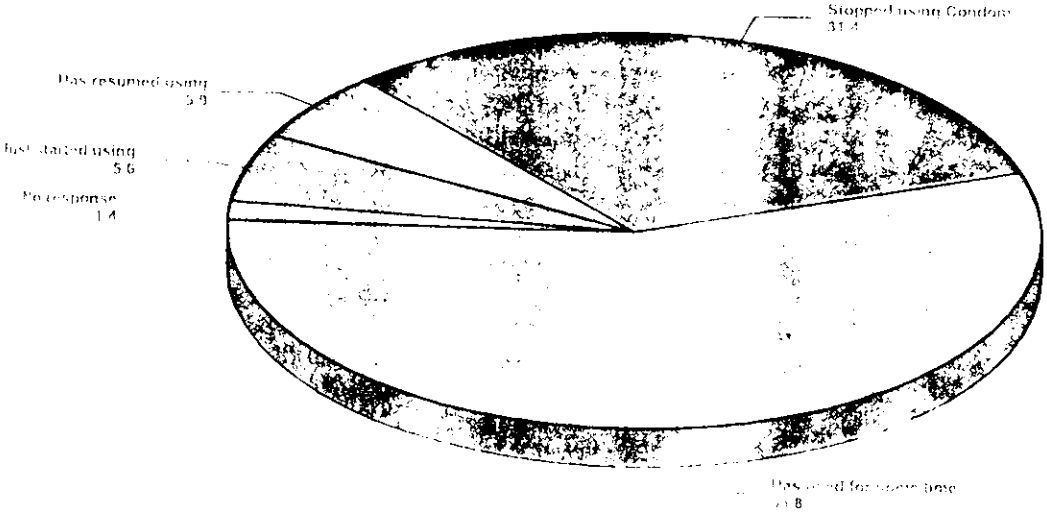
Chart 6.2: Percentage Distribution of Sexually Active Respondents who had Ever Used Condoms by Zone and Sex



NA = Not Applicable

6.6 Current Status of Respondents Who Have Ever Used Condoms

Respondents who reported ever using condoms were asked of their current status. The majority were still using condoms; 56% reported that they have been using condoms for a long time; 6% had just started using for the first time and 6% had just resumed apparently after stopping. On the whole, 67% of "ever users" were still using condoms while 31% had stopped using. The distributions are shown in Chart 6.3 and Table 6.5.



Some zonal variations were observed: the highest proportion of respondents who were using condoms in the past but had now stopped is in North West (47%) and the lowest in South East (22%).

Table 6.5: Current Status of Condom Use
Percent Distribution of Current Status of Condom Use of Sexually Active Respondents who have Ever Used Condoms according to selected Characteristics; FMOH, Nigeria 2003

Characteristics	Has used condoms for some time	Has used in the past but no longer using	Has resumed after stopping	Just started using for the fist time	No response	Respondents who have ever used condoms
Sex						
Female	45.1	38.2	6.7	8.5	1.6	536
Male	60.6	28.3	5.5	4.2	1.4	1,209
Location						
Rural	53.5	32.9	6.3	5.9	1.4	831
Urban	57.5	30.2	5.6	5.3	1.4	914
Zones						
North Central	46.5	41.0	6.5	6.0	0.0	298
North East	36.5	45.9	9.5	4.1	4.1	83
North West	48.6	36.2	6.7	7.6	1.0	89
South East	66.5	21.9	4.0	5.8	1.8	275
South South	55.8	30.7	7.4	5.4	0.7	452
South West	57.5	30.3	5.0	5.3	1.9	548
Education						
Never attended school	54.1	39.3	0.0	6.6	0.0	59
Quranic only	50.0	21.4	0.0	21.4	7.1	16
Primary	52.5	33.7	6.3	5.4	2.1	324
Secondary	54.5	31.4	6.4	6.4	1.4	926
Higher	61.4	28.7	5.6	3.4	0.9	420
Total	55.8	31.4	5.9	5.6	1.4	1,745

6.6 Current Use of Condoms

Condom use, abstinence, mutual fidelity and partner reduction, are key HIV prevention strategies. Table 6.6 shows the proportion of sexually active respondents who reported using condoms at the time of the survey. Slightly under one quarter (23%)of males and under one tenth (8%) of females were doing so. It is important to note however, that there were substantial variations in terms of residence, education and age. The proportion of male current users in urban areas (35%) was more than twice that of the rural areas (16%).

Similarly, while the proportion of users in the southern zones was far above 30%, the highest in the north was 20% in North Central; with only 6% in the North East and North West. Condom use was positively associated with education (i.e. those with high education were more likely to use condoms) but negatively associated with age (the proportion of young persons using is far higher than those of old persons).

Table 6.6: Current Use of Condom
Percent Distribution of Sexually Active Respondents who are Current Users of Condoms according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Male	Female	Women and Men who have ever had sex
Location			
Rural	16.2	4.1	5,634
Urban	34.4	16.2	2,426
Zone			
North Central	19.9	4.4	1,387
North East	6.1	1.9	1,119
North West	5.8	1.1	1,880
South East	35.5	12.7	905
South-South	37.5	15.3	1,227
South West	34.2	16.3	1,542
Education			
Never attended school	3.6	0.6	2,485
Quranic only	1.6	1.1	710
Primary	17.2	6.0	1,857
Secondary	35.9	18.6	2,261
Higher	45.4	29.7	747
Age group			
15 - 19	35.5	8.2	810
20 - 24	39.7	12.2	1,430
25 - 29	34.3	10.8	1,464
30 - 39	21.8	7.1	2,152
40 - 49	13.2	2.4	1,583
50 - 64	4.7	NA	621
Total	23.0	8.1	8,060

NA= Not Applicable

6.7 Condom Use with Non-Marital Partners

Table 6.7 shows the percentage of sexually active respondents who used condoms with non-marital partners in the last 12 months by zone, age group and educational level. All respondents who reported that they had had non-marital partner(s) in the last twelve months were asked if they used a condom with the non-marital partners in the last sex act. The response to this question was used

as a proxy to assess the regularity of condom use with all non-marital partners. Overall, less than half (44%) of respondents who had sex with a non marital partner in the last 12 months reported using condom with last non-marital partner. South East reported the highest level (57%) of condom usage with non marital partners. It was also noted that the use of condom with these partners increased with education.

Table 6.7: Condom Use with Non-Marital Partners

Percent Distribution of Respondents Who Reported Condom Use with Non-Marital Partners during the Last Sexual Intercourse among Respondents who had sex with Non-marital Partners in the last 12 months according to Selected Characteristics; FMOH, Nigeria 2003

	Used Condom with last non-marital partner			
	Female	Male	All	All who had sex with non marital partners in the last 12 months
Location				
Rural	24.3	45.4	38.4	805
Urban	41.0	55.4	50.9	606
Zone				
North Central	20.8	47.8	40.7	236
North East	*	28.6	24.2	80
North West	*	38.0	37.5	81
South East	40.6	64.9	57.4	213
South South	32.9	49.8	43.4	420
South West	33.6	50.2	45.0	381
Education				
Never attended school	13.9	17.8	16.3	83
Quranic only*	*	*	*	20
Primary	18.6	42.1	34.8	274
Secondary	32.1	50.4	44.6	793
Higher	55.3	68.0	64.4	241
Age group				
15 - 19	23.3	47.9	36.3	322
20 - 24	39.8	52.9	48.4	467
25 - 29	38.5	56.3	52.1	336
30 - 39	30.8	43.0	40.6	193
40 - 49	*	33.3	28.4	69
50 - 64	NA	*	*	24
Total	32.2	50.1	44.4	1,411

NA = Not Applicable

* Fewer than 30 unweighted cases; figure suppressed

6.8 Use of Condoms in Last Sexual Intercourse with Boyfriend/Girlfriend

Perhaps the most common non-marital sex acts occur in boyfriend/girlfriend relationships. Use of condom in the last sexual intercourse with boyfriend/girlfriend was therefore investigated. The findings are shown in Table 6.8. Respondents with higher levels of education were more likely to use condoms in sexual encounters with boyfriends or girl friends. Similarly, urban dwellers than rural dwellers were more likely to use condoms in such relationships. A higher proportion of males than females reported use of condom in boyfriend/girlfriend relationships. The use of condom with boyfriend/girlfriend rose from 34% among the 15-19 year olds and peaked at 51% among the 25-29 year olds and fell progressively to the lowest of 31% for the 50-64 year age group.

Table 6.8: Condom Use in Last Sexual Intercourse with Boyfriend or Girlfriend

Percent Distribution of Respondents Reporting Condom Use in Last Sexual Intercourse with Boyfriend/Girlfriend among Respondents who had sex with a Boyfriend/Girlfriend in the last 12 months according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	% using condoms with boyfriend/girlfriend during last sexual intercourse	Number of respondents who had sex with a Boyfriend or Girlfriend in last 12 months
Sex		
Female	33.7	428
Male	48.7	904
Location		
Rural	37.3	750
Urban	50.8	582
Zones		
North Central	40.4	227
North East	24.6	73
North West	37.6	73
South East	56.3	193
South-South	42.4	398
South West	45.0	368
Education		
Never attended school	15.5	73
Quranic only	*	16
Primary	35.4	257
Secondary	45.1	758
Higher	58.8	228
Age group		
15 - 19	34.4	305
20 - 24	48.5	452
25 - 29	50.6	324
30 - 39	40.4	177
40 - 49	31.5	55
50 - 64	*	19
Total	43.9	1332

*Fewer than 30 unweighted cases; figure suppressed

6.9 Reasons for Using Condoms

The reasons for using condoms are presented in Table 6.9. Protection against unwanted pregnancy only was cited as a reason for condom use by a high proportion of females (39%) than males (18%). Protection from HIV/STIs only as a reason for condom use was stated by a higher proportion of respondents in the rural (19%) than urban (14%) area; highest in North Central (24%) and lowest in South West (12%). Dual protection to prevent HIV/STIs and unwanted pregnancy was cited by the majority (57%).

Table 6.9: Reasons for Condom Use
Percent Distribution of Reasons for Condom Use among Respondents who are currently using Condoms according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	To protect myself from HIV/STIs	To protect myself from unwanted pregnancy	To protect myself from HIV/STIs and unwanted pregnancy	Others reasons	Number of respondents who are currently using condoms
Sex					
Female	9.6	39.1	49.3	0.9	312
Male	19.1	18.1	59.6	0.6	839
Location					
Rural	19.0	19.2	58.5	1.2	541
Urban	14.4	27.5	55.3	0.3	610
Zones					
North Central	24.2	14.1	60.2	1.6	173
North East	15.8	47.4	34.2	0.0	40
North West	16.4	29.9	53.7	0.0	56
South East	19.2	22.0	55.6	0.0	206
South-South	17.8	20.3	58.1	1.0	308
South West	11.9	27.3	57.5	0.4	368
Education					
Never attended school	21.6	16.2	56.8	2.7	35
Quranic only	*	*	*	*	10
Primary	20.5	24.2	52.6	0.9	204
Secondary	15.0	24.3	57.1	0.5	609
Higher	15.4	23.4	59.8	0.3	293
Age group					
15 - 19	22.1	7.4	66.9	0.0	130
20 - 24	17.8	14.1	65.6	0.3	313
25 - 29	16.7	20.8	59.0	0.9	292
30 - 39	13.2	38.3	45.9	0.7	279
40 - 49	15.9	37.2	43.4	0.9	108
50 - 64	*	*	*	*	29
Total	16.4	24.1	56.6	0.7	1151

*Fewer than 30 unweighted cases; figure suppressed

6.10 Reasons for Stopping Condom Use

Table 6.10 presents reasons given by respondents for stopping condom use. There was no major difference between males and females with respect to interference with sexual enjoyment and partner opposition. A higher percentage of males (11%) than females (3%) stopped using condoms for religious reasons.

Table 6.10: Reasons for Stopping Condom Use

Percent Distribution of Reasons for Stopping using Condoms among Respondents who were formerly using condoms but have stopped according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Did not enjoy using condom	Wanted a child	Partner opposed	Religious reasons	Other reasons	Number of respondents who were formerly using condoms but have stopped
Sex						
Female	20.4	40.3	10.6	3.2	23.1	215
Male	19.6	31.8	9.4	10.5	23.0	354
Location						
Rural	18.4	38.7	8.2	5.9	25.4	279
Urban	21.1	31.9	11.2	9.3	21.4	290
Setting						
North	21.1	33.5	8.7	9.3	21.7	196
South	19.4	35.3	10.5	7.1	23.8	373
Total	19.8	34.9	9.8	7.7	23.2	569

Table 6.11: Condom Use by Young Peoples 15 to 24 Years of Age During Their Last Sex Act With A Non-marital Partner

Percent Distribution of Condom use by young persons 15 - 24 years of age during their last sexual act with a Non-marital partner among respondents who had sex with Non-marital partner in the last 12 months according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Condom use last sex act with non-regular sexual partner Sex with a non- marital partner (789)
Female	
Rural	25.3
Urban	39.9
Total	31.9
Male	
Rural	45.5
Urban	57.3
Total	51.3
Both Sexes	
Rural	37.1
Urban	50.5
Both Sexes	
North Central	34.6
North East	22.8
North West	39.7
South East	53.1
South South	43.9
South West	46.2
Total	43.6

Table 6.11 shows UNAIDS recommended indicators of condom use during last sex act by young people with non-marital partner during the last 12 months preceding the survey. The significant finding was that on the whole there were no substantial differences in condom use in non-marital sex among respondents aged 15 to 24 years compared to the rest of the population.

6.11 Discussion and Conclusion

Knowledge of condom was generally high especially in the urban area, in the southern zones and among highly educated respondents. Majority of both female and male respondents felt that condoms were accessible and affordable, but only a small fraction (22%) of all the sexually active respondents had ever used condoms. Majority of those who had ever used condoms were from the southern zones, younger age groups, educated and from urban areas.

Current status of sexually active respondents who had ever used condoms indicated that majority had been using condoms for a long time, while a small proportion recently started using condoms for the first time. It

is significant to note that one third have used in the past but have stopped using condoms, and that less than one half of those who reported having had sex with a non marital partner in the last 12 months used condom in the last sex act with a non-marital partner.

Condoms were used mainly by majority of respondents as protection from HIV/AIDS and STIs and unwanted pregnancy, by one quarter for unwanted pregnancy alone and by less than one fifth for HIV/STIs prevention only. About one fifth of those who stopped using condoms did so because they did not enjoy using them, one third because they wanted a child, one tenth because the partner objected and less than one tenth on religious grounds.

The low level of condom use with non-marital partners poses a serious danger to the spread of HIV and other sexually transmitted diseases, given that a large proportion of the population is sexually active and the fact that HIV transmission is mainly through sexual intercourse.

SECTION 7

7.0 COUNSELLING AND HIV TESTING

Voluntary counselling and testing is an effective means of addressing the psychological and socio-sexual aspects of HIV/AIDS. It is also an entry point for many forms of HIV/AIDS prevention and control interventions including prevention of mother to child transmission. The survey therefore sought to obtain information on the level of awareness and use of voluntary counselling and testing services in Nigeria.

7.1 Knowledge of Where to Get An HIV Test

The respondents were asked if they knew of a place where they could get an HIV test. This was to assess the availability of voluntary counselling and testing (VCT) services. The result was disaggregated by background characteristics of the respondents as shown in Table 7.1. Overall, 54% of males and 43% of females had knowledge of where to get an HIV test. In terms of zones, respondents from the South East had highest knowledge (59%) while those from North East had lowest knowledge of where they could get an HIV test (39%). Respondents from the rural areas reported less knowledge (41%) than those from the urban areas (63%). Respondents with higher education had much higher knowledge (81%) compared to those who had not been to school or with Quranic education only (26% and 36% respectively). In terms of age, knowledge was lowest among respondents aged 50-64 years (42%), followed by the 15-19 year olds (43%) with a peak at the 25-29 year age group (54%).

Table 7.1: Knowledge of Where to Get An HIV Test
Percent Distribution of Respondents who knew Where to Get an HIV Test according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Female	Male	All
	5,128	4,962	(10,090)
Location			
Rural	34.4	47.5	40.6
Urban	60.9	65.4	63.2
Zone			
North Central	34.8	50.7	42.6
North East	32.1	47.6	39.4
North West	37.8	48.8	43.2
South East	54.2	64.7	59.3
South South	46.2	63.6	54.9
South West	53.6	54.0	53.8
Education			
Never attended school	23.7	29.7	25.8
Quranic only	35.3	37.1	36.3
Primary	40.1	51.0	45.6
Secondary	62.5	63.2	62.9
Higher	76.6	82.8	80.6
Age group			
15 - 19	39.8	47.2	43.3
20 - 24	49.4	57.3	53.1
25 - 29	48.4	60.9	54.3
30 - 39	45.4	59.2	52.1
40 - 49	31.5	55.9	42.6
50 - 64	NA	41.7	41.9
Total	**43.1**	**54.1**	**48.6**

7.2 Desire for HIV Test

Further to the knowledge on where HIV testing is available, respondents were asked if they desired to take an HIV test. The results are presented in Table 7.2. On the whole, about two-fifths of the respondents (41%) expressed the desire to have an HIV test. The proportion of males who expressed a desire to have a test was higher (45%) than the females (36%). Respondents in North Central and South East reported highest desire for an HIV test (53% and 52% respectively). The lowest desire was reported in the North East (26%).

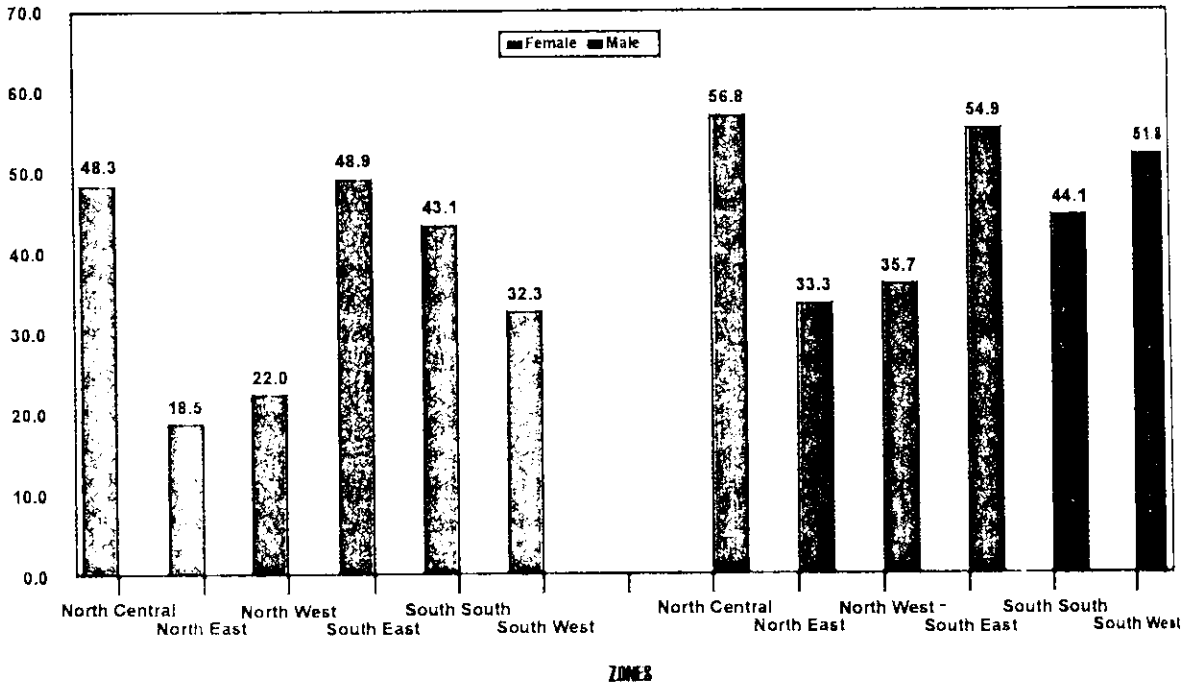
There was less desire among rural male respondents compared to their counterparts in the urban area. The proportion of women from the rural area who desired a test was lower than that of the urban area (34% and 40% respectively). In terms of level of education, respondents who had never attended school or who had Quranic education only expressed the least desire (25%), while those with at least secondary education had the highest desire (over 50%) for an HIV test. About half (48%) of the respondents in the 20-24 years age category reported desire for an HIV test, while only about one-third (31%) of those aged 50-64 years desired a test. (See chart 7.1).

Table 7.2: Desire for An HIV Test
Percent Distribution of Respondents Who Have Heard of AIDS and Have Never Been Tested for HIV Expressing Desire to have an HIV test according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Female	Male	Total
	(3,917)	(4,219)	(8,136)
Location			
Rural	34.0	44.3	39.3
Urban	40.2	46.7	43.6
Zone			
North Central	48.3	56.8	52.9
North East	18.5	33.3	26.2
North West	22.0	35.7	29.4
South East	48.9	54.9	51.8
South South	43.1	44.1	43.6
South West	32.3	51.8	47.6
Education			
Never attended school	22.6	29.6	25.3
Quranic only	21.6	26.5	24.5
Primary	37.1	45.3	41.4
Secondary	48.3	54.5	51.8
Higher	48.2	52.0	50.6
Age group			
15 - 19	37.3	48.0	42.5
20 - 24	43.7	53.2	48.2
25 - 29	36.0	48.3	42.1
30 - 39	33.5	45.5	39.4
40 - 49	28.4	40.1	34.2
50 - 64	NA	31.0	31.0
Total	36.2	45.2	40.9

NA=Not Applicable

Chart 7.1: Percentage of Respondents Who Have Heard of AIDS but Never Tested for HIV, Expressing Desire to have HIV test by Zone and Sex



7.3 Reasons for Desiring Or Not Desiring An HIV Test

As indicated in Table 7.2 above, about 41% of the respondents expressed the desire to have an HIV test. The reasons for desiring an HIV test are presented in Table 7.3. Seventy six percent of respondents were willing to take the test to know their HIV status, 18% to allay fear and anxiety over HIV status, 2% to satisfy mandatory marriage requirement and about 1% for employment purposes. There were no differences in respondents in terms of their background characteristics.

Table 7.3: Reasons for Desiring An HIV Test
Percent Distribution of Respondents who have heard of HIV/AIDS and who have never had an HIV test according to reasons for desiring to have an HIV test according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Reasons for desiring to have an HIV test					
	Reduce fear	Employment	Marriage	HIV status	Others	All
Sex						
Female	15.4	0.4	2.6	79.4	1.1	1,416
Male	20.3	0.9	2.2	73.5	2.4	1,893
Location						
Rural	17.4	0.6	1.6	77.7	2.7	2,144
Urban	19.5	0.9	3.5	73.4	2.7	1,165
Zone						
North Central	16.0	0.4	1.8	78.7	2.0	621
North East	8.8	2.3	2.3	84.7	.8	314
North West	18.9	0.8	1.5	74.9	2.9	534
South East	22.5	0.2	3.8	71.9	0.4	490
South South	19.4	0.7	1.5	77.1	0.6	557
South West	18.5	0.6	3.4	73.9	2.8	793
Education						
Never attended school		16.1	0.8	2.3	76.5	2.3 485
Quranic only	16.0	1.2	0.6	77.8	2.5	167
Primary	20.0	0.4	1.6	76.2	2.5	807
Secondary	18.4	0.5	2.7	75.8	2.7	1,506
Higher	17.2	1.7	3.3	75.1	2.5	344
Age group						
15 - 19	15.2	0.5	3.0	78.7	1.9	731
20 - 24	18.7	0.1	3.3	75.1	1.3	759
25 - 29	20.0	1.3	2.3	73.3	2.2	525
30 - 39	19.7	0.7	2.2	74.8	1.5	694
40 - 49	16.4	1.3	.8	78.2	2.4	428
50 - 64	21.7	0.8	1.5	73.5	1.8	172
Total*	**18.1**	**0.7**	**2.4**	**75.9**	**1.8**	**3,309**

*Totals do not add to 100 due to non response

Respondents who indicated no desire for an HIV test were asked why and the reasons are presented in table 7.4. Of those who would not like to have a test, 72% said so because they did not consider it necessary. Others did not desire the test because of fear of the result (8%), because they did not want to know (8%) or could not afford the cost (8%). There were no substantial differences in the reasons reported according to the characteristics of the respondents.

Table 7.4: Reasons for Not Desiring An HIV Test
Percent Distribution of Respondents who have heard of HIV/AIDS and who have never had an HIV test according to reasons for not desiring to have an HIV test according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Do not desire an HIV test					
	Don't want to know	Fear of result	Not necessary	Can't afford	Others	All who did not desire an HIV test
Sex						
Female	8.4	7.8	71.3	5.2	5.3	2,415
Male	6.8	8.4	73.0	4.2	6.1	2,215
Location						
Rural	7.7	7.9	71.1	5.7	7.5	3,142
Urban	7.5	8.4	73.9	2.9	7.3	1,488
Education						
Never attended school	6.8	6.9	73.2	7.1	4.2	1,385
Quranic only	4.9	6.5	75.1	5.1	6.7	473
Primary	9.0	5.7	74.4	3.0	5.9	1,087
Secondary	8.4	11.3	68.3	4.3	6.3	1,363
Higher	7.6	10.2	71.1	2.9	6.7	322
Age group						
15 - 19	6.6	9.3	71.3	4.4	6.2	961
20 - 24	10.3	9.5	67.2	5.2	5.7	809
25 - 29	8.6	10.1	68.5	5.4	6.0	703
30 - 39	7.9	8.7	71.7	5.0	5.1	1,034
40 - 49	6.7	5.0	77.3	4.3	5.4	780
50 - 64	4.2	2.8	82.6	3.6	5.6	343
Total*	7.7	8.1	72.1	4.8	7.5	4,630

*Totals do not add to 100 due to non response

7.4 Ever Been Tested for HIV

Respondents were asked if they had actually taken an HIV test. The results are presented in Table 7.5 Only a small percentage (7%) reported that they had gone for HIV test. In terms of zonal comparison, the highest proportion was from the South East (18%) and the least from the North West (2%). More males reported having tested for HIV than females except in the North East where 4% of females and 2% of males had taken the test.

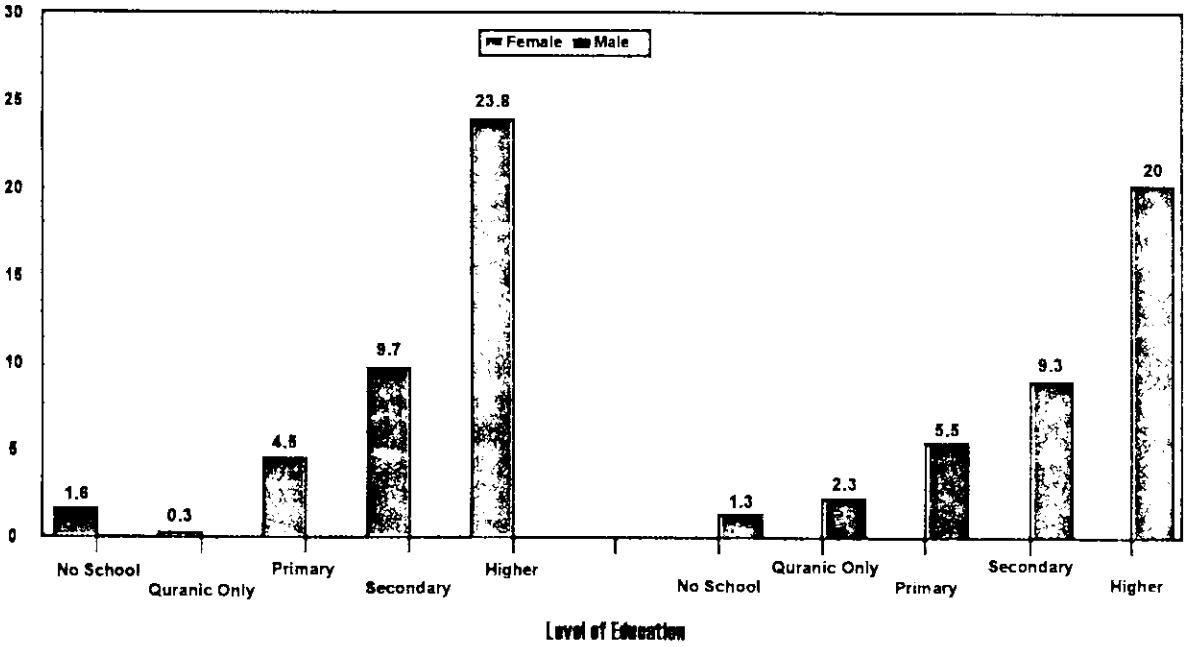
Less rural respondents (4%) than urban (11%) reported having ever been tested. Those who never attended school were much less likely to take a test (2%) than persons with higher education (21%). The respondents in the age group 25-39 were far more likely to go for HIV test than the younger and older ones. (See chart 7.2).

Table 7.5: Ever Tested for HIV

Percent Distribution of all Respondents Who Reported Ever Tested for HIV according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Female (5,128)	Male (4,962)	All (10,090)
Location			
Rural	3.6	5.2	4.4
Urban	10.0	11.6	11.4
Zone			
North Central	5.6	7.6	6.6
North East	3.6	2.1	2.9
North West	1.3	3.0	2.1
South East	18.1	18.8	18.4
South-South	6.1	8.6	7.3
South West	7.0	9.3	8.1
Education			
Never attended school	1.6	1.3	1.5
Quranic only	0.3	2.3	1.4
Primary	4.5	5.5	5.0
Secondary	9.7	9.3	9.5
Higher	23.8	20.0	21.4
Age group			
15 - 19	2.6	3.8	3.2
20 - 24	6.5	7.6	7.0
25 - 29	9.8	10.5	10.1
30 - 39	7.8	10.2	8.9
40 - 49	4.1	9.0	6.3
50 - 64	NA	4.3	4.3
Total	6.0	7.6	6.8

Chart 7.2: Percentage of all Respondents Who Reported Ever Tested for HIV by Education and Sex



7.5 How Long Ago was HIV Testing Done

Respondents who had been tested for HIV were asked how long ago they took the test. Overall as shown in Table 7.6, over one third (36%) had their test recently (less than 12 months), 23% tested between 12 and 23 months before the survey while another one-third (34%) took the test more than 24 months before the survey.

Table 7.6: Period HIV Test was Done
Percent Distribution of Respondents who had an AIDS test and the period that has elapsed since Testing for HIV according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Length of when test was done				
	Under 12 months	12 to 23 months	24 months and above	No response*	Number of women and men of all who had an AIDS test
Sex					
Female	37.2	25.9	30.4	6.5	299
Male	34.2	20.8	36.6	8.4	372
Location					
Rural	31.5	22.0	34.6	11.9	298
Urban	38.4	23.9	33.2	4.5	373
Zone					
North Central	34.4	31.1	26.7	7.8	128
North East	24.3	16.2	40.5	18.9	41
North West	23.6	29.1	32.7	14.5	47
South East	35.8	19.5	37.2	7.4	205
South South	41.7	27.8	25.9	4.6	107
South West	38.1	20.4	37.0	4.4	143
Total*	35.5	23.1	33.8	7.6	671

*The non-response rate was fairly high which may have been due to the sensitivity of the question

7.6 Reasons for HIV Test

Respondents who ever had an HIV test were asked whether the last test they had was voluntary or mandatory. The results are presented in Table 7.7. Overall, 39% reported that they voluntarily requested for an HIV test, 17% were offered an HIV test and they accepted to be tested, while 35% took the test because they were required to do so.

Table 7.7: Reasons for HIV Test
Percent Distribution of Respondents Who have Ever had an HIV test by Reasons for the HIV Test according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Reasons for test				Number of men and women who ever had an HIV test
	Voluntary	Offered	Mandatory	No response*	
Sex					
Female	34.5	20.2	36.5	8.8	299
Male	42.5	14.8	33.8	9.0	372
Location					
Rural	41.6	11.5	34.2	13.4	298
Urban	37.2	21.2	35.4	7.2	373
Zone					
North Central	38.5	16.5	37.4	7.7	128
North East	19.5	21.6	27.0	32.4	41
North West	25.5	30.9	29.1	14.5	47
South East	42.3	14.0	36.3	7.4	205
South South	48.6	15.9	29.0	6.5	107
South West	37.6	17.1	39.2	6.1	143
Total	38.9	17.2	35.0	8.9	671

*Non-response was high

Mandatory testing was highest in the South West (39%), followed by North Central (37%) and lowest in North East (27%). A higher proportion of men than women voluntarily requested for an HIV test.

7.7 Receiving HIV Test Results

Respondents who have been tested for HIV were asked if they received their results after testing. The results are shown in table 7.8. Eighty five percent of all those tested received their results, while only 4% did not. The rest (11%) refused to answer.

Eighty nine percent of tested urban respondents received their results compared with 79% for the rural area.

Table 7.8: Receipt of HIV Test Result
Percent Distribution of Respondents who have had an HIV test and Received HIV test Results according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Received results	Did not receive results	No response	Number of men and women who had an HIV test
Sex				
Female	84.7	4.5	10.7	299
Male	85.5	4.0	10.6	372
Location				
Rural	79.4	5.9	14.7	298
Urban	89.3	3.0	7.8	373
Zone				
North Central	86.7	4.4	8.9	128
North East	64.9	8.1	27.0	41
North West	72.7	9.1	18.2	47
South East	86.5	4.2	9.3	205
South South	89.0	1.8	9.2	107
South West	89.0	2.8	8.3	143
Total	85.2	4.2	10.6	671

7.8 Discussion and Conclusions

Knowledge of where to get an HIV test was generally higher among male respondents, higher among those in the urban area than those in the rural area, higher in the southern zones than the northern ones, higher among those with formal education than those who have never attended school or with Quranic education only while more of the younger respondents than the old ones knew where to get an HIV test.

A large majority of the respondents desired to have an HIV test so as to know their HIV status while a small but significant proportion desired the test to reduce fear. The majority of respondents did not desire an HIV test because they thought it was not necessary. The fear of the result and not wanting to know their HIV status were two other main reasons why respondents did not desire the test. Despite the fear and anxiety over the test, a small but significant proportion reported ever not being tested for HIV; the majority of whom were from the urban area, South East, and with tertiary education. Middle-aged respondents were also more likely to go for an HIV test than the younger respondents.

Although a small proportion of respondents were offered the test and they accepted, the majority of respondents who had had the test did so on two grounds; some voluntarily presented themselves for the test, while for others, it was mandatory. It is significant to note that nearly two-fifths (39%) of those who went for the test volunteered to do so. It is also important to observe that eight out of ten persons who went for the test received their results. The differences between male and female and respondents in urban and rural locations were small.

SECTION 8

8.0 SEXUALLY TRANSMITTED INFECTIONS (STIs)

Sexually transmitted infections (STIs) are a major public health problem affecting hundreds of millions of people globally and causing far-reaching health, social and economic consequences. The prevalence of STIs in Nigeria is not known but hospital based studies show high levels prevalence of STIs including gonorrhoea, syphilis, chlamydia, genital herpes and trichomoniasis.

Consequences of STIs include female and male infertility, ectopic pregnancies, stillbirths, chronic diseases, death in babies and cervical cancer. The diagnosis of STIs is problematic in females because it may be asymptomatic. This is particularly so in adolescents, who though may know about existing services, are often reluctant to seek for diagnosis and treatment. In the developing world, many people resort to self-medication or patronize traditional healers. Because the presence of STIs can increase the likelihood of HIV transmission, proper education and control of STIs are important strategies for preventing the spread of HIV/AIDS.

8.1 Sexually Transmitted Infections Awareness and Knowledge

All respondents were asked if they had ever heard of sexually transmitted infections and the results are shown in Table 8.1. Majority of respondents (71%) reported that they were aware of STIs. Awareness was higher in the urban (84%) than in the rural areas (65%) and higher in the South than in the North. Persons with higher levels of education and older age groups reported higher levels of awareness.

Table 8.1: Ever Heard of STIs

Percent Distribution of Respondents Who have ever heard of STIs according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Respondents who have heard of STIs	Number of women and men
Sex:		
Female	60.8	4,962
Male	82.1	5,128
Location		
Rural	64.8	6,919
Urban	83.5	3,171
Zone		
North Central	61.9	1,741
North East	51.7	1,465
North West	59.9	2,282
South East	89.5	1,206
South South	83.4	1,510
South West	84.2	1,886
Education		
Never attended school	47.3	2,780
Quranic only	55.7	842
Primary	76.0	2,243
Secondary	84.6	3,331
Higher	95.5	891
Age group		
15 - 19	59.1	2,145
20 - 24	72.5	1,936
25 - 29	75.6	1,581
30 - 39	76.2	2,197
40 - 49	72.9	1,603
50 - 64	81.6	628
Total	71.3	10,090

8.2 Knowledge of Symptoms of STIs in Women

The proportion of respondents with correct knowledge of the symptoms of STIs in women was low. As shown in Table 8.2, the most commonly recognized symptoms of female STIs were genital discharge (31%), itching (26%), burning pain on micturition (passing urine) (23%) and lower abdominal pain (23%). The knowledge of the symptoms was better among more educated persons. It is significant to note that only few respondents recognized that genital ulcers and dyspareunia (painful sexual intercourse) in women were symptoms of STIs.

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Table 8.2: Symptoms of STIs in Women

Percentage of Respondents Who Have Heard of STIs and can Describe Various Symptoms of STIs in Women according to Selected

Table 8.2: Symptoms of STIs in Women

Percent Distribution of Respondents Who Have Heard of STIs and can Describe Various Symptoms of STIs in Women according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Lower abdominal pains	Genital discharge	Foul smelling discharge	Burning pain on micturition	Genital ulcers	Swellings in the groin	Itching	Painful sexual inter-course	Number of women and men who have heard of STIs
Sex									
Female	24.9	31.3	12.9	23.5	5.7	3.2	34.5	5.1	4,037
Male	21.4	29.8	10.7	22.8	5.3	4.6	19.0	3.5	3,045
Location									
Rural	24.1	27.4	10.7	23.9	5.1	3.7	21.5	3.7	4,446
Urban	21.3	35.0	13.0	21.9	6.0	4.4	31.8	4.9	2,636
Zone									
North Central	34.2	34.8	13.4	33.2	6.4	4.5	26.7	4.2	1,087
North East	28.2	33.0	9.9	24.6	8.2	3.7	14.6	4.2	738
North West	26.8	35.1	14.0	23.6	5.4	6.5	32.4	4.0	1,341
South East	13.6	20.6	7.0	20.9	6.7	3.8	22.0	6.3	1,068
South South	23.4	26.1	16.5	23.4	6.3	4.3	26.2	4.3	1,262
South West	17.7	32.3	9.0	18.7	2.8	1.8	25.5	3.0	1,586
Education									
Never attended school	25.2	28.6	9.2	20.6	5.7	3.2	22.3	3.5	1,284
Quranic only	24.3	26.2	9.8	25.4	4.9	4.9	21.1	3.0	464
Primary	22.3	25.4	9.8	23.5	5.3	3.0	22.7	3.8	1,685
Secondary	20.4	31.3	12.0	22.4	4.5	4.0	26.8	4.6	2,802
Higher	28.0	42.5	18.7	27.1	8.8	6.5	35.3	5.0	847
Age group									
15 - 19	15.4	21.3	7.9	18.8	3.1	2.9	21.5	3.3	1,243
20 - 24	21.3	32.1	12.9	23.5	4.9	4.8	28.9	3.8	1,378
25 - 29	25.5	34.6	12.5	24.9	4.8	3.7	29.6	5.5	1,171
30 - 39	26.6	32.5	12.0	24.1	6.7	3.8	26.5	4.1	1,647
40 - 49	25.8	31.2	12.9	24.5	7.0	4.1	23.3	4.2	1,137
50 - 64	21.1	30.7	11.2	22.0	6.7	5.9	20.9	4.7	506
Total	23.0	30.5	11.7	23.2	5.5	4.0	25.8	4.2	7,082

8.3 Knowledge of Symptoms of STIs in Men

The knowledge of symptoms of STIs was better recognized in males than females if Table 8.2 and 8.3 are compared. As shown in Table 8.3, 53% of the respondents knew that burning pains during micturition (passing urine) was a symptom of an STI, while 34% also recognized that genital discharge could also be a symptom of an STI. Genital ulcers were the least known symptom (11%) of STIs in males. Level of knowledge improved with increasing educational status of the respondent.

Table 8.3: Symptoms of STIs in Men
Percent Distribution of Respondents who have heard of STIs and can describe various Symptoms in men according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Genital discharge	Burning pain on micturition	Genital ulcers	Swellings in the groin	Number of men and women who have heard of STIs
Sex					
Female	24.9	42.4	9.6	11.1	4,037
Male	41.4	61.3	12.3	12.9	3,045
Location					
Rural	33.6	51.2	11.2	12.3	4,446
Urban	34.9	56.0	11.2	11.8	2,636
Zone					
North Central	42.0	70.3	11.0	13.1	1,087
North East	39.2	49.8	14.2	13.3	738
North West	38.3	49.9	14.4	21.6	1,341
South East	22.2	43.4	8.9	6.5	1,068
South South	36.1	58.1	14.8	13.8	1,262
South West	30.8	51.3	6.4	5.5	1,586
Education					
Never attended school	33.0	44.7	11.9	13.6	1,284
Quranic only	33.7	46.9	9.4	16.0	464
Primary	31.5	52.8	10.5	11.1	1,685
Secondary	32.1	54.9	10.1	10.4	2,802
Higher	47.8	63.6	15.7	15.1	847
Age group					
15 - 19	21.9	44.1	6.8	7.9	1,243
20 - 24	33.6	54.3	11.1	13.1	1,378
25 - 29	36.3	55.8	10.8	11.6	1,171
30 - 39	37.2	55.2	12.7	12.9	1,647
40 - 49	38.0	52.2	13.0	13.3	1,137
50 - 64	41.7	60.8	14.0	15.4	506
Total	34.2	53.1	11.2	12.1	7,082

8.4 Knowledge of the Effect of STIs on Fertility

Just under one half of respondents were aware of the effects of STIs on the fertility of both men (48%) and women (49%). Knowledge levels increased with increasing age and educational status. There was some variation between the knowledge reported by rural and urban respondents and male and female respondents.

Table 8.4: Effect of STIs on Fertility
Percent Distribution of Respondents who know that STIs can cause Infertility in Males and Females according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	% of persons who know that STI has an effect on female fertility	% of persons who know that STI has an effect on male fertility	All respondents
Sex			
Female	42.0	38.7	5,128
Male	56.6	56.6	4,962
Location			
Rural	44.3	43.0	6,919
Urban	58.3	56.1	3,171
Zone			
North Central	43.4	42.4	1,741
North East	29.3	27.2	1,465
North West	38.8	37.2	2,282
South East	66.3	65.8	1,206
South South	59.4	56.7	1,510
South West	60.7	58.8	1,886
Education			
Never attended school	29.1	28.2	2,780
Quranic only	33.4	32.6	842
Primary	52.7	50.3	2,243
Secondary	60.2	58.3	3,334
Higher	73.3	71.5	891
Age group			
15 - 19	35.7	32.9	2,145
20 - 24	49.0	47.9	1,936
25 - 29	54.5	52.9	1,581
30 - 39	54.1	52.5	2,197
40 - 49	51.5	49.6	1,603
50 - 64	59.1	59.7	628
Total	49.2	47.6	10,090

8.5 Experienced STI Symptoms in the Past 12 Months

Respondents who had ever had sex were asked whether they had experienced any symptoms of STIs in the 12 months preceding the survey and the results are shown in Table 8.5. Respondents in all the zones reported STI symptoms with the highest being in South South at 10% and lowest (2%) in the North East. Generally, a higher proportion of females than males reported having experienced STI symptoms in the last year. For both sexes, genital ulcers were the least reported symptom (1%), while itching was the most commonly reported symptom (4%). Respondents with higher levels of education were more likely to report genital discharge or genital itching.

Table 8.5: Experience of STI Symptoms

Percent Distribution of Respondents who have ever had sex and who Experienced STI symptoms in the past 12 months according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	% Who experienced STI symptoms last 12 months	Number of women and men who had ever had sex
Sex		
Female	8.3	4,276
Male	4.0	3,784
Location:		
Rural	5.7	5,634
Urban	7.5	2,426
Zone		
North Central	7.1	1,387
North East	1.8	1,119
North West	7.3	1,880
South East	3.8	905
South South	9.7	1,227
South West	6.1	1,542
Education		
Never attended school	4.0	248
Quranic only	5.5	710
Primary	5.8	1,857
Secondary	8.6	2,261
Higher	8.2	747
Age group		
15 - 19	9.7	810
20 - 24	8.9	1,430
25 - 29	7.6	1,464
30 - 39	5.6	2,152
40 - 49	3.6	1,583
50 - 64	1.8	621
Total	6.3	8,060

Among sexually active individuals, 8% and 4% (in total 6%) of females and males respectively had any of these symptoms in the last 12 months.

8.6 Health Seeking Behaviour of Respondents with STI Symptoms

Respondents who reported experiencing symptoms of STIs in the last year reported use of a variety of facilities to obtain treatment for the condition. The commonly used facilities as shown in Table 8.6 included government health institutions (24%), traditional healers (17%) and private health institutions (14%). Respondents in the urban areas reported higher use of government health institutions and private health facilities while a higher proportion of persons living in the rural areas received treatment from traditional healers.

Table 8.6: Source of Treatment of STIs
Percent Distribution of Respondents According to Sources of Treatment during Last Episode of STI Symptoms according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Govt. health facility	Workplace health facility	Religious Health facility	Private health facility	Pharmacy	Traditional healers	Patent medicine store	N
Sex								
Female	22.4	6.5	2.2	12.2	8.7	12.2	2.0	393
Male	28.2	10.7	3.4	16.4	15.3	28.8	4.5	185
Location								
Rural	19.8	7.8	3.6	11.1	8.1	23.1	4.2	349
Urban	30.3	7.8	1.2	16.5	14.3	9.0	1.2	229
Total	**24.2**	**7.8**	**2.6**	**13.5**	**10.7**	**17.3**	**2.9**	**578**

8.7 Discussion and Conclusions

The level of awareness of STIs was generally high. Higher proportions of males than females, urban than rural respondents, older than younger respondents, and respondents from southern zones than those from the northern were aware of STIs.

Knowledge of symptoms of STIs in women was generally low, while they were better recognized in men. Less than one-half of the respondents knew that STIs have an effect on both female and male fertility. Higher proportions of females than males reported that they experienced STI symptoms during the 12 months preceding the survey despite the fact that STIs were better recognized in males. The implication is that men are far more likely to keep the symptoms secret or take STIs for granted.

Government health facilities, traditional healers, private health facilities and the pharmacy in that order were the main sources of STI treatment. It is important to note that a higher proportion of respondents in rural areas than those in the urban areas, and males than females employed the services of traditional healers. This is the effect of the lack of STI modern treatment facilities in the rural areas. A small but significant proportion reported that they received STI treatment from Patent Medicine Stores. The proportion of respondents in the rural areas in this category is twice that of the urban areas. This has serious implications as treatment received from patent medicine stores are not always the correct type. People continue to patronize them because they provide cheap services and are within the reach of the poor. In view of this, syndromic management of STIs training may be necessary for such individuals with emphasis on referral when necessary.

SECTION 9

9.0 STIGMA AND DISCRIMINATION

Stigma and discrimination are two major problems often faced by people living with HIV/AIDS in much of the developing countries, including Nigeria. Stigma and discrimination shown to persons living with and affected by HIV/AIDS can worsen the spread and the impact of the HIV/AIDS epidemic. Due to the fear of discrimination, individuals living with HIV/AIDS may be less inclined to live freely, declaring and acknowledging their HIV status. This can lead to continued under-reporting of the epidemic, and a resistance to the use of voluntary confidential counselling and testing services. Lack of access to effective treatment also contributes to the spread of the epidemic as there is little incentive to know one's HIV status if there is no access to care for those who are infected. Series of questions were asked of respondents who had heard of AIDS to assess the degree of stigma and discrimination against males and females, including family and non-family members living with HIV/AIDS. The responses are presented in this section.

9.1 Attitude Towards Family Members Living with HIV/AIDS

Table 9.1 presents information on respondents' attitudes towards HIV infected family members. As shown in Table 9.1, a higher proportion of males (about 60%) than females (about 48%) were willing to take care of their family members living with HIV/AIDS. There appears to be no difference if the infected person was male or female. Similarly, a higher proportion of respondents in the urban areas were willing to care for HIV infected relatives than those in the rural areas. Over one-third of the male and female respondents wanted to keep AIDS in the family secret.

Table 9.1: Attitude Towards Family Members Living with HIV/AIDS

Percent Distribution of Respondents who have heard of AIDS according to attitude towards HIV infected family members according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Willing to care for male relatives living with HIV/AIDS	Willing to care for female relatives living with HIV/AIDS	Willing to keep AIDS in family secret	Number of men and women who have heard of AIDS
Sex				
Female	48.1	48.7	41.3	4,193
Male	61.6	60.0	37.9	4,557
Location				
Rural	52.8	52.4	36.4	5,672
Urban	58.8	58.0	44.5	3,078
Zone				
North Central	64.9	64.9	29.5	1,351
North East	69.1	68.1	49.1	1,150
North West	68.3	68.3	44.9	1,873
South East	46.9	46.1	36.8	1,168
South -South	40.3	40.5	32.6	1,382
South West	44.3	42.9	40 2	1,826
Education				
No formal education	54.4	54.1	36.1	1,934
Quranic only	67.2	67.3	46.3	631
Primary	47.1	46.8	35.6	2,043
Secondary	53.2	52.3	40.0	3,232
Higher	72.6	71.5	49.1	880
Age group				
15 - 19	48.7	48.6	40.1	1,791
20 - 24	55.6	54.5	43.0	1,724
25 - 29	58.8	58.1	41.5	1,407
30 - 39	56.2	55.8	39.0	1,942
40 - 49	56.5	55.2	37.8	1,330
50 - 64	58.4	59.1	27.9	556
Total	55.1	54.6	38.4	8,750

Responses also showed that apart from respondents aged 15 to 19 who were the least likely to care for HIV infected relatives; there were no significant differences among the other age groups.

Majority of the respondents in the North East and North West were more willing to care for their HIV infected relatives compared to the other zones. The least willing were those from the South-South.

9.2 Attitude to Non-family Members Who Are Infected with HIV

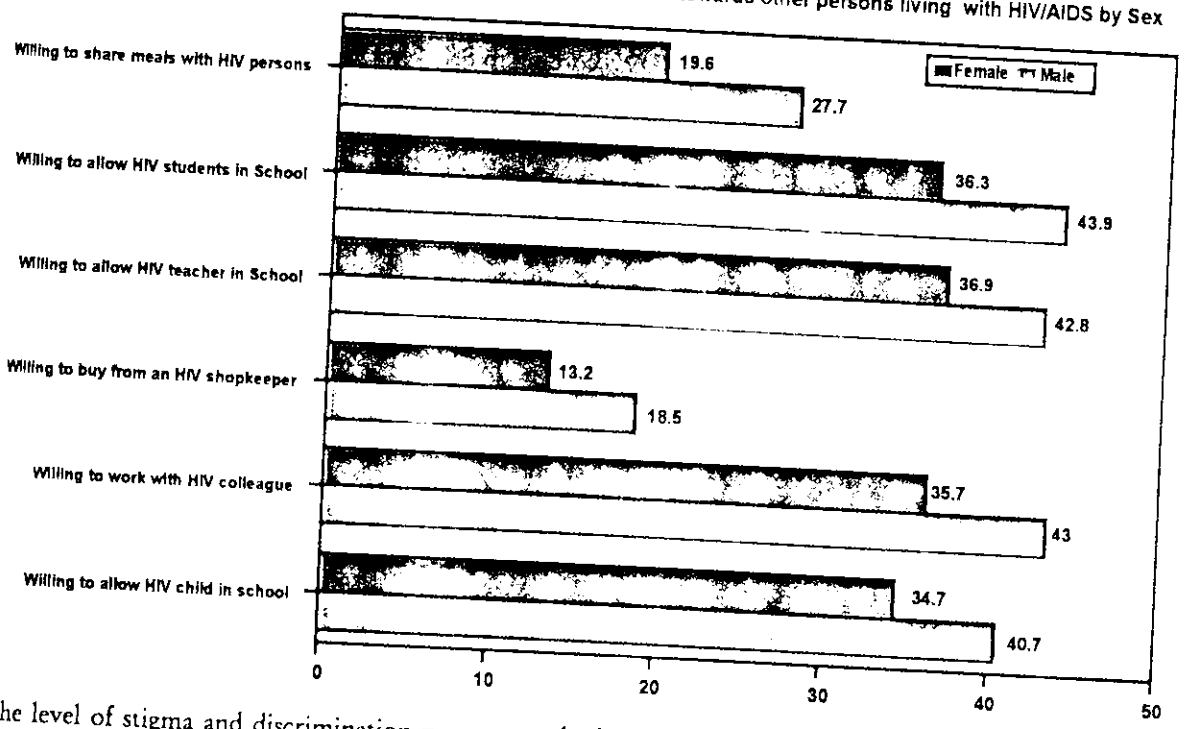
Table 9.2 presents information on attitudes of respondents toward non-family members living with HIV/AIDS. The attitude of respondents towards associating with other persons living with HIV/AIDS was generally low. Only 24% of persons were willing to share meals with infected persons and only 16% were willing to buy food from a shopkeeper known to be HIV infected. (See chart 9.1).

Table 9.2 Attitudes Towards Non-family Persons Living with HIV/AIDS

Percent Distribution of Respondents who have heard of AIDS and their Attitudes towards other (non-family) Persons living with HIV/AIDS according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Willing to share meals with HIV infected persons	Willing to allow an HIV infected student in school	Willing to allow an female HIV infected teacher in school	Willing to buy food from an HIV infected shop keeper	Willing to work with an HIV infected colleague	Willing to allow an HIV infected child in school	Number of women and men who have heard of AIDS
Sex							
Female	19.6	36.3	36.9	13.2	35.7	34.7	4,193
Male	27.7	43.9	42.8	18.5	43.0	40.7	4,557
Location							
Rural	20.9	36.8	36.7	15.5	35.7	34.4	5,672
Urban	28.5	45.8	45.3	16.6	45.4	43.2	3,078
Zone							
North Central	24.7	41.6	41.7	13.7	37.5	35.7	1,351
North East	27.3	45.4	44.3	25.2	43.5	39.4	1,150
North West	26.7	47.5	48.1	21.3	50.0	48.0	1,873
South East	21.4	32.4	31.8	12.5	32.5	30.9	1,168
South -South	21.8	41.8	42.3	13.8	40.2	39.3	1,382
South West	21.7	33.2	31.9	10.5	31.3	30.8	1,826
Education							
No formal education	18.2	32.7	32.3	13.5	32.7	32.0	1,934
Quranic only	21.0	45.1	44.1	19.8	44.6	43.1	661
Primary	17.4	34.6	33.6	13.3	32.3	30.5	2,043
Secondary	25.8	40.4	40.7	14.5	39.7	38.6	3,232
Higher	45.4	64.5	64.7	29.6	65.1	59.8	880
Age group							
15 - 19	19.8	34.9	36.0	11.0	33.2	34.6	1,791
20 - 24	27.0	42.8	42.4	18.0	42.1	39.7	1,724
25 - 29	27.2	44.0	43.3	19.0	43.3	41.2	1,407
30 - 39	24.1	41.1	41.3	17.1	40.6	37.7	1,942
40 - 49	21.2	39.3	37.6	14.9	38.5	36.3	1,330
50 - 64	24.2	39.2	38.1	15.9	40.2	38.0	556
Religion							
Islam	22.4	40.6	40.4	18	40.2	38.9	3,785
Protestant	24.3	39.4	39.4	13.5	38.5	36.1	3,446
Catholic	28.2	42.5	41.0	16.6	41.0	40.0	1,326
Traditional & others	15.9	33.5	34.5	13.1	30.7	31.8	193
Total	**23.9**	**40.3**	**40**	**16**	**39.5**	**37.8**	**8,750**

Chart 9.1: Respondents attitudes towards other persons living with HIV/AIDS by Sex



The level of stigma and discrimination was seen to be low among respondents with higher education. In terms of age respondents aged 15 – 19 were found to be the most discriminatory. Male respondents showed less discriminatory attitudes than women. Also, urban dwellers were more willing to interact with persons living with HIV/AIDS when compared with rural dwellers. There was also a noticeable difference in the attitudes shown by members of different faiths. Generally persons of the Catholic faith were least discriminatory while traditionalists were least tolerant of persons living with HIV/AIDS.

9.3 Health Care for People Living with HIV/AIDS

Table 9.3 shows that over two thirds (67%) of respondents who have heard of HIV/AIDS were of the opinion that persons living with HIV/AIDS need more health care than others in society. Only 12% of persons believed that less care should be offered them. The opinions of respondents differed from zone to zone. Eighty-three percent of respondents in the South West agreed that more health care should be provided to persons living with HIV/AIDS compared to 54% in the South East. Males, people in urban areas and persons with higher levels of education were also more disposed to more health care for people living with HIV/AIDS. There were no noticeable differences in the opinions expressed by persons of the two main faiths in Nigeria.

Table 9.3: Health Care for People Living with HIV/AIDS

Percent Distribution of Respondents who have heard of AIDS and their Attitudes Toward the Provision of Health Services for Persons Living with HIV/AIDS according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Opinion on providing health care towards PLWHA					
	More health care	Equal care	Less health care	Don't know	No response	Number of women and men who have heard of AIDS
Sex						
Female	63.5	16.3	13.6	5.9	0.6	4,193
Male	69.8	14.1	10.7	4.8	0.6	4,557
Location						
Rural	61.1	16.5	14.6	7.0	0.8	5,672
Urban	75.8	13.0	8.1	2.8	0.3	3,078
Zone						
North Central	64.7	19.3	13.3	2.5	0.3	1,351
North East	64.3	10.8	13.2	10	1.6	1,150
North West	61.4	21.3	10.8	6.5	0.1	1,873
South East	54.1	19.0	20.4	5.6	0.8	1,168
South -South	63.3	14.0	15.4	6.3	1.0	1,382
South West	83.2	7.8	5.9	2.7	0.4	1,826
Education						
Never attended school	61.4	17.0	12.0	8.9	0.8	1,934
Quranic only	55.6	18.4	15.4	10.4	0.3	661
Primary	66.2	13.5	13.9	5.7	0.6	2,043
Secondary	70.0	14.7	11.8	3.0	0.5	3,232
Higher	76.5	14.4	6.9	1.5	0.8	880
Age group						
15 - 19	64.2	14.4	14.5	6.4	0.6	1,791
20 - 24	65.8	15.3	14.1	4.3	0.5	1,724
25 - 29	69.7	14.8	10.3	4 4	0.7	1,407
30 - 39	68.3	15.6	9.8	5.5	0.8	1,942
40 - 49	66.0	15.3	11.9	6.1	0.7	1,330
50 - 64	67.3	16.0	11.4	4.8	0.5	556
Religion						
Islam	66.9	15.7	10.3	6.6	0.6	3,785
Protestant	67.8	14.2	13.2	4.2	0.5	3,446
Catholic	65.5	15.8	14.2	3.8	0.7	1,326
Traditional & others	55.1	15.9	16.5	10.8	1.7	193
Total	**66.8**	**15.1**	**12.1**	**5.3**	**0.6**	**8,750**

9.4 Rights of People Living with HIV/AIDS

Respondents were asked whether in their opinion the rights of people living with HIV/AIDS were adequately protected. The responses are presented in Table 9.4. One-third of the respondents believed that the rights of persons living with HIV/AIDS were adequately protected in Nigeria. Higher proportion of males, people in the urban areas and people with higher education were of the opinion that their rights were adequately protected. There was no major difference from one zone to another.

Table 9.4: Rights of People Living with HIV/AIDS
Percent Distribution of Respondents who have heard of AIDS by Opinions about the Rights of Persons Living with HIV/AIDS according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	The rights of PLWHA are protected in Nigeria	Number of women and men who have heard of AIDS
Sex		
Female	32.3	4,193
Male	34.8	4,557
Location		
Rural	32.5	5,672
Urban	35.4	3,078
Zone		
North Central	38.7	1,351
North East	31.5	1,150
North West	34.4	1,873
South East	32.5	1,168
South -South	34.4	1,382
South West	31.5	1,826
Education		
Never Attended School	27.9	1,934
Quranic only	30.2	661
Primary	33.8	2,043
Secondary	36.4	3,232
Higher	37.9	880
Age group		
15 - 19	30.6	1,791
20 - 24	36.5	1,724
25 - 29	34.4	1,407
30 - 39	34.7	1,942
40 - 49	32.7	1,330
50 - 64	31.2	556
Religion		
Islam	33.1	3,785
Protestant	34.4	3,446
Catholic	34.6	1,326
Traditional & others	23.9	193
Total	33.6	8,750

9.5 Open Discussion About AIDS in Nigeria

Respondents were also asked in their opinion whether people talked openly about HIV/AIDS in Nigeria. The results are presented in Table 9.5. Seventy-nine percent of respondents believe that HIV/AIDS is openly discussed in Nigeria. Again the pattern is not different among different categories of respondents except that a higher proportion of respondents in the South East and the South West zones felt that AIDS was openly discussed in Nigeria.

Table 9.5: Open Discussion of HIV/AIDS

Percent Distribution of Respondents who have heard of AIDS by Opinions about Open Discussion on HIV/AIDS according to selected Characteristics; FMOH, Nigeria 2003

Characteristics	AIDS is openly discussed in Nigeria	Number of women and men who have heard of AIDS
Sex		
Female	76.7	4,193
Male	81.4	4,557
Location		
Rural	75.6	5,672
Urban	84.7	3,078
Zone		
North Central	78.0	1,351
North East	72.4	1,150
North West	72.7	1,873
South East	84.2	1,168
South -South	83.9	1,382
South West	83.7	1,826
Education		
Never Attended School	68.8	1,934
Quranic only	68.0	661
Primary	81.0	2,043
Secondary	84.6	3,232
Higher	85.3	880
Age group		
15 - 19	76.5	1,791
20 - 24	79.8	1,724
25 - 29	78.9	1,407
30 - 39	80.3	1,942
40 - 49	78.6	1,330
50 - 64	83.2	556
Religion		
Islam	73.8	3,785
Protestant	85.1	3,446
Catholic	80.6	1,326
Traditional & others	71.6	193
Total	79.2	8,750

9.6 Discussion and Conclusions

A higher proportion of males than females, respondents in urban than in rural areas were willing to care for HIV infected relatives. Respondents in North East and North West were more willing to care for HIV infected relatives compared to other zones. On the whole, respondents were less willing to associate with non-family HIV infected persons compared to their family members. This apparent level of discrimination against non-family members is worrisome and poses a great challenge to efforts at reducing stigma and discrimination against people living with HIV/AIDS (PLWHAs). Nevertheless, a significant proportion of respondents who had heard of HIV/AIDS were of the opinion that persons with HIV/AIDS (PLWHAs) need more health care than others, and that people talk openly about HIV/AIDS in Nigeria. However, only one-third of respondents were of the opinion that the rights of PLWHAs are protected in Nigeria. This is a reflection of the level of discrimination against PLWHAs and may reflect the abuse of rights of such individuals in our society.

SECTION 10

10.0 ANTENATAL CARE, POSTNATAL CARE AND BREASTFEEDING

Reproductive health constitutes a foremost health challenge in Nigeria. Nigeria still has an extremely high maternal mortality ratio (MMR), one of the main indicators of the state of reproductive health. The 1999 MICS reported a maternal mortality ratio of 704 per 100,000 live births, implying that, with about 2.4 million live births annually, some 170,000 Nigerian women die as a result of complications associated with pregnancy or childbirth. This is about one woman every three minutes. The MMR in Nigeria is about 100 times worse than in the industrialized countries, highlighting what is one of the widest disparities in international public health. (NPC and UNICEF 2001). Safe motherhood issues covered in this section include the pattern of utilisation of antenatal care, delivery and postnatal care and breastfeeding patterns.

10.1 Planning Status of Births

The percentage of women who have ever given birth and who reported that they desired their last pregnancy is presented in Table 10.1. About four-fifths of the women (79%) reported that their last pregnancy was desired, while for 22%, the pregnancy was unplanned. For 11% of the women respondents, the last pregnancy came earlier than they had desired while for 10% there was no desire for pregnancy again.

The proportion of women who did not desire pregnancy again (or not sure if they ever wanted anymore) was highest among women who did not attend school (13 %) followed by women with Quranic education only (11%), and lowest among women with secondary or higher education.

Table10.1 Planning Status of Births

Percent Distribution of Women who have ever given Birth who desired their last Pregnancy according to Selected Characteristics; FMOH, Nigeria 2003

Education	Desired the pregnancy then	Desired pregnancy but later	No/Not sure of desire for pregnancy again	All women who have ever given birth
Location				
Rural	79.1	10.4	10.5	2,550
Urban	77.1	13.3	9.7	874
Zone				
North Central	82.5	9.9	7.6	600
North East	56.9	20.0	23.0	553
North West	85.2	8.5	6.3	900
South East	83.5	5.7	10.7	337
South South	67.6	17.0	15.4	463
South west	86.5	8.6	4.8	571
Education:				
Never attended school	77.6	9.7	12.6	1,524
Quranic only	81.8	7.0	11.2	280
Primary	81.0	9.3	9.7	842
Secondary	75.6	18.1	6.1	631
Higher	78.3	15.3	6.4	147
Age group				
15 19	76.1	17.3	7.0	230
20 - 24	80.1	15.5	4.3	627
25 - 29	81.0	13.4	5.7	685
30 - 39	77.5	11.0	11.6	1,063
40 - 49	77.2	4.9	18.0	819
Total	78.5	11.3	10.3	3,424

10.2 Antenatal Care

Among the 2671 women who had given birth within the last five years preceding the survey, 2558 responded to the question on antenatal care and the results are presented in Table 10.2. Of these women, 62% had received antenatal care during their last pregnancy. The proportion that received ANC was higher among urban (87%) compared to rural dwellers (52%), and increased with educational level, from 36% for women who had never attended school and 42% for those with Quranic education only to 92% among women with secondary school education and 100% among those with tertiary education. In terms of zones, South East had the highest proportion (92%) of pregnant women that had received ANC in their last pregnancy, while the lowest proportion (38%) was recorded in the North West.

Table 10.2: Antenatal Care

Percent Distribution of women who gave Birth over the past 5 years who attended ANC during their last Pregnancy according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Received Antenatal Care	Number of women who gave birth in the last 5 years
Location		
Rural	52.0	1,686
Urban	86.6	572
Zone		
North Central	69.8	433
North East	47.2	385
North West	38.3	664
South East	91.7	154
South South	76.3	280
South West	89.4	342
Education		
Never attended school	35.9	910
Quranic only	41.6	215
Primary	78.1	570
Secondary	91.9	480
Higher	100.0	83
Age group		
15 - 19	44.5	213
20 - 24	60.9	565
25 - 29	63.9	585
30 - 39	66.6	721
40 - 49	57.1	174
Total	**61.6**	**2,558**

Table 10.3 shows the different health care providers who attended to respondents during antenatal care visits. The table shows that nursing professionals were the commonest group seen for antenatal care in each zone, ranging from 71% in North East to 89% in South West. The proportion that were attended to by a doctor was highest in South West (80%), followed by South East (68%), and lowest in North East (35%). The highest proportion of those that had seen traditional birth attendants (TBAs) was recorded in South South zone (25%).

Table 10.3 Antenatal Care Providers
Percent Distribution of Women who have Delivered in the last 5 years who received Antenatal Care from Different Cadres of Providers During their last Pregnancy according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Doctor	Nurse/ Midwife	Auxiliary Nurse	CHEWs	Traditional Birth Attendants	Number of women who went for Antenatal care during their last pregnancy
Location						
Rural	48.8	79.0	20.0	24.8	9.8	896
Urban	72.7	86.5	14.9	12.8	7.1	492
Zone						
North Central	63.0	73.6	11.7	27.2	5.7	308
North East	34.8	70.8	14.3	26.1	3.1	176
North West	42.5	87.3	17.5	19.6	5.3	246
South East	66.7	83.3	28.6	14.4	5.3	139
South South	49.3	80.6	13.7	25.2	24.9	214
South West	79.8	88.7	22.9	11.9	8.3	305
Education						
Never attended school	43.9	71.6	13.8	24.1	6.3	335
Quranic only	47.8	83.7	14.1	30.4	5.4	85
Primary	58.4	83.9	20.6	15.8	10.2	447
Secondary	67.1	86.5	19.7	18.3	10.2	438
Higher	75.6	82.8	14.1	25.6	5.9	83
Age group						
15 - 19	40.4	72.3	13.8	25.8	9.6	98
20 - 24	54.5	79.1	18.3	15.5	9.6	347
25 - 29	61.1	83.6	20.8	20.6	8.2	370
30 - 39	61.3	83.1	17.1	21.7	8.4	474
40 - 49	62.2	87.7	13.3	21.4	9.2	99
Total	58.3	82.0	17.9	20.1	8.8	1,388

10.3 Intra-partum Care

Table 10.4 shows that the proportion of women who had delivered in the last five years who had a skilled attendant at their last delivery was 34% nationally. The term "skilled attendant" refers exclusively to caregivers with midwifery skills, which include the capacity to initiate the management of complications and obstetric emergencies (i.e. physicians and nursing/midwifery

professionals). The proportion attended by skilled personnel increased with educational level, from 11 % (for never attended school) to 68 % for those with at least secondary education. A wide geographical variation was observed with pregnant women in the north generally recording a lower level of care provided by skilled attendants compared to the south. The lowest proportion was obtained in the North West (14%) while the highest was in the South West (63%). It is significant to note that only 17% of women aged 15 to 19 years of

age were delivered by skilled attendants compared to 36% in the 20 to 24 year age group and about 40% for age group 25 - 39 years. Also important is the fact that the two most- at-risk groups (15 - 19 and 40 - 49 year age groups) are also the least likely to be delivered by skilled attendants.

Table 10.4: Delivery Care
Percent Distribution of Women who Gave Birth in the last 5 Years and who Received Skilled Care during Delivery according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Delivered by skilled attendants during last delivery	Number of women who gave birth in the last 5 years
Location		
Rural	24.5	2,007
Urban	58.6	664
Zone		
North Central	33.6	489
North East	18.9	446
North West	13.8	747
South East	51.6	232
South South	47.8	332
South West	62.6	425
Education		
Never attended school	11.1	1,119
Quranic only	12.1	235
Primary	45.4	673
Secondary	67.5	538
Higher	68.4	106
Age group		
15 - 19	17.1	219
20 - 24	36.0	594
25 - 29	40.5	622
30 - 39	39.5	836
40 - 49	18.0	400
Total	34.0	2,671

10.4 Postnatal Care

As shown in Table 10.5, the proportion of women that received postnatal care (PNC) for their last pregnancy out of women that gave birth within the last 5 years preceding the survey was 41% for the country as a whole. The proportion varied considerably with the characteristics of the women. Higher level of education was associated with utilisation of post-natal care, as the proportion that received the service increased progressively from 20% among women who did not attend school to 86% among those with tertiary education. Geographically, 31% of rural dwellers received PNC compared to 67% of urban dwellers, and by zone, the proportion ranged from 22% in the North West to 68% in the South West.

Information obtained from mothers who had received postnatal care showed that more than two-thirds (67%) had received information on child spacing, while more than three-quarters had received information on care of the newborn (87%) and breastfeeding (85%) (See chart 10.1).

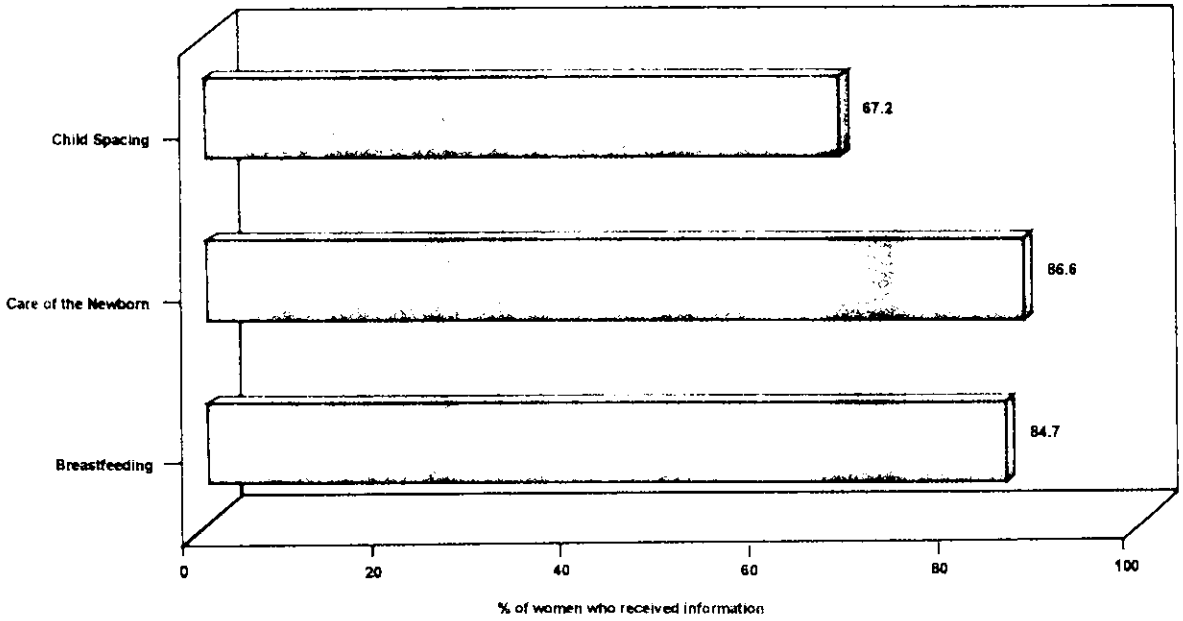
Table 10.5: Postnatal Care

Percent Distribution of Women who Delivered in the last five years who received Postnatal Care during last pregnancy from different cadres of providers according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	All women who delivered in the past 5 years (2671) % that received PNC	Source of Postnatal Care*					All women who gave birth in the last 5 years and sought PNC (921)
		Government hospital	Maternity home Public private	Private Hospital	Faith based	TBAs	
Location							
Rural	30.5	69.4	13.2	19.2	2.4	3.0	518
Urban	67.2	68.1	5.0	30.6	1.2	0.8	403
Zone							
North Central	44.7	66.7	8.2	29.6	2.5	1.3	194
North East	30.2	79.6	17.8	6.5	2.8	0.9	117
North West	21.9	88.3	2.5	9.3	0.6	1.2	140
South East	62.3	60.4	17.4	35.9	1.1	1.1	95
South South	49.1	68.6	13.7	16.5	4.3	5.8	141
South West	67.6	57.8	6.1	38.1	0.7	1.8	234
Education							
Never attended school	19.6	70.8	11.3	17.5	2.2	2.8	185
Quranic only	21.5	85.4	8.3	6.3	0.0	0.0	46
Primary	51.7	67.0	9.8	25.2	2.0	1.7	294
Secondary	67.5	67.6	7.7	26.8	1.8	2.4	321
Higher	85.6	66.2	9.1	40.3	2.6	1.3	75
Age group							
15 - 19	24.1	78.4	7.8	15.4	0.0	0.0	53
20 - 24	39.6	70.9	7.5	21.9	2.2	2.2	226
25 - 29	44.2	67.3	10.2	27.2	1.1	2.3	258
30 - 39	44.4	67.5	10.7	26.6	2.1	1.8	315
40 - 49	39.7	68.1	7.2	22.1	2.9	2.9	69
Total	40.9	68.9	9.4	24.7	1.8	2.0	931

*Multiple responses are possible, and so total figure may be more than 100%. The data also refers to only those who received PNC.

Chart 10.1: Information Provided to Mothers during Postnatal Visits



10.5 Breastfeeding

Table 10.6 shows that among women who had deliveries in the last five years, only 3% did not breastfeed at all following their last delivery, while 31% commenced breastfeeding immediately after birth, 31% commenced hours after and 16% days after the delivery. On the whole, the proportion of women with a child of 6 months and below that are breastfeeding exclusively is 43% (Not shown in Table).

As Table 10.6 shows, education appeared to have an influence on the commencement of breastfeeding as 37% of women with higher education commenced breastfeeding immediately compared with one-quarter (25%) of women who did not attend school. The South South zone had the highest proportion of women who commenced breastfeeding immediately after birth (39%), while urban dwellers also recorded 40% of mothers engaging in this positive practice, compared to 27% in rural areas.

Table 10.6: Breastfeeding

Time of commencement of breastfeeding following last delivery among women who delivered within the last five years by selected characteristics* FMOH, Nigeria 2003

Characteristics	Did not breast feed their last child	Immediately	Hours after delivery	Days after delivery	Missing	Number of women who gave birth in the last 5 years
Location						
Rural	4.2	27.3	34.7	18.6	15.5	2007
Urban	2.2	39.3	34.4	10.7	14.2	664
Zone						
North Central	2.3	28.7	38.8	17.0	13.2	489
North East	6.7	24.9	37.4	19.2	11.8	446
North West	2.9	30.1	33.6	21.2	12.1	747
South East	1.8	35.7	19.5	8.1	34.8	232
South South	3.4	39.3	32.1	12.5	12.8	332
South West	1.4	29.2	38.7	12.1	18.6	425
Education						
Never attended school	3.7	25.1	32.4	20.0	18.8	1119
Quranic education only	4.2	25.0	35.8	25.8	9.2	235
Primary	1.8	34.7	38.8	10.5	14.2	673
Secondary	3.4	37.2	33.9	14.7	10.7	538
Higher	0.0	37.7	32.5	4.4	25.4	106
Age group						
15 - 19	4.6	34.7	36.1	22.7	1.9	219
20 - 24	3.5	33.4	37.8	20.1	5.1	594
25 - 29	2.5	32.7	38.3	20.2	6.3	622
30 - 39	4.0	31.9	37.1	13.5	13.6	836
40 - 49	0.8	17.5	18.0	7.3	56.5	400
Total	3.1	30.5	30.5	16.4	15.4	2671

*The large percentage of missing values in this table was the result of misinterpretation of a skip pattern by some interviewers.

10.6 Discussion and Conclusions

The proportion of women who desired their last pregnancy was fairly high. However over one in five did not desire the last pregnancy. This was the case among respondents with various levels of education. The high proportion of those who desired another pregnancy was a manifestation of high level of fertility in the society. The proportion of women who used ante natal care (ANC) facilities was higher in the urban area than in rural, in the Southern than Northern zones and among those who have attended school than those who have never attended school.

Health care professionals who provided ante natal care for the majority of women across the zones in both urban and rural areas were nurses and midwives, with doctors attending to a small proportion. This was especially the case in the rural areas, in North East, North West and South

South and among the less educated women where Community Health Workers (CHEWS) and Traditional Birth Attendants (TBAs) were the main health care providers. It is important to note that only one-third of women who gave birth in the last five years reported that they were attended to during their last delivery by a skilled health care professional. There were important rural-urban and educational differentials. A skilled attendant attended to only 17% of women aged 15 to 19 years during delivery. This has grave implications for the reproductive health of adolescent mothers.

Post natal care was received by about two-fifths of the women, majority of service delivery points being government health facilities and about one-quarter from private health facilities. Breastfeeding was nearly practiced by all women with only 3% not breastfeeding at all. The majority of women started breastfeeding immediately or hours after delivery while a small proportion started days after delivery.

SECTION 11

11.0 FAMILY PLANNING

In many nations, the increased use of contraceptives parallels an increase in quality of life. Birth spacing also has the greatest impact on child survival. In this section, information provided includes knowledge and pattern of utilisation of contraceptives. Also included are factors relating to the influence of child sex-preference and decision-making issues relating to contraceptive utilisation.

11.1 General Knowledge of Contraceptive Methods

Table 11.1 presents information on the proportion of females and males who know of at least one method of contraception and one modern method of contraception. The table indicates that in terms of age, the highest level of knowledge of any method (75%) and a modern method (71%) among women was found in age group 25 – 29 years. In the case of men, the highest levels of knowledge for the same indicators (84% and 82% respectively) were found in the 30 – 39 age group. The knowledge levels of men in the younger age group 15-19 years (74% for any method and 72% for a modern method) were higher than women in the same age group (58% and 55%) respectively. A higher percentage of urban-based respondents showed higher knowledge than their rural-based counterparts. Similarly, higher proportion of respondents from the south had higher levels of knowledge than their counterparts in the north. The level of education of respondents had a positive association with knowledge of any contraceptive method as well as on modern contraceptive methods. (See chart 11.1).

Chart 11.1: Knowledge of contraceptive methods by Zone and Sex

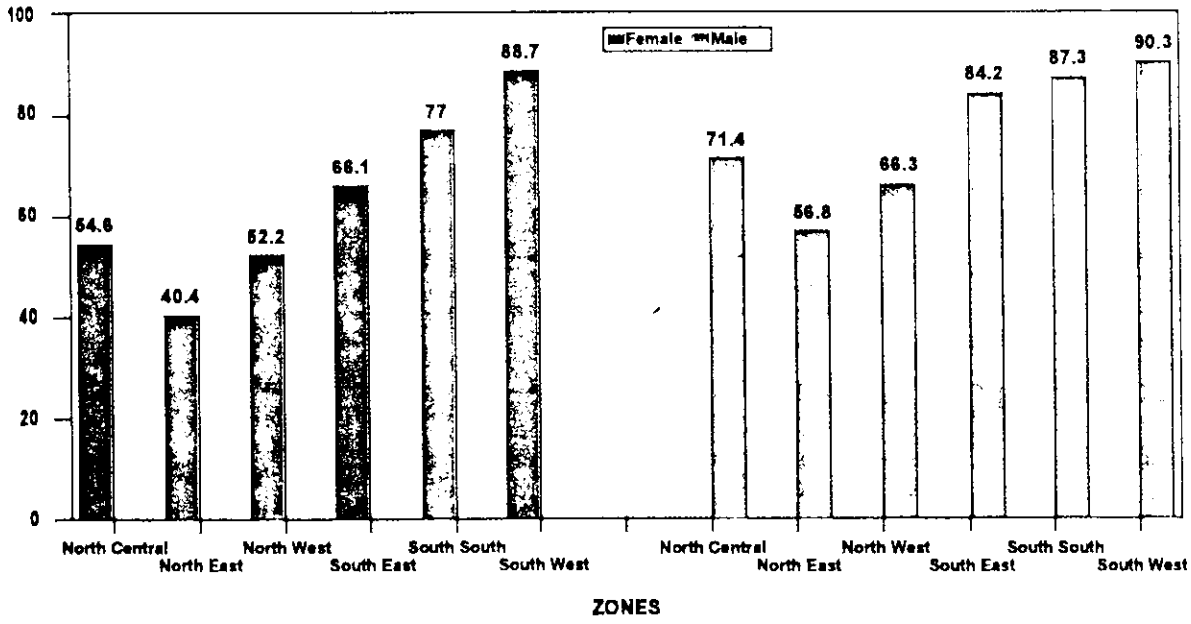


Table 11.1: Knowledge of Contraceptive Methods

Percent Distribution of Respondents' Knowledge of Contraceptive Methods according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Female			Male		
	Know any method	Know modern method	Number of men	Know any method	Know modern method	Number of women
Location						
Rural	58.3	52.9	3618	71.0	68.1	3301
Urban	88.1	86.2	1510	91.8	90.8	1661
Zone						
North Central	59.5	54.6	890	73.7	71.4	851
North East	42.4	40.4	771	58.2	56.8	694
North West	56.3	52.2	1167	69.0	66.3	1115
South East	72.2	66.1	622	87.1	84.2	584
South South	83.4	77.0	758	88.8	87.3	752
South West	91.5	88.7	920	92.4	90.3	966
Education						
Never attended school	44.6	37.1	1830	51.7	46.2	950
Quranic only	51.5	48.5	369	53.6	50.5	473
Primary	77.4	72.8	1126	80.7	78.6	1117
Secondary	87.2	85.6	1481	91.1	90.1	1853
Higher	94.1	94.0	322	97.5	97.3	569
Age group						
15 - 19	58.3	55.5	1178	73.6	72.2	967
20 - 24	72.9	69.3	1058	83.6	82.0	878
25 - 29	74.8	71.1	842	83.2	81.9	739
30 - 39	72.7	68.7	1172	83.8	82.0	1025
40 - 49	62.5	54.6	878	76.1	73.2	725
50- 64	NA*	NA	NA	69.0	63.8	628
Total	**68.1**	**63.8**	**5128**	**78.7**	**76.5**	**4962**

NA - Not Applicable

11.2 Types of Contraceptives Known

Knowledge of different types of contraceptives among women and men of various marital status and sexual experiences is presented in Table 11.2. Slightly over two-thirds (64%) of the female respondents knew at least one modern contraceptive method whilst 77% of all male respondents knew at least one modern contraceptive method. Knowledge of any modern method was highest among sexually active unmarried males (92%) and females (81%). Among groups with no previous sexual experience, 62% of women and 70% of men were aware of at least one modern contraceptive method. The male condom was the most mentioned modern method among all respondents (62%) followed by the injectables (40%) and oral pills (37%). With respect to the female condom, however, only 12% of the respondents had ever heard about female condom. About half of the people with such knowledge knew where to procure the female condom. On the whole, less than one percent of respondents reported ever using a female condom or knowing someone who had used the female condom before.

Table 11.2: Knowledge of Specific Contraceptive Methods

Table 11.2: Knowledge of Specific Contraceptive Methods

Percent Distribution of Respondents' Knowledge of Contraceptive Methods among Women and Men of various Marital Conditions and Sexual Experience

Contraceptive Method	All males and females	Women				Men			
		Females Only	Sexually Active Unmarried women	Women in Union	No sexual experience for women	Males only	Sexually Active Unmarried men	Men in Union	No sexual experience for men
Any Method	73.4	68.1	81.0	66.3	62.1	78.7	91.9	77.0	69.6
Modern Method:									
Any modern method	70.1	63.9	76.4	61.8	59.8	76.5	90.6	74.1	67.6
Pill	36.8	40.2	45.5	43.5	20.5	33.3	36.9	37.4	21.3
EC	24.8	23.8	35.2	23.4	13.4	25.8	33.7	27.1	15.2
Male condom	61.7	52.5	69.5	48.1	53.3	71.2	88.7	66.9	63.3
Female condom	11.7	8.8	14.5	7.9	6.1	14.5	23.7	12.8	8.2
Injectables	39.5	42.7	50.1	45.8	22.6	36.3	40.6	40.4	23.5
Implants	9.7	11.0	13.4	11.9	4.0	8.3	9.1	9.6	4.5
IUCD	16.0	20.9	24.0	23.3	7.5	10.9	10.9	13.3	5.7
Foaming tablets	9.0	8.9	11.5	9.5	3.7	8.9	12.5	9.8	3.8
Diaphragm	7.4	7.7	9.0	8.1	4.0	7.2	10.2	7.5	4.0
Female Sterilisation	26.6	25.9	27.6	28.2	14.8	27.3	30.4	30.2	18.6
Male Sterilisation	14.3	10.6	17.5	9.7	7.3	18.1	19.7	20.4	11.8
Natural methods:									
Rhythm	38.0	38.0	53.0	37.3	25.6	38.0	47.7	40.7	23.1
LAM	18.3	24.2	25.0	27.9	7.3	12.3	10.2	16.2	6.0
Withdrawal	36.9	29.5	44.7	29.5	13.9	44.5	57.4	47.2	26.9
Number of women and men	10,090	5,128	836	3,420	814	4,962	1,144	2,569	1,158

11.3 Perception About Contraceptive Methods and Issues

Table 11.3 shows the responses to specific statements about contraceptive methods. More than half of the male respondents (55%) expressed the opinion that family planning methods were effective, but less than half of female respondents (46%) were of the same opinion. Less than one-third of females (30%) and males (29%) were of the opinion that contraceptives could cause infertility in a woman. More than a quarter of females (28%) and 37 % of males were of the opinion that condom could encourage infidelity in males. Similarly, just under a third (30%)of females and two fifths (43%) of males were of the opinion that contraceptives could encourage women to be promiscuous.

Table 11.3: Perception of Contraceptive Methods

Percent Distribution of Respondents' Perception about and Attitude to Contraceptive Methods and Issues

Contraception/Family Planning Issues	FEMALES(n =5128)			MALES (n = 4962)		
	Agree	Disagree	Don't Know/ no response	Agree	Disagree	Don't Know/ no response
Family Planning/Child Spacing Methods are effective	45.9	8.1	47.0	54.8	8.5	36.7
FP encourage young unmarried people to be 'loose'	37.1	20.7	42.2	45.4	22.4	32.1
It is expensive to practice Family Planning/Child Spacing	16.9	29.6	53.5	16.9	36.4	46.7
Family Planning is women's business and men should not have to worry about it.	17.6	41.3	41.1	15.5	51.0	33.4
Use of family planning can lead to infertility in a woman	29.9	20.4	49.7	29.3	25.2	45.5
Family Planning/Child Spacing methods are not easily available	21.4	31.7	46.9	23.5	37.7	38.8
Condoms can protect a woman from unwanted pregnancy	45.3	6.4	48.3	61.4	7.2	31.4
Religion is not against family planning	33.5	28.3	38.2	35.5	35.99	28.5
Family Planning/Child Spacing methods encourage women to be promiscuous	29.9	24.8	45.3	43.2	21.9	34.9
Condoms encourage male infidelity	28.1	18.7	53.2	36.9	22.4	40.8
Family Planning/Child Spacing methods cause cancer or other diseases	12.1	21.8	66.1	13.9	25.0	61.1
Family Planning/Child Spacing or contraception is only meant for married people	31.8	26.5	40.7	30.7	32.7	36.8
Being sterilised for a man is equal to being castrated	18.8	20.5	59.9	27.7	23.0	48.3
A woman is the one who gets pregnant so she should be the one to get sterilised.	17.5	33.0	49.4	22.5	32.4	45.1

11.4 Accessibility and Affordability of Family Planning Methods

Affordability of and accessibility to condoms has been discussed earlier in Section 6. Condoms are by far the most affordable and accessible of all modern contraceptive methods. Tables 11.4 and 11.5 present findings on the accessibility and affordability of other modern family planning methods. As shown in Table 11.4, the oral pills were the second most affordable and accessible method. Injectables were regarded as the least affordable and accessible methods of family planning.

Table 11.4: Affordability of Contraceptives
Percent Distribution of Respondents Opinion on the Affordability of Family Planning methods according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Daily pills	After sex / Emergency contraceptive pills	Injectables	IUD/Coil	Number of women and men
Sex					
Female	30.1	22.0	26.0	13.7	5,128
Male	22.6	19.2	18.5	7.2	4,962
Location					
Rural	19.7	14.5	17.7	7.5	6,919
Urban	38.9	31.9	30.9	16.0	3,171
Zone					
North Central	27.6	17.3	23.8	9.3	1,741
North East	18.5	11.5	15.5	8.3	1,465
North West	23.7	15.7	21.1	7.1	2,282
South East	14.6	13.6	16.8	9.6	1,206
South South	33.3	27.7	28.6	14.0	1,510
South West	35.0	32.4	25.4	14.4	1,886
Education					
Never attended school	13.4	8.6	11.0	4.4	2,780
Quranic only	13.1	6.5	10.9	3.6	842
Primary	26.0	18.9	20.8	9.0	2,243
Secondary	32.6	27.9	28.8	13.4	3,334
Higher	54.2	45.3	45.8	26.8	891
Age group					
15 - 19	16.0	12.2	13.6	4.8	2,145
20 - 24	28.3	23.4	24.2	10.1	1,936
25 - 29	33.7	27.0	26.7	12.4	1,581
30 - 39	32.8	24.2	27.7	14.6	2,197
40 - 49	25.9	19.4	23.4	12.5	1,603
50 - 64	15.7	14.0	13.4	6.4	628
Total	**26.4**	**20.6**	**22.3**	**10.5**	**10,090**

Table 11.5: Accessibility of Contraceptives

Percent Distribution of Respondents on the Accessibility of Family Planning Methods according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Daily pills are easy to obtain	After sex / Emergency contraceptive pills	Injectables	IUD/ Coil	Total
Sex					
Female	32.9	24.6	29.7	15.6	5,128
Male	25.9	21.9	21.7	8.9	4,962
Location					
Rural	21.9	16.4	20.5	8.9	6,919
Urban	43.4	36.0	35.5	18.5	3,171
Zone					
North Central	29.1	18.8	26.3	9.6	1,741
North East	18.0	12.0	15.5	8.4	1,465
North West	27.5	18.8	24.2	8.9	2,282
South East	16.1	14.6	18.8	11.4	1,206
South South	36.7	30.9	29.8	15.8	1,510
South West	40.7	37.3	32.6	18.3	1,886
Education					
Never attended school	14.6	9.7	12.7	5.6	2,780
Quranic only	15.2	8.3	12.5	3.2	842
Primary	29.6	22.6	24.8	11.0	2,243
Secondary	36.6	31.2	33.4	16.5	3,334
Higher	58.5	49.0	49.9	27.6	891
Age group					
15 - 19	19.0	15.1	15.9	6.0	2,145
20 - 24	31.8	26.3	28.6	12.3	1,936
25 - 29	36.3	29.2	30.3	14.1	1,581
30 - 39	36.2	27.2	31.9	16.5	2,197
40 - 49	28.1	21.7	25.6	14.4	1,603
50 - 64	19.2	16.7	17.3	8.9	628
Total	29.4	23.3	25.8	12.3	10,090

11.5 Current Use of Contraceptives

The percentage of females and males currently using any method of family planning is presented in this section. The percentage of females currently using any contraceptive method as at the time of the survey was 12% (Table 11.6), while that of men was 19% (Table 11.7). With regards to modern contraceptives, 9% of females and 16% of males were current users. The proportion of females currently using contraceptives was about the same as that obtained in the 1999 NDHS.

Sexually active unmarried individuals recorded a higher usage of contraceptives compared to their married counterparts. For modern methods, 22% of sexually active unmarried females and 38% of sexually active unmarried males use contraception. The male condom was the most common contraceptive used by both males and females. Among sexually active unmarried women, use of any method was highest among those between the ages of 20 and 24 years at 32% with the male condom

Chart 11.2 Current Use of Contraceptives methods among all women aged 15 to 49 years(1990, 1999, 2003)[1]

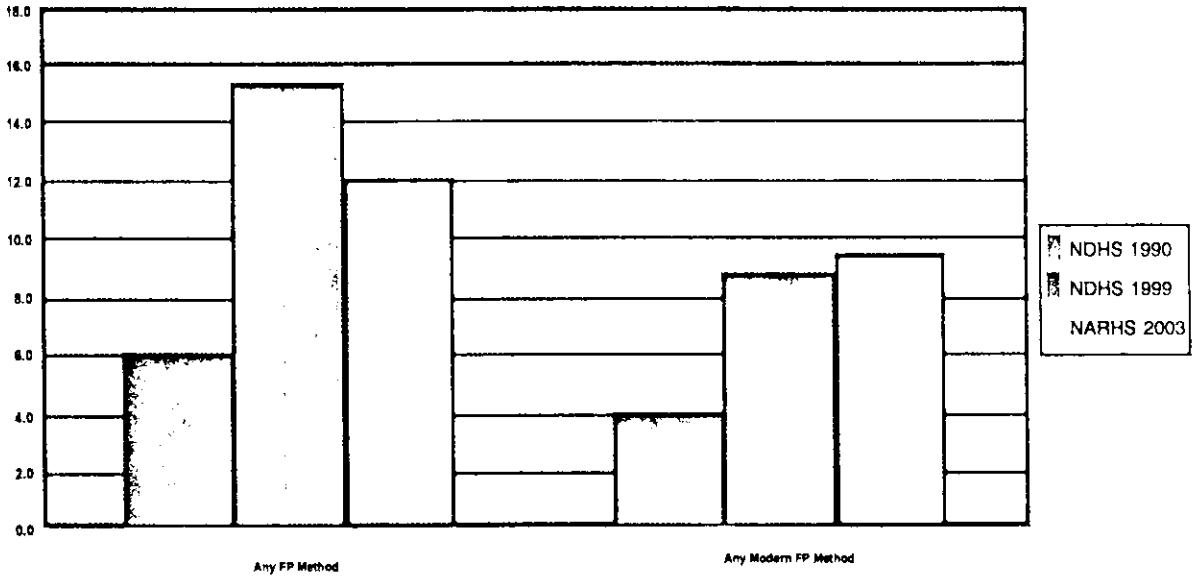


Table 11.8 shows that background characteristics of the respondents play a significant role in determining if a [1]married woman was likely to use contraceptives. Women with higher education were more likely to use a modern method of contraception compared to their counterparts with no education (31% vs. 2%). Women in the north (North East 2%; North West 2%) were less likely to use a modern method compared to their counterparts from the southern zones (South West 18%; South South 17%).

Use of any method of contraceptive is also influenced by area of residence. Seventeen percent of women in urban areas reported using a modern method of contraception at the time of the survey compared with 6% of women living in the rural areas.

[1]First few copies quoted the figure as 11.6 instead of 12 percent. This was a typographical error. The figures quoted from the DHS is for currently married women

Table 11.6: Current use of Contraceptives by Females

Percent Distribution of Females Currently using any Method of Contraceptives by Age, FMOH, Nigeria 2003

ALL FEMALES

Age	Any Method	Modern Method	Pill	EC	Condom	Injectables	Implants	IUD	Jelly/ Foam	Fem. Ster.	Any Natural Method	Rhythm	LAM	Withdrawal	Others	Not Currently Using Any Method	Number of women
15 - 19	6.4	5.2	0.3	0.5	4.1	0.2	0.0	0.0	0.1	0.0	1.2	0.7	0.1	0.4	0.1	93.6	1178
20 - 24	13.6	10.8	1.4	0.6	8.3	0.6	0.0	0.0	0.0	0.0	2.8	2.1	0.4	0.2	0.2	86.4	1058
- 29	15.7	13.0	2.0	0.8	7.8	1.9	0.0	0.5	0.0	0.1	2.7	1.8	0.2	0.7	0.1	84.3	842
30 - 39	15.1	10.7	2.0	0.3	4.5	2.3	0.1	1.5	0.0	0.1	4.4	2.5	1.0	0.9	0.5	84.9	1172
40 - 49	9.6	7.5	1.5	0.1	2.4	1.6	0.1	1.1	0.0	0.7	2.3	1.5	0.2	0.4	0.1	90.4	878
Total	12.0	9.3	1.4	0.5	5.4	1.3	0.0	0.6	0.0	0.2	2.6	1.7	0.4	0.5	0.2	88.0	5128

CURRENTLY MARRIED FEMALES

Age	Any Method	Modern Method	Pill	EC	Condom	Injectables	Implants	IUD	Jelly/ Foam	Fem. Ster.	Any Natural Method	Rhythm	LAM	Withdrawal	Others	No Method	Number of women
15 - 19	2.4	1.4	0.2	0.4	0.0	0.6	0.0	0.0	0.3	0.0	0.9	0.3	0.3	0.3	0.0	97.6	362
20 - 24	7.9	5.1	1.1	0.5	2.7	0.8	0.0	0.0	0.0	0.0	2.9	1.9	0.6	0.3	0.3	92.1	654
25 - 29	13.3	10.6	1.8	0.5	5.5	2.0	0.0	0.5	0.0	0.1	2.7	2.1	0.2	0.5	0.2	86.7	690
30 - 39	14.9	10.3	2.1	0.2	3.7	2.4	0.1	1.7	0.0	0.1	4.6	2.7	1.1	0.8	0.6	85.1	1043
40 - 49	11.3	9.1	1.7	0.2	2.8	2.0	0.1	1.4	0.0	0.9	2.2	1.8	0.0	0.4	0.0	88.7	671
Total	11.2	8.2	1.6	0.3	3.3	1.7	0.1	0.9	0.0	0.2	3.0	2.0	0.5	0.5	0.3	88.8	3420

SEXUALLY ACTIVE UNMARRIED FEMALES

Age	Any Method	Modern Method	Pill	EC	Condom	Injectables	Implants	IUD	Jelly/ Foam	Fem. Ster.	Any Natural Method	Rhythm	LAM	Withdrawal	Others	No Method	Number of women
15 - 19	31.5	26.5	1.7	2.4	22.4	0.0	0.0	0.0	0.0	0.0	4.9	2.8	0.0	2.1	0.7	68.5	193
20 - 24	37.5	33.3	3.5	1.2	28.2	0.4	0.0	0.0	0.0	0.0	4.2	4.2	0.0	0.0	0.0	62.5	228
25+	14.8	13.6	1.7	1.0	9.7	1.2	0.0	0.0	0.0	0.0	1.8	0.3	0.0	0.9	0.3	85.2	415
Total	24.8	21.9	2.2	1.4	17.6	0.7	0.0	0.0	0.0	0.0	2.8	1.9	0.0	0.9	0.3	75.2	836

Table 11.7: Current use of Con... ptive ... Mal... of Contraceptives by Age; FMOH, Nige... 003

Table 11.7: Current use of Contraceptives by Males

Percent Distribution of Males Currently Using any Method of Contraceptives by Age; FMOH, Nigeria 2003

ALL MALES

Age	Any Method	Modern Method	Pill	EC	Condom	Injectables	Implants	IUD	Jelly/ Foam	Fem. Ster.	Any Natural Method	Rhythm	LAM	Withdrawal	Others	Not Currently Using Any Method	Number of Men
15 - 19	9.6	9.1	0.1	0.0	8.8	0.1	0.0	0.1	0.0	0.0	0.4	0.4	0.0	0.0	0.0	90.4	967
20 - 24	22.7	21.5	0.1	0.3	21.1	0.0	0.0	0.0	0.0	0.0	1.3	0.7	0.0	0.6	0.0	77.3	878
25 - 29	25.6	24.4	0.5	0.4	23.1	0.3	0.0	0.2	0.0	0.0	1.2	0.7	0.0	0.5	0.1	74.4	739
30 - 39	22.6	18.5	0.8	0.5	15.2	1.6	0.1	0.1	0.0	0.1	4.1	3.0	0.0	1.1	0.5	77.4	1025
40 - 49	18.6	12.3	1.0	0.0	8.8	1.4	0.2	0.8	0.0	0.2	6.4	4.6	0.2	1.6	0.6	81.4	725
50+	10.5	6.1	0.7	0.4	3.3	0.7	0.0	0.5	0.0	0.5	4.5	2.8	0.6	1.0	0.8	89.5	628
Total	18.5	15.6	0.5	0.3	13.8	0.7	0.0	0.2	0.0	0.1	2.9	2.0	0.1	0.8	0.3	81.5	4962

CURRENTLY MARRIED MALES

Age	Any Method	Modern Method	Pill	EC	Condom	Injectables	Implants	IUD	Jelly/ Foam	Fem. Ster.	Any Natural Method	Rhythm	LAM	Withdrawal	Others	Not Currently Using Any Method	Number of Men
15 - 19*	7.2	7.2	0.0	0.0	(7.2)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	92.8	24
20 - 24*	9.4	8.5	0.0	1.0	7.5	0.0	0.0	0.0	0.0	0.0	0.9*	0.9*	0.0	0.0	0.0	90.6	132
25 - 29	12.8	11.4	0.3	0.2	9.9	0.6	0.0	0.3	0.0	0.0	1.3	1.3	0.0	0.0	0.3	87.2	344
30 - 39	20.5	15.8	1.0	0.5	12.3	1.7	0.0	0.1	0.0	0.1	4.8	3.4	0.0	1.4	0.6	79.5	848
40 - 49	18.9	12.2	1.1	0	8.7	1.3	0.2	0.8	0.0	0.2	6.7	4.8	0.2	1.7	0.6	81.1	672
50+	10.7	6.1	0.4	0.3	3.6	0.8	0.0	0.6	0.0	0.6	4.8	2.9	0.7	1.0	0.9	89.3	549
Total	16.3	11.8	0.7	0.3	8.9	1.1	0.0	0.4	0.0	0.2	4.5	3.2	0.2	1.1	0.5	83.7	2569

Note: *Figures in parentheses based on only 25-49 case

Age	Any Method	Modern Method	Pill	EC	Condom	Injectables	Implants	IUD	Jelly/ Foam	Fem. Ster.	Any Natural Method	Rhythm	LAM	Withdrawal	Others	Not Currently Using Any Method	Number of Men

SEXUALLY ACTIVE UNMARRIED MALES

Age	Any Method	Modern Method	Pill	EC	Condom	Injectables	Implants	IUD	Jelly/ Foam	Fem. Ster.	Any Natural Method	Rhythm	LAM	Withdrawal	Others	Not Currently Using Any Method	Number of Men
15 - 19	33.6	32.7	0.5	0.0	31.8	0.0	0.0	0.4	0.0	0.0	0.9	0.9	0.0	0.0	0.0	66.4	233
20 - 24	45.5	43.2	0.2	0.3	42.7	0.0	0.0	0.0	0.0	0.0	2.3	1.3	0.0	1.0	0.0	54.5	393
25+	38.4	37.0	0.5	0.7	35.2	0.4	0.2	0.0	0.0	0.0	1.5	0.8	0.0	0.6	0.0	61.6	518
Total	39.9	38.3	0.4	0.4	37.1	0.2	0.1	0.1	0.0	0.0	1.6	1.0	0.0	0.6	0.0	60.1	1144

Table 11.8: Characteristics of Current Female users of Contraceptives
Percent Distribution of Women Currently Using any Method of Contraceptive according to Selected Characteristics; FMOH, Nigeria 2003

	Any method	Any modern method	Pill	Emergency contraception	Male condom	Injectables	Implants	IUD	Jelly/ foam	Fem. Ster	Any natura method	Rhythm	LAM	Withdrawal	Others	Not Currently Using Any Method	Number Of Women
Number of living children																	
0	12.6	10.9	0.9	0.9	8.6	0.3	0.0	0.1	0.1	0.0	1.7	1.2	0.0	0.5	0.1	87.4	1805
1	11.2	8.6	1.9	0.0	5.6	0.8	0.0	0.0	0.0	0.2	2.8	1.7	0.3	0.8	0.2	88.8	601
2	10	6.7	1.4	0.3	3.0	1.5	0.0	0.6	0.0	0.0	3.2	1.6	1.0	0.6	0.6	90.0	579
3	14.3	10.5	2.2	0.2	5.0	2.2	0.2	0.8	0.0	0.0	3.8	2.1	1.1	0.6	0.0	85.7	547
4+	11.6	8.5	1.5	0.3	2.7	2.2	0.1	1.3	0.0	0.4	3.2	2.3	0.4	0.5	0.4	88.4	1596
Location																	
Rural	7.6	5.5	0.7	0.2	3.2	0.9	0.0	0.3	0.0	0.1	2.1	1.5	0.3	0.3	0.2	92.4	3618
Urban	21	17.1	2.7	0.9	9.9	2.0	0.1	1.3	0.0	0.3	3.9	2.3	0.6	1.0	0.4	79.0	1510
Education																	
Never attended school	3.5	2.3	0.5	0.0	0.9	0.8	0.0	0.1	0.0	0.1	1.1	0.8	0.3	0.0	0.3	96.5	1830
Quranic only	3	1.2	0.0	0.0	0.7	0.5	0.0	0.0	0.0	0.0	1.9	1.1	0.2	0.6	0.0	97.0	369
Primary	12	8.9	1.3	0.6	4.3	1.6	0.0	0.7	0.0	0.5	3.1	2.1	0.2	0.8	0.4	88.0	1126
Secondary	18.7	15.1	2.2	0.8	9.6	1.5	0.0	0.8	0.1	0.1	3.7	2.4	0.5	0.8	0.1	81.3	1481
Higher	36.4	30.7	4.6	1.1	19.2	2.5	0.6	2.6	0.0	0.0	5.7	3.1	1.3	1.3	0.0	63.6	322
Zone																	
North Central	9	7.3	1.7	0.2	2.9	2.0	0.0	0.2	0.0	0.4	1.7	1.6	0.1	0.0	0.0	91.0	890
North East	2.4	1.7	0.2	0.2	1.1	0.1	0.0	0.0	0.0	0.0	0.8	0.1	0.5	0.1	0.0	97.6	771
North West	3.5	2.2	0.4	0.1	0.6	1.1	0.0	0.1	0.0	0.0	1.3	0.9	0.2	0.2	0.4	96.5	1167
South East	19.1	11.5	0.0	0.2	10.1	0.3	0.0	0.6	0.0	0.4	7.5	6.1	0.0	1.6	0.4	80.9	622
South South	20	16.8	2.5	0.7	10.7	2.0	0.3	0.4	0.1	0.1	3.1	2.4	0.4	0.4	0	80	758
South West	20.9	17.8	3.3	1.2	9.2	1.8	0.0	2.0	0.0	0.2	3.1	1.0	1.0	1.1	0.3	79.1	920
Total	12.0	9.3	1.4	0.5	5.4	1.3	0.0	0.6	0.0	0.2	2.6	1.7	0.4	0.5	0.2	88.0	5128

11.6 Side

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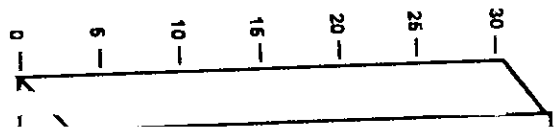

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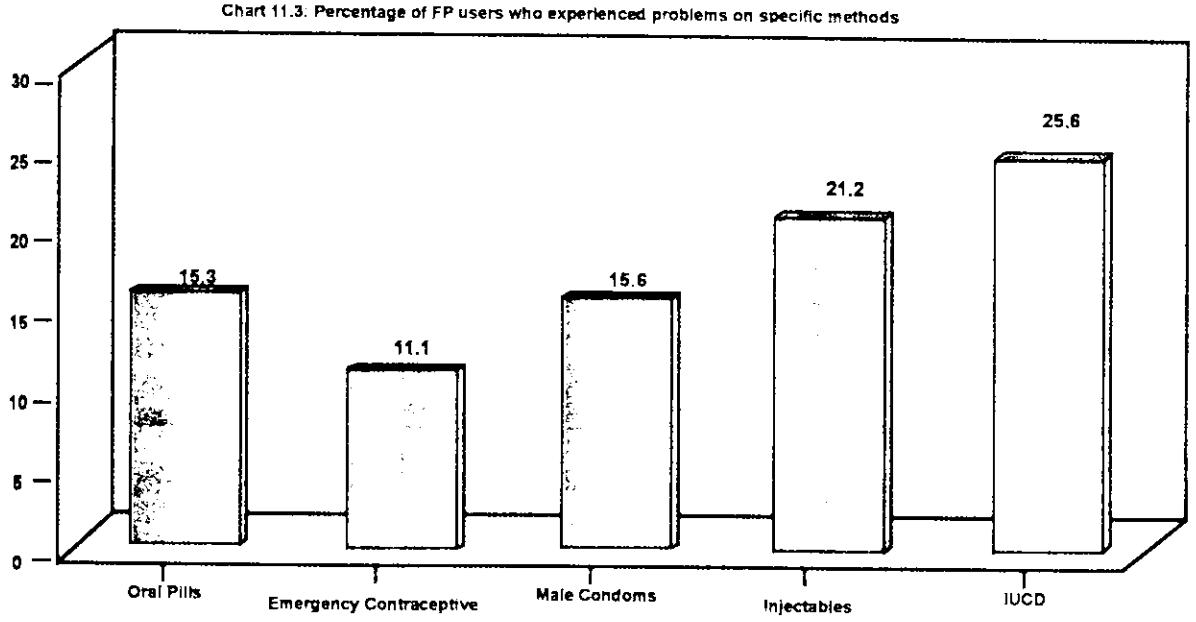
11.6 Side-effects Recorded From the Use of Contraceptives

Chart 11.3 shows the proportion of users of specific contraceptive methods that experienced side effects or problems. Sixteen percent of users of modern FP said they had problems with the method they were using. Over one quarter of IUCD users indicated that they experienced side effects or problems, with the commonest complaint being heavy menstrual period followed by abdominal pain. Among users of male condom, 16% indicated that they experienced problems, the most common being condom breakage. The commonest side effect experienced by users of hormonal methods was heavy menstrual bleeding followed by complaints of weight gain. Of oral pill users that had complaints; the most common was heavy bleeding and weight gain. Injectables users that had problems complained of heavy menstrual periods and weakness of the body.

Chart 11.3: Percentage of FP users who experienced problems on specific methods



11.7 Intention to Use Family Planning

As Table 11.9 shows, 9% of respondents who were not current users of family planning indicated that they intended to use a modern method of family planning within the next 12 months. There was no substantial difference between females and males. Among the regions, South South zone recorded the highest proportion of non-FP users who indicated intention to start the use of modern family planning method within the next 12 months (14%), followed by South West (13%) and North Central (11%). With regards to age, respondents aged 20 - 24 years had the highest proportion of people that expressed interest in using modern FP within the next 12 months (12%). An increase in intention to use modern FP within the next 12 months was observed with increased educational level.

Table 11.9: Intention to Use Family Planning

Percent Distribution of Respondents Intending to use Family Planning Methods among Non users in the Next 12 Months according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Intends to use modern method in next 12 months	Non users of modern FP methods
Sex		
Females	8.2	4,681
Males	10.1	4,207
Location		
Rural	8.1	6,352
Urban	11.2	2,536
Zone		
North Central	11.4	1,552
North East	5.3	1,420
North West	6	2,208
South East	5.5	1,004
South South	13.7	1,191
South West	13.3	1,513
Education		
No Schooling	3.4	2,710
Quranic only	4.2	831
Primary	10.3	2,013
Secondary	14.3	2,714
Higher	12.6	620
Age group		
15 - 19	8.7	2,002
20 - 24	11.6	1,637
25 - 29	11	1,309
30 - 39	10.3	1,893
40 - 49	5.2	1,455
50 - 64	4.4	592
Total	9.1	8,888

11.8 Decision-making About Family Planning

Opinions about who should take decisions to use family planning are presented in Table 11.10. More than two fifths (43%) of respondents expressed the opinion that decisions on the use of family planning methods among couples should be jointly undertaken compared to 20% who indicated that the decision should be taken by the man alone and 8% who indicated that it should be the woman's decision alone. The pattern was generally true for all sub-groups of respondents when responses were analysed according to selected characteristics – sex, location, and education.

Table 11.10: Decision Making About Family Planning

Percent Distribution of Respondents' Opinion on who should take Decisions to use Family Planning amongst Couples according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Person identified by respondents as the decision maker for family planning use among couples*				
	Wife	Husband	Both	Either	Number of women and men
Sex					
Female	11.2	15.6	41.9	3.4	5,128
Male	4	24.7	44.2	4.0	4,962
Location					
Rural	7.4	21.6	35.9	3.7	6,919
Urban	8	17.4	56.3	3.5	3,171
Zone					
North Central	6.7	21.4	47.5	4.2	1,741
North East	4.7	11.8	24.5	3.8	1,465
North West	6	25.0	27.5	3.1	2,282
South East	7	17.9	54.7	2.0	1,206
South South	8.5	23.6	49.5	4.6	1,510
South West	11.5	17.3	58.7	4.2	
Education					
Never attended school	5.1	20.5	24.2	3.8	2,780
Quranic only	7.7	19.6	22.9	4.2	842
Primary	9.6	21.8	46.0	3.5	2,243
Secondary	8.8	19.6	55.0	3.4	3,334
Higher	6.1	17.1	65.7	4.2	891
Age group					
15 - 19	7.7	18.4	41.2	3.1	2,145
20 - 24	8.4	20.4	45.3	3.2	1,936
25 - 29	8.2	21.1	44.5	3.6	1,581
30 - 39	8.1	19.2	45.2	3.5	2,197
40 - 49	7.3	20.0	41.4	4.4	1,603
50 - 64	2.9	25.8	35.8	5.1	628
Total	7.6	20.1	43.1	3.7	10,090

*** The value for each row is less than 100% as there are other options (outside the four categories listed above) that are not reflected in the table.**

11.9 Desired Family Size

About a quarter of respondents (23%) as shown in Table 11.11 indicated between 1 and 4 children as the desirable number of children. One third expressed the opinion that the number of children they would want to have was "Up to God". This opinion was more common among rural dwellers (45%) than among urban dwellers (28%). Among other selected variables, people with tertiary education constituted the only group where more than half of the respondents (52%) indicated an ideal family size of four children or less. The percentage of the respondents that specified a maximum of 4 as the ideal family size was lowest in North West (6%) and North East (9%). Three-quarters (74%) of the respondents in the North West actually expressed the opinion that the issue of desired and ideal family size was up to God.

Table 11.11: Desired Family Size

Percent Distribution of Respondents' Desired Family Size by according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Desired number of children			Number of women and men
	0 – 4 children	5 or more children	"Up to God"	
Sex				
Female	20.9	36.1	42.3	5,128
Male	25.6	35.3	35.2	4,962
Location				
Rural	15.8	33.7	44.7	6,919
Urban	36.9	30.7	27.8	3,171
Zone				
North Central	25.3	43.1	27.0	1,741
North East	9.3	30.1	54.3	1,465
North West	5.6	16.8	74.3	2,282
South East	26.2	43.1	23.2	1,206
South South	30.3	45.6	17.1	1,510
South West	43.8	31.8	19.2	1,886
Education				
Never attended school	5.0	23.5	64.1	2,780
Quranic only	3.8	17.5	76.4	842
Primary	18.7	43.1	33.3	2,243
Secondary	37.6	38.1	18.9	3,334
Higher	51.7	27.9	17.4	891
Age group				
15 - 19	30.1	33.1	30.1	2,145
20 - 24	28.7	31.7	35.1	1,936
25 - 29	26.0	30.5	38.8	1,581
30 - 39	21.1	33.1	41.2	2,197
40 - 49	11.7	31.8	49.5	1,603
50 - 64	11.9	40.1	44.5	628
Total	23.2	32.7	38.8	10,090

11.10 Sex Preference

Chart 11.4 shows that 39% of male respondents preferred male children as compared to 17% of female respondents. However, 44% of female respondents and 27% of the males expressed no particular preference. From Table 11.12 it can be seen that on the whole, a higher proportion of respondents from the south than the north preferred male children.

Chart 11.4 Sex preference by Sex

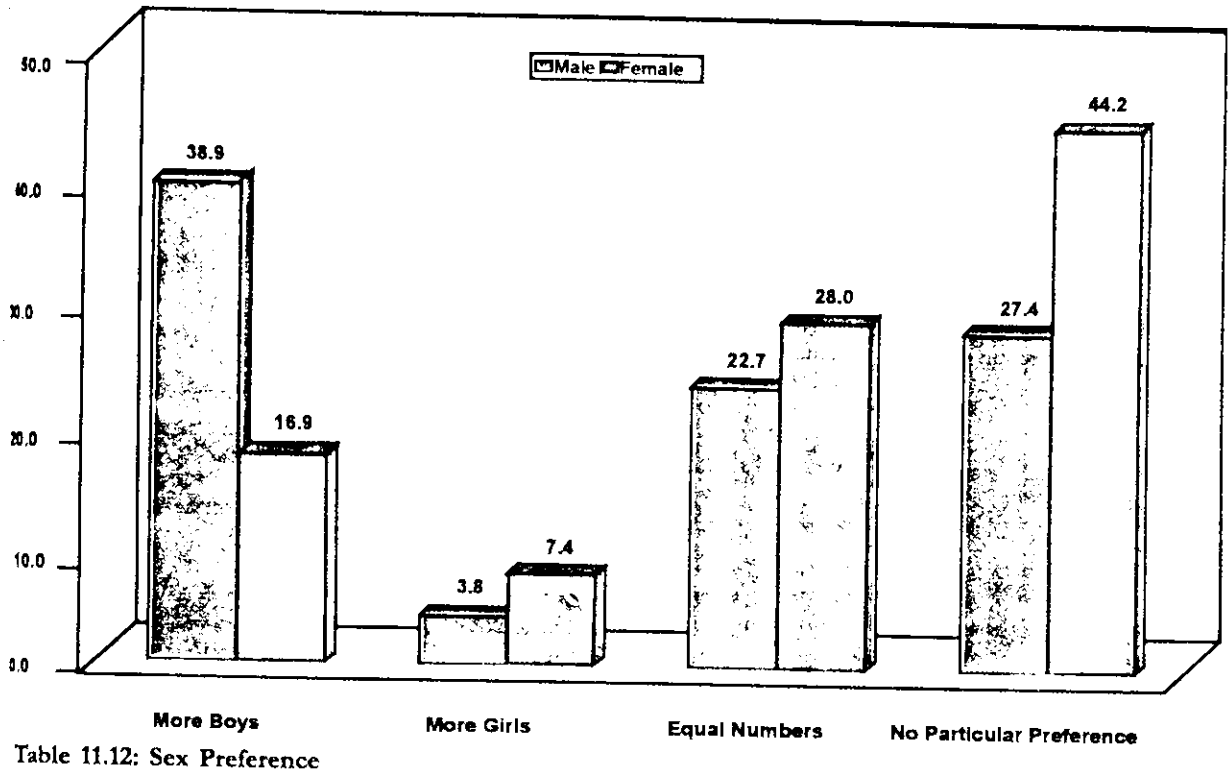


Table 11.12: Sex Preference

Percent Distribution of Respondents' Sex Preference according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	More boys	More girls	Equal number	No particular preference	Number of women and men
Location					
Rural	27.2	5.2	22.4	45.1	6,919
Urban	29.0	6.6	30.9	35.5	3,161
Zone					
North Central	33.2	5.2	32.2	26.7	1,741
North East	19.0	5.3	20.3	40.8	1,465
North West	17.5	2.4	17.3	61.4	2,282
South East	34.6	4.5	31.0	27.0	1,206
South South	34.4	9.0	26.3	18.3	1,510
South West	33.5	8.3	29.9	25.8	1,886
Education					
Never attended school	17.6	4.4	19.2	53.2	2,780
Quranic only	19.3	2.3	15.7	59.2	842
Primary	31.1	6.2	24.2	33.7	2,243
Secondary	35.1	6.8	31.2	21.9	3,334
Higher	30.5	7.1	33.9	20.5	891
Total	27.8	5.6	25.4	35.9	10,090

* Non response - 5.3%

11.11 Infertility

Respondents were asked to indicate whether they felt the problem of infertility was that of females or males only or either males or females. The responses are presented in table 11.13. The majority of the respondents (males, 59% and females, 57%) stated that infertility could be the problem of either husband or wife. Of all the zones, the highest percentage of respondents who believed that the problem of infertility was that of women only was found in the South West (12%). Almost half (48%) of the women and 38% of the men interviewed reported that they had a close relative with infertility (Not shown in Table).

Table 11.13: Infertility

Percent Distribution of Respond'ents' Opinions on which of the Partner has the Problem in cases of Infertility according to Selected Characteristics; FMOH, Nigeria, 2003

Characteristics	Problem is Femaleonly	Problem is Male only	Problem of either male and female	Others	Don't know	Number of women and men
Sex						
Female	8.7	3.4	57.2	6.2	23.1	5,128
Male	7.2	3.4	59.0	6.5	23.0	4,962
Location						
Rural	8	3.7	53.3	7.1	26.6	6,919
Urban	7.9	2.9	67.0	4.9	16.4	3,171
Zone						
North Central	6.6	3.5	63.5	6.9	18.9	1,741
North East	5.2	4.9	41.3	4.4	41.6	1,465
North West	6.2	4.7	42.7	12.9	32.0	2,282
South East	4.8	3.1	64.0	3.9	23.2	1,206
South South	10.9	2.0	65.2	5.1	15.7	1,510
South West	12	1.9	74.4	1.6	9.2	1,886
Education						
Never attended school	6.6	4.9	43.5	9.3	33.8	2,780
Quranic only	5.8	4.3	39.6	15.5	33.1	842
Primary	9.6	2.8	63.3	5.0	18.4	2,243
Secondary	9.7	2.8	66.2	2.9	17.8	3,334
Higher	3.7	2.0	75.3	4.6	12.7	891
Age group						
15 - 19	10.6	3.5	51.2	4.2	29.3	2,145
20 - 24	8.9	3.5	59.0	5.6	21.5	1,936
25 - 29	8	3.6	60.3	6.3	20.6	1,581
30 - 39	5.6	3.5	61.5	7.3	20.8	2,197
40 - 49	7.3	3.2	58.6	7.1	22.9	1,603
50 - 64	6	2.4	59.9	10.0	20.7	628
Total	8	3.4	58.1	6.3	23.0	10,090

11. 12 Discussion and Conclusions

Knowledge of any contraceptive method was high among all categories of respondents. The male condom was the best known, most affordable and most accessible modern contraceptive method. Despite the high level of contraceptive awareness, slightly more than one-tenth and less than one-fifth of both females and males were using a method of contraception. The proportion of contraceptive users was highest among unmarried females and males who had ever had sex. It is important to note that among current non-users of contraceptives, more males than females were intending to use modern methods within the next 12 months. About two-fifths expressed the opinion that decision making regarding the use of family planning methods among couples should be jointly taken, less than one-fifth thought the man should decide, while less than one-tenth felt that the woman should decide. This is a big change. In the distant past men took all decisions on matters affecting the family, including reproductive health issues.

One-quarter of respondents expressed desire for between one and four children compared to one-third who wanted five or more children. The proportion of respondents who wanted between one and four children was higher in urban areas than rural areas, among males than females, among those who attended school than those who never attended school or with Quranic education only, among younger respondents and among those in the Southern zones.

The majority of respondents were of the opinion that infertility was the problem of both sexes. This is an important finding because it will lead to the understanding of the problem of infertility and the appropriate interventions that will minimize the social effects of infertility in Nigeria.

SECTION 12

12.0 GENDER VIOLENCE, FEMALE CIRCUMCISION, SEXUAL RIGHTS AND REPRODUCTIVE CANCERS

Gender-based violence, including female circumcision and domestic violence is one of the key gender issues covered in the section. Thus the information presented in this section provides a basis not only for understanding the current situation about reproductive health and rights in Nigeria, but also for evidence-based programming and monitoring of trends.

12.1 Gender Violence

Gender violence is a common occurrence in marital relationships in many societies. Respondents were asked whether, in their opinion, wife beating was justified. Responses presented in Table1 2.1 show that under all listed circumstances, higher proportions of females than males justified wife beating. For example, 34% of females compared with 19% of males felt a husband was justified in beating his wife if she refused to have sex with him.

Education was also found to be associated with the justification of wife beating. As education increases, respondents were less likely to justify wife beating under each of the listed circumstances. With regards to zones, respondent from the South West were least likely to justify wife beating.

At the national level over four out of ten respondents (42%) felt a husband was justified to beat his wife if the husband felt she was unfaithful. Going out without telling the husband was cited as a justifiable reason for wife beating by three out of ten respondents (29%).

Table 12.1: Gender Violence

Percent Distribution of Respondents that Justified Wife Beating by Specific Reason according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Husband is justified to beat his wife in the following circumstances						Number of women and men
	If she go out without telling him	If she neglects the children	If he feels she is unfaithful	If food is not ready on time	If she argues with him	If she refuses to have sex with him	
Sex							
Female	36.3	39.3	52.5	23.7	33.3	34.4	5,128
Male	21.3	25.4	31	13	18.3	19.1	4,962
Location							
Rural	33.7	35.3	47.4	22	30.1	32.1	6,919
Urban	20	27	31.8	11.7	18.1	17	3,171
Zone							
North Central	39.7	46.2	49.9	29.9	36.6	40	1,741
North East	27.8	28	36.1	20.2	32.3	32.7	1,465
North West	28.4	24	43.8	14.5	24.2	36.4	2,282
South East	31.6	36.8	47.3	22	28	21.4	1,206
South South	34.2	40.3	50.9	17.5	25.1	20.5	1,510
South West	18.5	28.6	29.4	13.3	16.9	11.4	1,886
Education							
Never attended school	33.8	33	46.7	21.3	31.1	37.4	2,780
Quranic Education Only	35.6	29.7	45.9	21.1	29.2	42.2	842
Primary	32.3	38.6	46.5	22.1	29.6	25.6	2,243
Secondary	25.3	32	38.7	16.2	22.2	19.5	3,334
Higher	13.8	20.2	25	6.4	12.1	11.9	891
Age group							
15 - 19	31.3	34.4	44.6	21	28.2	27.2	2,145
20 - 24	29.6	33.5	42.8	20.1	27.7	28	1,936
25 - 29	30.6	34.3	42.7	18.4	27	27.9	1,581
30 - 39	27.3	30.9	41.3	17.2	23.9	26	2,197
40 - 49	28.5	32.2	42.5	17.2	25.1	28.6	1,603
50 - 64	20.7	23.8	29.3	11.4	18.4	17.6	628
Total	**28.9**	**32.4**	**41.9**	**18.4**	**25.9**	**26.8**	**10,090**

12.2 Female Circumcision

Female circumcision is now globally regarded as a violation of the rights of women. A majority of respondents (58%), as shown in table 12.2, were aware of female circumcision, and 31% indicated that they knew a relative or a person close to them who had been circumcised. The awareness of female circumcision was highest in the southern zones: South West (80%), South East (80%) and South South (76%). It was noted that the higher the level of education the more likely that the respondents would view circumcision as a health problem. As shown in table 12.3, education was found to be associated with awareness about female circumcision. Males had higher awareness than females. The survey found that 61% of those who had heard of female circumcision would like the practice discontinued. The percentages are lower among females and in the South West.

Reasons most commonly cited for female circumcision were as follows: cleanliness (3%), social acceptance (11%), better marriage prospects (8%), preserve virginity and/or premarital sex (13%), and religious approval (3 %). Others cited were for traditional or customary reasons (6%) as well as the belief that it is carried out to enhance sexual intercourse or ease penetration (5%).

Table 12.2: Awareness of Female Circumcision

Percent Distribution of all Respondents' Awareness about Female Circumcision according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Awareness Of Female Circumcision	Knowledge of someone close who have had female circumcision	Number of women and men
	%	%	
Sex			
Female	55	33.4	5,128
Male	60.6	28.1	4,962
Location			
Rural	49.9	27.4	6,919
Urban	72.4	36.9	3,171
Zone			
North Central	45.4	21.1	1,741
North East	40.9	9.6	1,465
North West	33.3	8.8	2,282
South East	79.5	52.4	1,206
South South	75.8	48.9	1,510
South West	79.8	50.7	1,886
Education			
Never attended school	42	22.1	2,780
Quranic Education Only	32.3	9.8	842
Primary	63.2	37.2	2,243
Secondary	66	36.9	3,334
Higher	83.2	36.6	891
Age group			
15 - 19	41.7	21.3	2,145
20 - 24	53.9	27.2	1,936
25 - 29	61.1	32	1,581
30 - 39	62.6	33.4	2,197
40 - 49	68.2	38.5	1,603
50 - 64	72.5	41.4	628
Total	**57.8**	**30.7**	**10,090**

Table 12.3: Perspectives About Female Circumcision
Percent Distribution of Respondents' views on Female Circumcision according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Proportion of respondents who view female circumcision as a health problem	Proportion of respondents who believed that female circumcision should be discontinued	Number that have heard of Female circumcision
	%	%	
Sex			
Female	29.4	59.3	2,757
Male	35.5	62.6	2,990
Location			
Rural	31.3	58.7	3,461
Urban	34.2	64	2,286
Zone			
North Central	38.1	57.2	827
North East	26.8	76.6	541
North West	31.1	73.9	747
South East	32.6	63	961
South South	42.9	63.7	1,161
South West	26.5	48.8	1,510
Education			
Never attended school	22.3	52.1	1,149
Quranic Only	20.6	65.8	273
Primary	29.8	56.1	1,406
Secondary	35.8	61.6	2,179
Higher	47.5	79.6	740
Age group			
15 - 19	29.8	59	888
20 - 24	35.7	62.9	1,033
25 - 29	33.8	62.2	947
30 - 39	35.1	62.4	1,350
40 - 49	29	60.1	1,074
50 - 64	28.6	55.9	455
Total	**32.6**	**61**	**5,747**

12.3 Sexual Rights

Respondents were asked whether a wife was justified to refuse sexual intercourse with her husband under certain circumstances. The results are presented in table 12.4. The most cited reasons offered for such refusal by a wife were the presence of sexually transmitted infection (STI) in the husband (77%) and when the wife had recently given birth (79%). The lowest proportion of respondents who accepted "the wife being too tired" as justification for refusal of sex was in the North West and North East. The two zones also recorded the lowest proportion of respondents who accepted the husband having sex with other women outside marriage as justification for refusal of sex.

Table 12.4: Sexual Rights

Percent Distribution of Respondents that Gave Reasons for Justifying Refusal of Sexual Intercourse with Husband according to Selected Characteristic; FMOH, Nigeria 2003

Characteristics	Reasons				Number of women and men
	Wife is tired and not in mood	Wife has recently given birth	Wife knows her husband has sex with other women	Wife knows he has a Sexually Transmitted Infection	
Sex					
Female	59.1	78.1	62	74.3	5,128
Male	64.8	78.9	62.3	80.1	4,962
Location					
Rural	59.2	77.4	60.4	74.7	6,919
Urban	67.1	80.4	65.3	81.1	3,171
Zone					
North Central	62.8	79.4	68.5	73.8	1,741
North East	42.2	67	47.7	64.9	1,465
North West	50.6	74.6	54.1	69.9	2,282
South East	76	86.2	77.2	85.6	1,206
South South	68.4	76.4	61.3	83	1,510
South West	74.3	86.4	68.5	86.4	1,886
Education					
Never attended school	49.8	72.8	52.4	65.3	2,780
Quranic only	48.8	71.3	60.5	71.9	842
Primary	67.6	82.6	64.1	82.5	2,243
Secondary	69.1	81.2	67.7	82.5	3,334
Higher	69.6	81.6	66.7	83.9	891
Age group					
15 - 19	59.8	73.9	61.3	73.1	2,145
20 - 24	63.2	79.7	65.5	78.2	1,936
25 - 29	61.6	80.6	60.8	78.3	1,581
30 - 39	60.9	78.5	62.7	78.6	2,197
40 - 49	61.7	78.1	57.5	75.6	1,603
50 - 64	70.5	85.7	67.6	83.5	628
Total	**62**	**78.5**	**62.1**	**77.2**	**10,090**

12.4 Cancer of the Reproductive Tract

Table 12.5 shows the level of awareness of selected cancers of the reproductive tract, which was generally higher for males. Awareness was highest for cancer of the breast (58% of males and 51% of females) compared to those of the womb (25% of males and 18% of females) and those of the male reproductive organs (22% of males and 10% of females). The highest level of awareness was recorded in the South East for the three types of cancers. As the table further shows, education was positively associated with increased awareness of cancers.

Table12.5: Cancer of the Reproductive Tract

Percent Distribution of Respondents' Awareness on Selected Cancer of the Reproductive tract according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Cancer of the breast	Cancer of the Womb	Cancer of the male reproductive organs	Number of men and women
Sex				
Female	51.4	17.8	10.4	5,128
Male	58.2	25.0	21.9	4,962
Location				
Rural	44.6	16.4	12.3	6,919
Urban	73.6	30.5	23.0	3,171
Zone				
North Central	47	21.9	15.1	1,741
North East	37.4	15.2	13.8	1,465
North West	48.8	18.8	16.1	2,282
South East	71.4	28.1	18.6	1,206
South South	62.4	22.5	13.6	1,510
South West	62.8	23.3	18.2	1,886
Education				
Never attended school	33.7	11.7	9.6	2,780
Quranic only	44.4	15.0	14.5	842
Primary School	52.6	18.6	13.1	2,243
Secondary	66.6	25.6	17.8	3,334
Higher	87.3	46.1	37.3	891
Age group				
15 - 19	43.7	12.8	9.2	2,145
20 - 24	55.9	21.6	16.3	1,936
25 - 29	59.8	23.1	17.5	1,581
30 - 39	58.3	23.9	17.3	2,197
40 - 49	57.5	25.7	19.2	1,603
50 - 64	56.5	25.4	22.7	628
Total	**54.8**	**21.4**	**16.1**	**10,090**

The knowledge about procedures for detecting cancers was low among the respondents: 26% knew about self breast-examination; 5% knew about examination of male reproductive organs; and, only 3% knew about Pap smear (Table not shown). The proportion of male and female respondents who had knowledge about breast self-examination was about the same. A higher proportion of females, however, knew about Pap smear, while a higher proportion of males knew about examination of male reproductive organs. The South West recorded the highest percentage in knowledge of breast self-examination (33%) (Table not shown).

For those who have heard of cancer of the breast, the age group 25-29 years and respondents in the North Central had the highest percentage of respondents with knowledge about breast self-examination for the various age groups and zones respectively. Among respondents with higher education, almost half of them knew about breast self-examination (56%), while the proportion of those who knew about examination of male reproductive organ and Pap smear was 32% and 13% respectively.

Table 12.6: Cancer Detection

Percent Distribution of Respondents' Knowledge on Procedures for Detecting Cancer according to Selected Characteristics by knowledge of various types of RH cancers; FMOH, Nigeria 2003

Characteristics	Those who have heard of breast cancer Self breast examination	Those who have heard of cancer of the womb Pap smear	Those who have heard of male RH cancer Male organ exam
	5,083	1,999	1,497
Sex			
Female	50.6	12.7	24.5
Male	45.9	4.3	28.7
Location			
Rural	45.7	7.3	28.3
Urban	50.9	8.3	26.4
Zone			
North Central	61.2	3.7	25.1
North East	52.6	12.7	30.7
North West	40.9	8.3	32.0
South East	38	2.4	20.7
South South	50.5	11.4	34.3
South West	51.5	9.1	22.2
Education			
Never attended school	45.6	8.5	27.6
Quranic only	39.7	3.2	34.7
Primary School	43.8	5.8	25.2
Secondary	49.8	7.1	24.4
Higher	56.4	12.5	31.2
Age group			
15 19	47.1	4.8	27.7
20 24	47.8	7.9	25.9
25 29	51.4	10.3	27.5
30 39	49.9	8.7	30.9
40 49	47.7	7.4	22.6
50 64	38.2	6.3	30.8
Total	48.1	7.9	27.4

12.5 Discussion and Conclusions

A higher proportion of females than males justified wife beating. The proportion of females who justified this action was consistently higher among females, of all educational groups and rural-urban categories. Many women justified wife beating in any of the following situations: infidelity, child neglect, going out without permission, refusing to have sexual intercourse with husband, or wife arguing with husband. These are some of the reasons on account of which the society will justify wife beating and they are often the reasons given by men to justify beating their wives. It appears that tacit support from women may reinforce this practice in Nigeria.

The level of awareness of female circumcision was high, especially in the South where the practice is most common. The majority of women now favour abolition of the practice. This is an important finding to be disseminated in an attempt to minimize the incidence of this age-old cultural practice.

Both female and male respondents appreciated women's sexual rights. The majority of both females and males reported that a woman has the right to refuse sex with husband when he is infected with a sexually transmitted infection, when he (the husband) has extra marital sex, when the woman is tired or not in the mood or when she has recently given birth to a child. Although there were variations by education, zone and rural urban location regarding the proportion of respondents who felt the wife was justified to refuse to have sex with her husband, the large proportion of both females and males who expressed this feeling may be an impetus to a rapid change.

Awareness of cancer of the breast was fairly high, while that of reproductive organs (testes and prostate) of males and cancers of the womb in women was low. Knowledge of self-breast examination as a means of detecting cancer of the breast was high while the use of the Pap smear as a diagnostic procedure for the early detection of cancer of the cervix was known by only a small fraction of respondents who had heard of the cancer and by an even smaller fraction of all respondents. Improving the level of awareness of reproductive health cancers and the knowledge of procedures for early diagnosis of these cancers is important and engenders early detection and treatment of these cancers at an early stage when curative treatment is still possible.

SECTION 13

13.0 COMMUNICATION FOR BEHAVIOURAL CHANGE

Behaviour change communication is an interactive process with communities to develop tailored messages and approaches using a variety of communication channels to develop, promote, sustain and maintain positive individual, community and societal behaviour change. In accomplishing this objective, it is important to understand the normal channels of information, and how these affect behaviour development and change. This section seeks to understand the normal channels of reproductive health communications within the family and society. It also seeks to understand the influence of various mass media in disseminating information.

13.1 Health Communication

Table 13.1: Health Communication with Male Wards
Percent Distribution of Respondents by Types of Reproductive Health Communication with Sons and Male Wards according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Alcohol & Drugs	STI & HIV/AIDS	Sexual relationships	Abortion	Family planning	Number of respondents who had male wards over 12 years of age
Sex						
Female	55.6	44.3	43.7	25.1	8.8	1,210
Male	52.2	46	41.4	24.4	10.9	1,267
Location						
Rural	50.5	41	39.8	22.9	8.5	1,658
Urban	60.4	53.3	47.7	28.4	12.5	819
Zone						
North Central	54.7	48	48.1	25.4	10.2	370
North East	43.6	33.1	27.4	12.5	8.2	324
North West	40.8	30.1	22.7	8	3.3	538
South East	58.1	59.8	51.4	31.4	9	329
South South	62.4	44.7	55	37.8	16.9	309
South West	62.9	55.5	52.8	34.7	13.1	607
Education						
Never attended school	46	34.8	34.9	17.2	5.3	896
Quranic only	39.7	31.6	22.7	10.1	3.8	220
Primary	60.9	52.3	51.2	32.9	11.6	635
Secondary	58	52.6	48.1	27.5	13.5	511
Higher	69.4	61.7	54.8	40	20.9	215
Total	**53.8**	**45.2**	**42.5**	**24.8**	**9.9**	**2,477**

Respondents were asked of the types of information, which they passed, to their children and wards above the age of 12 years. Table 13.1 shows that higher proportions of parents and guardians reported talking about alcohol and drugs to their male wards than reproductive health issues. Fifty-four percent of guardians and parents reported talking to their male wards about alcohol and drugs in the last 12 months, compared with 10% who discussed family planning and 25% who discussed abortion. Urban parents and guardians were more likely to talk to their wards about alcohol and reproductive health issues than those in rural areas. It is interesting to note that male and female guardians and parents were equally likely to have spoken with their sons or wards on all issues.

Table 13.2: Health Communication with Female Wards

Percent Distribution of Respondents by Types of Reproductive Health Communication with Daughters and Wards according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Alcohol & Drugs	STI & HIV/AIDS	Sexual relationships	Abortion	Family planning	Menstrual period	Number of respondents who had female wards over 12 years
Sex							
Female	44.9	49.3	56.7	48.1	15.5	61.1	1,128
Male	42.2	45.4	44.2	39.9	13.4	15.8	1,077
Location							
Rural	40.8	42.6	47.1	40.4	12.6	35.3	1,452
Urban	48.8	56.2	56.9	50.8	18.1	45.1	753
Zone							
North Central	43.8	47.9	53.3	46.7	11.4	35	332
North East	32.6	31.9	33.8	26	10.6	25.6	268
North West	22.8	30	27.8	16.7	5.5	28.8	436
South East	50.3	61.1	57.4	47.2	14.9	44.4	310
South South	50.5	48.3	62.3	59.7	19.4	45.2	270
South West	56.9	59	64	61.4	22	47.3	589
Education							
Never attended school	33.5	35.2	42.9	34.9	8.7	37.3	775
Quranic only	25.9	29.2	29.4	19.8	5.3	25.1	175
Primary	52	55.7	56.4	54.7	16.1	41.7	573
Secondary	51.9	57.1	59	50.9	20	40.9	466
Higher	53.3	61.9	61.2	52.9	26.1	41.9	216
Total	**43.6**	**47.4**	**50.5**	**44**	**14.5**	**38.7**	**2,205**

Table 13.2 presents findings on parents and guardians who discussed with female wards over 12 years. Parents and guardians who had high level of formal education were more likely to have ever discussed with their daughters or wards on nearly all issues. The sexuality issues that were discussed most by parents and guardians were sexual relationships (51%) and STIs and HIV (47%). As with male wards, the least discussed was family planning (15%). On the whole, mothers and female guardians discuss with daughters as well as with sons and a lower percentage of male guardians do discuss with female wards or daughters.

Table 13.3: Health Communication with Family Members
Percent Distribution of Respondents who were Comfortable Discussing Sexual Matters with Family Members according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Father	Mother	Brother	Sister	Number of women and men
Sex					
Female	10.6	32.9	19.2	49.9	5,128
Male	24.6	23.6	50.1	32.6	4,962
Location					
Rural	14	23.4	29.1	35.3	6,919
Urban	24	37.5	44.3	52.6	3,171
Zone					
North Central	21.6	32	34.5	39.9	1,741
North East	11.6	19	23.4	25.9	1,465
North West	8.9	17.5	21.1	2[illegible].5	2,282
South East	18.8	33.3	39.2	53	1,206
South South	15.7	26.8	38.8	47.6	1,510
South West	28.8	42.4	50.7	57.9	1,886
Education					
Never attended school	10.1	20.6	20	31.3	2,780
Quranic only	10	15.9	21.8	22.2	842
Primary	17.8	29.9	37.7	43.6	2,243
Secondary	20.3	31.7	40.3	47.5	3,334
Higher	34.7	46.4	58.2	59.6	891
Age group					
15 19	8.7	19.8	21.4	30.3	2,145
20 24	14.4	27.8	31.5	42.2	1,936
25 29	20.1	33.6	37	45.8	1,581
30 39	22.5	34	39.2	45.4	2,197
40 49	21.5	30.1	38.7	46.3	1,603
50 64	22.7	21.1	53.3	38	628
Religion:					
Islam	13.3	22.3	26.6	31.3	4,763
Protestant	21.3	34.4	42.2	51.8	3,638
Catholic	22.4	34.1	40.3	49.2	1,424
Traditional & Others	15.8	22.8	36.5	37.8	265
Total	**17.5**	**28.4**	**34.4**	**41.3**	**10,090**

The family is expected to be the first source of information on sexual issues. The degree of openness of respondents in talking about sexual matters with family members was therefore sought. Table 13.3 shows respondents who felt comfortable discussing sexual matters with different family members. From the results, more respondents felt comfortable discussing sexual matters with sisters (41%) and brothers (34%) than their fathers (18%).

The proportion of younger respondents aged 15 - 19 years willing to discuss reproductive health issues with their parents was relatively low. Only 9% felt comfortable discussing with their fathers and 20% with their mothers. This is quite important because it is this group that is more in need of direction and guidance, which the parents should be able to give.

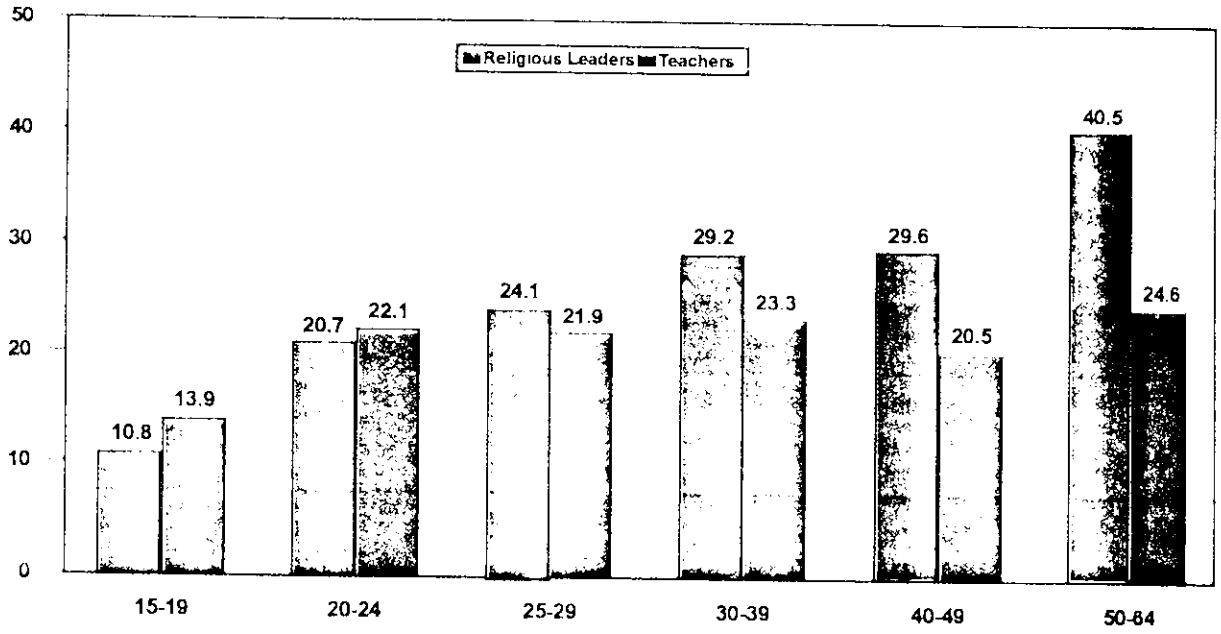
Another finding was that respondents felt more comfortable talking to parents and fellow siblings of the same sex on sexual issues than with the opposite sex. The proportion of urban dwellers and educated people who were more comfortable speaking to family members is higher than rural dwellers and the less educated. (See chart 13.1).

Table 13.4: Health Communication with Non-Family Members

Percent Distribution of Respondents Willing to discuss sexual matters with religious leaders and teachers according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Religious leaders	Teachers	Number of women and men
Sex			
Female	16	13.9	5,128
Male	31.5	27.4	4,962
Location			
Rural	19.4	16.1	6,919
Urban	31.6	28.7	3,171
Zone			
North Central	23.2	18.5	1,741
North East	17.8	19.1	1,465
North West	21.2	19.6	2,282
South East	29.5	26.4	1,206
South South	17.8	19.9	1,510
South West	30.9	21	1,886
Education			
Never attended school	16.6	10.8	2,780
Quranic only	18.4	16	842
Primary	23.2	16.4	2,243
Secondary	25.3	25.7	3,334
Higher	43.6	44	891
Age group			
15 - 19	10.8	13.9	2,145
20 - 24	20.7	22.1	1,936
25 - 29	24.1	21.9	1,581
30 - 39	29.2	23.3	2,197
40 - 49	29.6	20.5	1,603
50 - 64	40.5	24.6	628
Religion			
Islam	21.5	17.9	4,763
Protestant	26.9	23.1	3,638
Catholic	24.2	24.4	1,424
Traditional & Others	14.9	12	265
Total	**23.7**	**20.5**	**10,090**

Chart 13.1: Percentage of Respondents willing to discuss sexual matters with Religious Leaders and Teachers



Apart from the family, other social institutions which input into the value system of persons in the community include the educational and religious institutions. These act as secondary socialisation institutions moulding people's perceptions and value systems. The study sought to determine the level of comfort respondents felt discussing sexual matters with religious leaders and teachers. The findings are presented in Table 13.4. Majority of the respondents did not consider religious leaders and teachers as persons with whom they could freely discuss such issues. Only 24% of respondents considered religious leaders as persons with whom they were comfortable discussing sexual matters, while 21% were comfortable discussing such with teachers.

Younger respondents; especially females were least comfortable discussing sexual issues with religious leaders and teachers. People with higher education and urban dwellers are more likely to discuss sexual issues with their religious leaders and teachers than others.

13.2 Personal Communication on Family Planning

Family planning awareness may be a reflection of the extent of discussions on it. Respondents in the study were asked whether they had discussed about family planning in the past 12 months preceding the study and with whom. As shown in table 13.5, most respondents had not discussed family planning in the last 12 months preceding the survey. Of those who had discussed family planning, 25% discussed with their friends, while 21% discussed with their spouses. Respondents were least likely to discuss family planning with their daughters (4%) and sons (3%). The more educated and those living in urban areas had discussed more on family planning than respondents with lower levels of education and those living in rural areas. Similarly, more males than females discussed family planning with others in the last 12 months.

Table 13.5: Personal Communication with Family Members and Friends on Family Planning
Percent Distribution of Respondents who Discussed Family Planning with Family Members and Friends in the last 12 months according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Parents	Spouse	Sons	Daughters	Other relatives	Friends	Number of women and men
Sex							
Female	7.1	20.6	2.7	4.2	11.7	22.8	5,128
Male	7.4	20.9	3.7	3.8	12.8	27.9	4,962
Location							
Rural	5.7	16.1	3	3.7	9.1	18.9	6,919
Urban	10.1	29.4	3.7	4.6	18	37.2	3,171
Zone							
North Central	6.3	19.3	2.6	3.4	10.7	24.1	1,741
North East	3	9.2	1.2	1.8	4.4	11.7	1,465
North West	3.6	12.6	2.1	3.1	6.5	17.4	2,282
South East	14.6	27.4	4	5.1	19	30.6	1,206
South South	10.3	27.1	4.4	5.2	16.1	32	1,510
South West	8.6	30	4.8	5.3	18.1	35.7	1,886
Education							
Never attended school	3	9.3	3	4.1	5.2	10.7	2,780
Quranic only	2.7	9.3	1.8	1.9	4.2	9.6	842
Primary	6.1	22.4	4.5	5.5	11.8	24	2,243
Secondary	10.1	25.6	2.6	3	15.2	33.9	3,334
Higher	16	42.4	4.5	5.8	29.7	53.5	891
Age group							
15 - 19	4.5	5.9	0.3	0.7	6.1	16.9	2,145
20 - 24	6.7	17.3	1.1	1.7	11.4	26.7	1,936
25 - 29	8.4	25.6	1.7	1.9	12.7	29.7	1,581
30 - 39	9.3	31.7	3.4	4.5	15.6	30.1	2,197
40 - 49	8	25	7.8	9.5	15.9	25.7	1,603
50 - 64	5.9	20	11.4	11.3	13	20	628
Religion:							
Islam	3.9	13.4	1.9	2.6	7.3	18	4,763
Protestant	9.7	28.2	4.7	5.6	17.1	32.9	3,638
Catholic	12.1	28	4	4.4	17.5	32.3	1,424
Traditional & Others	5.4	12.4	3.7	4.5	6.6	15.4	265
Total	**7.2**	**20.8**	**3.2**	**4**	**12.2**	**25.3**	**10,090**

Table 13.6 shows the proportion of respondents who discussed family planning with health workers and religious leaders in the last 12 months. Although a small proportion of the respondents discussed family planning with health workers (18%) and religious leaders (7%), important patterns of discussion emerged. Unexpectedly, a higher proportion of males than females discussed with health workers, while the opposite was the case with religious leaders.

Similarly, higher proportions of older respondents, urban, higher educated and in the Southern zones, discussed family planning with both health workers and religious leaders. (See chart 13.2)

Table 13.6: Personal Communication with Health Workers and Religious Leaders About Family Planning

Percent Distribution of respondents who Discussed Family Planning with Health Workers and Religious Leaders in the Last 12 months according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Health workers	Religious leaders	Number of women and men
Sex			
Male	19.2	8.2	5,128
Female	16.9	6.7	4,962
Location			
Urban	14.4	5.5	6,919
Rural	25	11	3,171
Zone			
North Central	18.4	7.1	1,741
North East	11.4	2.7	1,465
North West	12.8	5.7	2,282
South East	23.3	11.2	1,206
South South	22	7.5	1,510
South West	22.4	10.3	1,886
Education			
Never attended school	10.9	3.7	2,780
Quranic only	9.1	4.2	842
Primary	19.2	7.5	2,243
Secondary	20.6	8.3	3,334
Higher	35.3	13.8	891
Age group			
15 - 19	8.1	2.7	2,145
20 - 24	16.5	5.5	1,936
25 - 29	20.8	7.6	1,581
30 - 39	25.4	9.9	2,197
40 - 49	21.1	11.1	1,603
50 - 64	16.5	10.8	628
Religion:			
Islam	13.5	5.3	4,763
Protestant	22.8	9.8	3,638
Catholic	22.5	9.4	1,424
Traditional & Others	13.2	4.1	265
Total	**18.1**	**7.4**	**10,090**

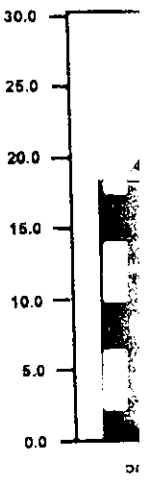


Table 13.7 show
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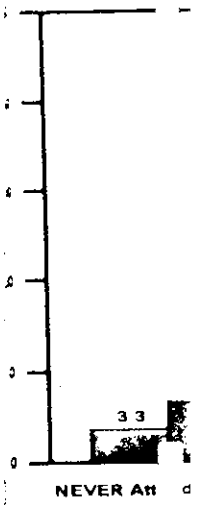

Chart 13.2: Percentage of Respondents who discussed Family Planning with Health Workers and Religious Leaders in the Last 12 months

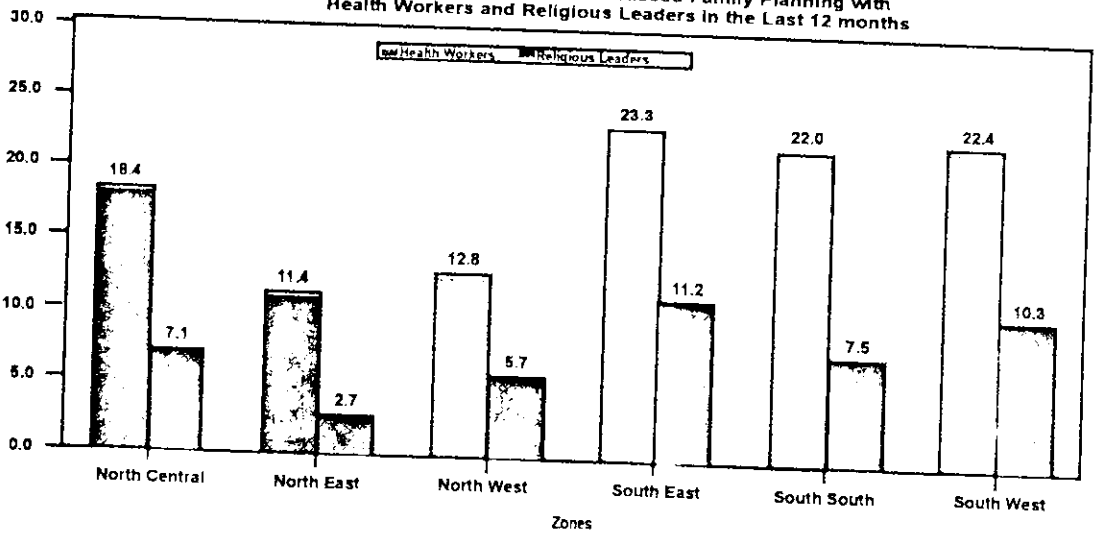

Table 13.7 shows the frequency at which respondents, married or cohabiting discussed family planning with partners in the last 12 months. Most persons within union, whether married or cohabiting, had not discussed family planning with sexual partners. Only 13% of females and 18% of males discussed family planning or child spacing with partners thrice or more in the last 12 months. Males were more likely to have discussed family planning with their partners than females.

The proportion of respondents who discussed family planning increased with educational status of the respondent, with persons of higher education discussing family planning more frequently. Respondents from the South had a higher proportion that discussed family planning with their partners. (See chart 13.3).

Chart 13.3: Frequency at which respondents married or co-habiting discussed family planning (Three or More Times) with partners in the last 12 months

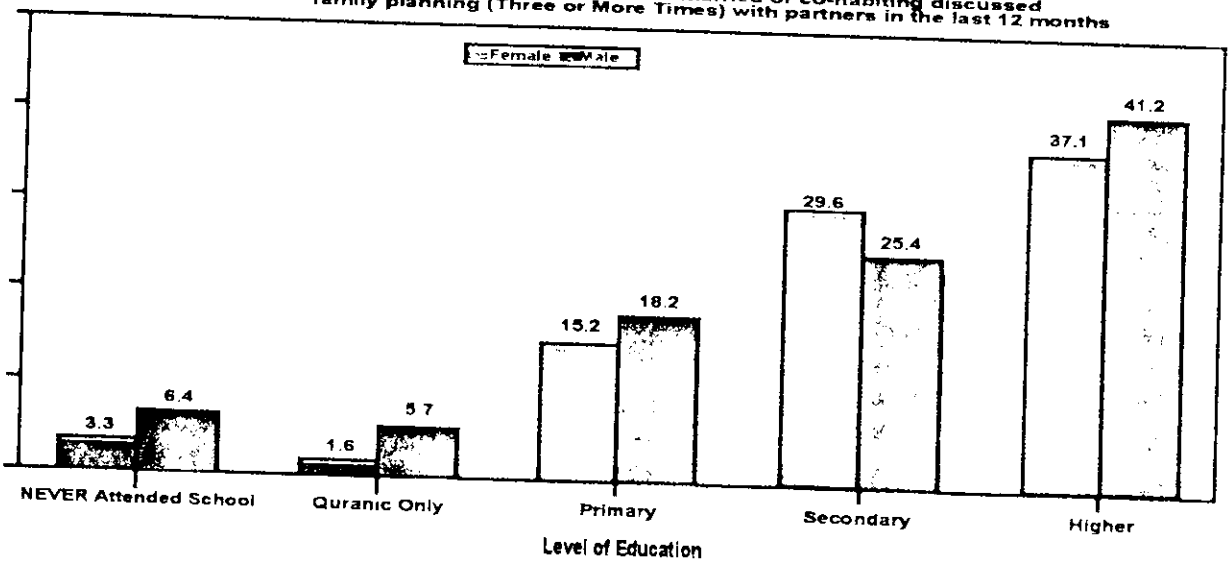

Table 13.7: Frequency of Personal Communication About Family Planning with Marital Or Cohabiting Partners*

Percent Distribution of Frequency of Respondents' Communication about Family Planning with Married or Cohabiting Partners in the last 12 months according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Female				Male			
	Three or more	Once or twice	Never	Number of married or co-habiting women	Three or more	Once or twice	Never	Number of married or co-habiting men
Location								
Rural	8.6	9.8	76.9	2552	13.2	10.7	73	1,831
Urban	22.9	21.8	52	868	27.9	17.4	52	738
Zone								
North Central	12.8	14.4	70.5	612	19	12.2	66.5	448
North East	4.5	3.8	83.7	597	9.6	6.3	80.6	368
North West	3.7	11.1	83.7	973	6.6	7.5	85.2	719
South East	25.3	9	59.2	286	32.6	20.7	41.1	280
South	23.3	15.3	50.7	384	25.4	22.1	44.1	304
South West	22.5	23.9	50.8	568	27.4	16.1	54.2	450
Education								
Never attended school	3.3	7.3	85.5	1518	6.4	5.3	85.9	674
Quranic only	1.6	7.3	86.4	312	5.7	6.5	86	334
Primary	15.2	17.2	63	802	18.2	13.8	64.7	678
Secondary	29.6	20.3	45.6	629	25.4	18.2	52.6	597
Higher	37.1	28.8	28.2	159	41.2	23.6	32.1	286
Age group								
15 19	3	3	88.7	362	4	4	92	24
20 24	9.9	12.4	73.3	654	9.8	9	76.7	132
25 29	15.8	13.7	66.8	690	10.8	10.8	74.9	344
30 39	16.8	16.8	62.9	1043	23.1	13.9	60.7	848
40 49	10.8	13.1	70.4	671	19.9	14.3	63.2	672
50 64	NA	NA	NA	NA	14.1	11.7	69.9	549
Religion								
Islam	6.3	9.7	80.5	1964	9.2	8.1	80.8	1,387
Protestant	23.6	18.8	52.6	1005	30.4	18.4	46.2	773
Catholic	18.4	17.9	57.2	368	28	19.8	48.5	325
Traditional & others	4.3	7.1	82.9	83	11.4	13.9	73.4	84
Total	**12.7**	**13.2**	**69.9**	**3420**	**17.9**	**12.8**	**66.3**	**2,569**

NA: Not Applicable, *No response: 4.3% Female and 3.0% Male

Respondents were asked to indicate the person who initiated the conversation on family planning. The responses are presented in Table 13.8. Two-thirds of the respondents reported that they initiated the discussion themselves. Spouse or cohabiting partner in 27% of cases initiated discussion. A higher proportion of males than females initiated discussions on family planning.

Table 13.8: Persons Initiating Personal Communication

Percent Distribution of Persons Initiating Discussions about Family Planning with Spouse or Cohabiting Partners according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Respondent	Spouse or cohabiting partner	Others	No response	Number of women & men who discussed FP with spouse or co-habiting partner
Sex					
Female	62.6	30.4	1.8	5.2	856
Male	69.4	22.1	2.6	5.9	804
Location					
Rural	64.4	25.3	1.7	8.6	942
Urban	67.4	27.8	2.8	2.1	718
Zone					
North Central	71.5	20.2	2.1	6.2	326
North East	61.2	25.5	1	12.2	117
North West	56.6	36.4	0.7	6.3	235
South East	61.1	30.1	2.5	6.3	244
South South	66.1	22.7	4.2	7	299
South West	70.5	24.7	2.2	2.6	439
Education					
Never attended school	56.4	30.3	0.4	12.8	244
Quranic only	50	35.7	0	14.3	71
Primary	71	22.3	1	5.6	489
Secondary	65	28.6	2.9	3.6	569
Higher	70.4	23.7	4.6	1.3	287
Age group					
15 - 19	52.2	39.1	0	8.7	26
20 - 24	59.5	30.6	2.9	6.9	169
25 - 29	62.5	31.1	2.5	3.9	274
30 - 39	67.3	27.2	1.5	4	658
40 - 49	67.7	22.2	3.9	6.2	387
50 - 64	69.7	18.3	0.7	11.3	146
Total	**65.8**	**26.4**	**2.2**	**5.5**	**1,660**

13.3 Community Support for Modern Methods of Family Planning

One of the lessons learnt from previous behaviour change communication is that knowledge alone was not enough to guarantee corrective action in the form of appropriate behaviour change. Other factors included the norms in the community in which the people lived. The opinion of the respondents was sought on how they perceived the level of support from selected community leaders for family planning. The results are shown in Table 13.9 and in charts 13.4 and 13.5.

Chart 13.4 Respondents who reported about the various persons and social groups supporting family planning

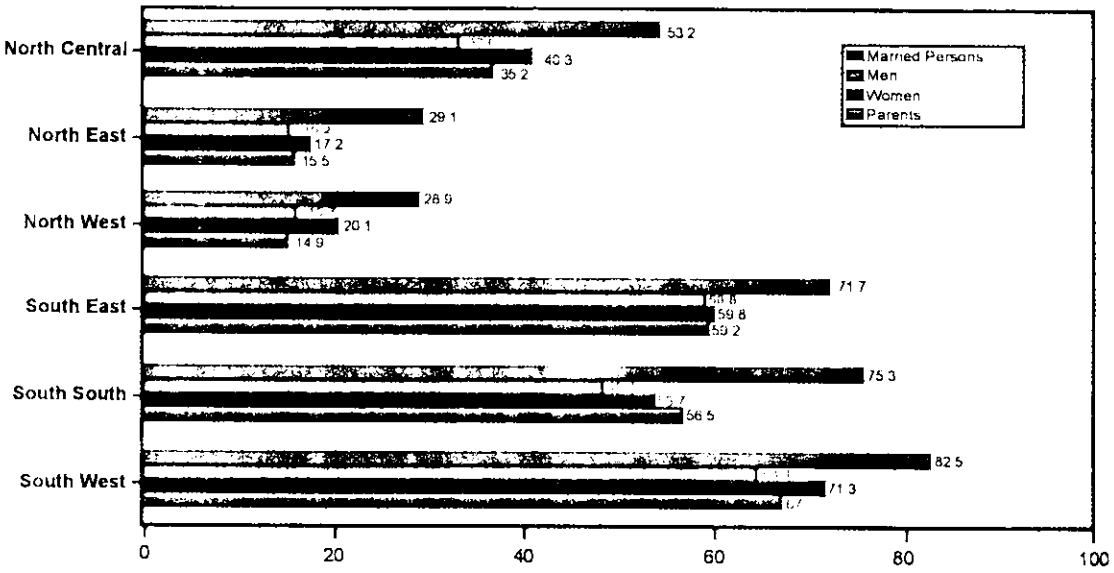

Chart 13.5 Respondents who reported about the various persons and social groups supporting family planning

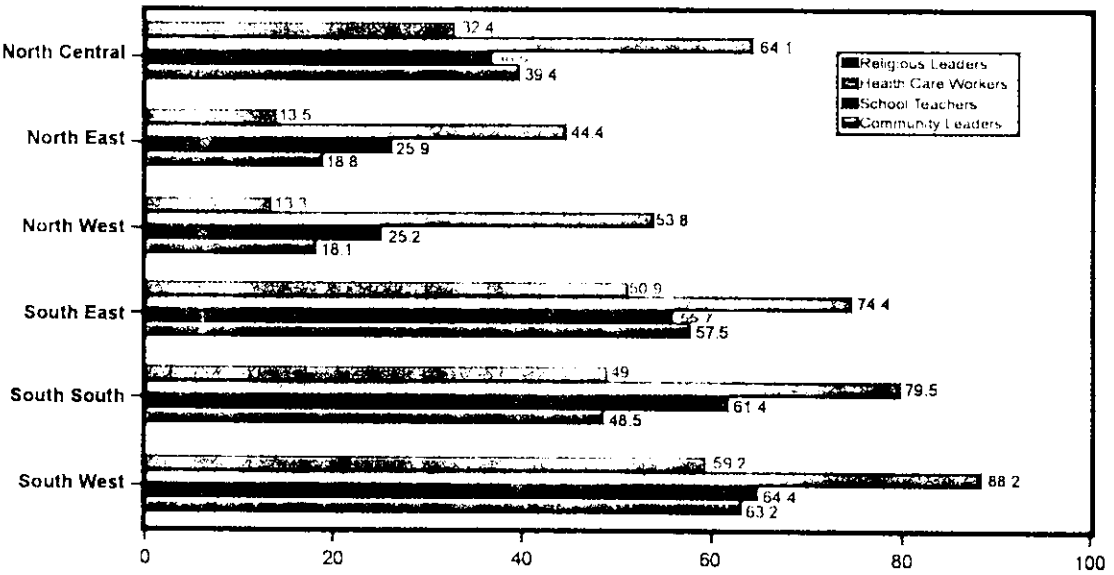

Table 13
Percent L st
Family Plann

Characte st
Sex
Female
Male
Location
Rural
Urban
Zone
North Central
North Ea
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South East
South So h
South W
Education
Never a
Quranic onl
Primary
Second
Higher
Age gr
15 19
20 24
25 29
30 39
40 49
50 64
Religi
Islam
Protestant
Catholic
Traditi
Total

*HCW

The
people
that

Table 13.9: Perceived Support of Social Groups for Family Planning
Percent Distribution of Respondents who reported about the Various Persons and Social Groups Supporting Family Planning according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Married persons	Men	Women	Parents	Religious leaders	HCW *	School teachers	Comm. leaders	Number of women and men
Sex									
Female	56	34.7	43.5	39.1	34.2	64.6	39.9	36.1	5,128
Male	55.7	42.3	43.2	41.9	37.1	71	48.8	44.1	4,962
Location									
Rural	46.6	30.6	35.1	31.9	29.6	59.3	36.9	33.3	6,919
Urban	72.9	53	58.6	56.3	47	83.3	58.1	52.5	3,171
Zone									
North Central	53.2	32.6	40.3	35.2	32.4	64.1	36.5	39.4	1,741
North East	29.1	15.2	17.2	15.5	13.5	44.4	25.9	18.8	1,465
North West	28.9	15.7	20.1	14.9	13.3	53.8	25.2	18.1	2,282
South East	71.7	58.8	59.8	59.2	50.9	74.4	55.7	57.5	1,206
South South	75.3	48.4	53.7	56.5	49	79.5	61.4	48.5	1,510
South West	82.5	64.4	71.3	67	59.2	88.2	64.4	63.2	1,886
Education									
Never attended school	28.5	15.1	19.5	16.2	14.3	44.6	20.1	17.4	2,780
Quranic only	23	12.5	15.1	11.5	11.6	43.5	18.1	15.5	842
Primary	64.2	44.2	49	45.2	42.3	75.2	48	47	2,243
Secondary	74	54.5	60.3	57.5	49.4	81.6	60.7	54.3	3,334
Higher	78.5	57.5	62.3	63.5	53.2	88.2	69.6	59.2	891
Age group									
15 - 19	53	35.7	40	39.5	32	63.4	44.4	37.8	2,145
20 - 24	59	41.4	46.7	43.9	36.5	70.3	47.8	42.5	1,936
25 - 29	58.4	40.2	46.1	41.4	37.1	71.7	45.3	41.6	1,581
30 - 39	58.6	40.3	45.6	43	38.5	69.8	45	41.7	2,197
40 - 49	52.3	34.9	39.8	35.7	35.3	64.9	40	37.2	1,603
50 - 64	48.1	36.9	38.3	33.9	32.7	64	38.8	37.5	628
Religion									
Islam	36	22.5	26.4	22.4	19.6	55.4	30.2	24.8	4,763
Protestant	77.5	55.9	62.4	59.8	54.5	82.9	61.6	57.1	3,638
Catholic	69.1	49.8	54.1	52.8	44	73.4	50.1	50	1,424
Traditional & others	45.5	26.4	29.8	36	21.9	51.2	30.6	29.3	265
Total	55.8	38.5	43.3	40.5	35.7	67.7	44.3	40.1	10,090

*HCW-Health Care Workers

The findings show that majority of the respondents believed that health workers and married persons were the people likely to support family planning. In addition, about 59% of the respondents from the rural area reported that health care workers supported family planning compared to 83% of those in the urban area.

Men, religious and community leaders were perceived as least supportive of family planning. Respondents were also asked to indicate whether males, females or both support family planning. The findings are presented in Table 13.10. About 49% of all respondents reported that they support family planning. Respondents with higher levels of education were more likely to support family planning. There were substantial urban-rural differentials with urban respondents more likely to support family planning than respondents in the rural areas. North East and North West zones reported the lowest support for family planning for both males and females while South West and the South East respondents reported the highest degree of support for family planning.

Table 13.10: Personal Support for Family Planning

Percent Distribution of Respondents who Support Family Planning according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Support family planning			Number of women and men
	Male	Female	All	
	(4962)	(5128)	(10090)	
Location				
Rural	42.8	37.7	40.1	6,919
Urban	64.4	66	65.1	3,171
Zone				
North Central	52.5	42.4	47.3	1,741
North East	19.4	17.9	18.6	1,465
North West	26.7	24.8	25.7	2,282
South East	72.1	56.9	64.3	1,206
South South	67.2	64.9	66	1,510
South West	71.8	77.4	74.5	1,886
Education				
Never attended school	20.1	22.5	21.7	2,780
Quranic only	18.3	20.9	19.5	842
Primary	53.7	55.7	54.7	2,243
Secondary	65.6	69.1	67.2	3,334
Higher	72.3	76.8	73.9	891
Age group				
15 - 19	53.4	42.4	47.4	2,145
20 - 24	52	49.2	50.5	1,936
25 - 29	53.2	51.2	52.1	1,581
30 - 39	52.6	51.1	51.8	2,197
40 - 49	48.6	40.7	44.3	1,603
50 - 64	42.1	NA	42.1	628
Religion				
Islam	31.4	29.5	30.4	4,763
Protestant	71.1	66.7	68.8	3,638
Catholic	66.3	58.4	62.4	1,424
Traditional & others	42.1	30.2	36.4	265
Total	**50.9**	**47**	**48.9**	**10,090**

NA - Not Applicable

Many people's actions are affected by the opinions of others, and this goes a long way to mould their behaviour in society. Such persons could also allow the opinions of others to affect their choice to use family planning methods and which type to use. Respondents were asked of the level of importance the views of some selected members of the community were to them. Table 13.11 reflects the responses of respondents about whose opinion might affect their views on family planning.

Table 13.11: Family Planning Decisions

Percent Distribution of Persons whose opinion may Affect Respondents' Family Planning Decisions according to Selected Characteristics; FMOH, Nigeria 2003

	Person who can influence opinion								Number of women and men
Characteristics	Spouse	Parents	Other relations	Son	Daughter	Health workers	Community leaders	Religious leaders	
Sex									
Female	48.4	35.8	34.1	13.5	15.3	59.3	32.8	34.7	5,128
Male	44.9	44.2	41.1	15.4	15	66.1	43.4	45.2	4,962
Location									
Rural	42.1	35.1	33.4	13.8	14.5	56.4	34.8	36.2	6,919
Urban	55.2	48.9	45.3	15.7	16.4	74.4	43.9	46.6	3,171
Zone									
North Central	43.6	38.8	34.1	10.1	11.3	62.1	39.2	38.9	1,741
North East	28.2	22.7	20.2	8.9	8.5	39.7	23.9	20.7	1,465
North West	34	27.6	25.9	11.4	11.8	50.2	28	34.4	2,282
South East	59.7	53.3	51.8	18.5	19.5	73.2	52.7	48.9	1,206
South South	50.3	49.1	48.1	20.4	21	72.9	42.7	47.4	1,510
South West	64.7	51.7	48.7	18	19.1	78.4	46.1	48.2	1,886
Education									
Never attended school	31.9	20.2	19.4	10	10.5	41.5	21.7	24.5	2,780
Quranic only	33.7	26.4	22.2	9.7	9.4	42.8	25.9	32.5	842
Primary	54.7	42.2	41.9	17.4	18.7	68.6	42.1	42.7	2,243
Secondary	52.8	53.3	48.7	15.2	16.1	75.6	47.7	48	3,334
Higher	59.3	55.3	53.2	21.9	21.8	80.6	51.1	54.6	891
Age group									
15 - 19	33	46.5	40	8.1	9.1	61	38.6	38.9	2,145
20 - 24	43.5	43.7	40.3	10.7	11.6	63.4	39.7	40.2	1,936
25 - 29	50.6	42.4	39.2	13	14	66.7	41	41.9	1,581
30 - 39	57.5	38.2	35.5	17.3	17.9	63.8	36.7	39.8	2,197
40 - 49	49.6	32.2	33.7	22.1	22.6	59.6	34.5	38.2	1,603
50 - 64	47.6	25.4	33.8	22.5	21.1	59.6	36.7	41	628
Religion									
Islam	37	28.7	27	10.1	10.1	51	28.9	32.1	4,763
Protestant	55.8	50.6	48	18.9	20.3	75.2	46.9	48.2	3,638
Catholic	56.2	51.9	48.2	17.2	18.4	71.3	47.2	46.7	1,424
Traditional & others	46.1	32.4	27.3	17.8	18.7	55.8	30.7	28.1	265
Total	**46.7**	**39.9**	**37.6**	**14.5**	**15.2**	**62.7**	**38**	**39.9**	**10,090**

The group reported to have the greatest influence on the use of family planning were the health workers. Sixty two percent of persons admitted that this group might influence decisions on family planning. The next most important person was the spouse (47%).

13.4 Perceived Support for Condom Use

One of the strategies to prevent the further spread of HIV/AIDS in the country has been getting persons who are involved in risky sex to use condoms during such acts. One of such high risk groups being targeted is the youth. The success of the strategy amongst youth will depend to a large extent on the popular support for campaigns aimed at promoting condom use. Respondents were asked whether they thought some selected persons or institutions would support young persons using condoms to protect themselves from HIV and STIs if they were sexually active. Table 13.12 presents respondents' opinion on the various social groups' support for such a strategy. (See chart 13.6).

Chart 13.6: Respondents' opinion on the support provided by various Social groups support for Condom use

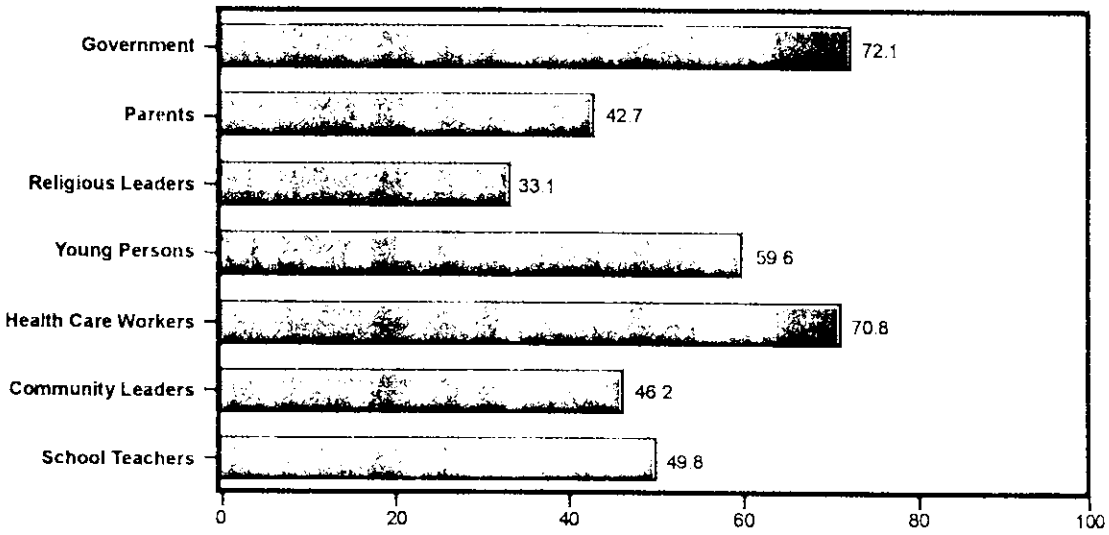


Table 13.12: Opinion on Support Provided by Social Groups for Condom Use

Percent Distribution of Respondents' views on whether selected groups would Support the use of Condom by Sexually Active Young Persons by Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Govt.	Parents	Religious leaders	Young persons	Health care workers	Comm. leaders	School teachers	Number of men and women
Sex								
Female	65.3	40.1	32.5	55.9	65.4	41.2	44.4	5,128
Male	79	45.3	33.7	63.5	76.3	51.4	55.4	4,962
Location								
Rural	64.3	35.5	28.6	50.6	62.8	39.2	42.1	6,919
Urban	86.4	56.1	41.6	76.4	85.6	59.2	64.3	3,171
Zone								
North Central	71.1	40.7	31.4	58.5	69.6	44.9	44.6	1,741
North East	55.2	26.9	23.2	37.6	53.3	30.8	36.3	1,465
North West	55.3	21.3	20.1	36.3	54.2	27.3	31.9	2,282
South East	73.4	48	35.7	65.8	73.1	51.5	52.4	1,206
South South	85.2	57	36.9	75.7	83.3	52.8	63.6	1,510
South West	92.1	65.3	50.9	86	91.3	70.6	70.6	1,886
Education								
Never attended school	48	21.2	18.4	31.8	46.2	24.3	25.4	2,780
Quranic only	48.9	18.4	18.2	28	45.2	24.1	26.1	842
Primary	78.4	47.5	37.9	67.6	78.6	51.6	54.2	2,243
Secondary	87.1	57.3	42.3	77.9	86.2	60	65.9	3,334
Higher	92.6	62	44.4	82.8	90.7	66.7	72.9	891
Age group								
15 - 19	66.7	39.2	29.5	56.1	66.6	42.4	47.9	2,145
20 - 24	74.9	45.6	34.7	63.5	73.5	49.5	52.8	1,936
25 - 29	76.1	44	33.9	62.3	74.4	47.5	51.4	1,581
30 - 39	74.9	45.7	35.8	62.2	73.5	48.8	51.9	2,197
40 - 49	68.2	40.3	32.2	56.6	66.7	44	47.1	1,603
50 - 64	71	37.7	31.8	51.4	68.7	42.7	42.5	628
Religion								
Islam	60	28.7	24.7	43.4	58.4	33.6	37.8	4,763
Protestant	87.1	59.5	44.5	78.7	86.2	62.3	65.6	3,638
Catholic	77.3	49.1	34.6	68.4	76.5	49.9	53.2	1,424
Traditional & others	56.8	33.1	22	44.4	53.9	33.2	33.2	265
Total	**72.1**	**42.7**	**33.1**	**59.6**	**70.8**	**46.2**	**49.8**	**10,090**

The respondents were of the opinion that the government (72%) and health care workers (71%) were the main supporters. Young people (60%) were also thought to be supportive. Other social groups especially religious leaders (33%) were perceived as less supportive. Respondents in urban areas reported higher levels of perceived support from all listed groups than those in rural areas. This was also true with those with higher level of education.

13.5 Support for HIV/AIDS Activities

Table 13.13: Perceived Institutional Support for HIV/AIDS Activities
Percent Distribution of Respondents' Opinion on the Support of Selected Social Groups and Institutions towards HIV/AIDS Activities according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Christian religious groups	Islamic groups	Political parties	Trad leaders	Media	Federal Govt	Private comp	State Govt	Local Govt	NGO /CBOS	Comm leaders	Number of women and men
Sex												
Female	58.9	46.4	47.2	52	73.5	74.3	53.4	71.8	69.9	58.6	57	5,128
Male	60.8	52.9	51.5	62.4	84.3	85.5	62.1	82.7	79.6	68.4	66.5	4,962
Location												
Rural	52.4	42.6	44.3	52.6	71.9	73.2	51.7	70.8	68.7	56.3	55.9	6,919
Urban	73.8	62.6	58.7	65.5	91.8	92.2	68.8	89	85.8	76.5	72.4	3,171
Zone												
North Central	56.2	42.5	46.5	54.1	70.4	72.7	54	70.8	69	53.9	56.9	1,741
North East	43.4	40.4	38.5	39.2	61.2	65.2	47.3	62.7	59.9	52.2	45.1	1,465
North West	39.3	55.5	37.4	48.5	68.2	67.6	41.6	63.7	60.7	48.3	50.2	2,282
South East	72.4	26.4	51.7	69.4	87.7	86.5	66.2	84.3	83.3	74.8	72.6	1,206
South South	65.6	30.9	46.9	57	87.4	89.8	63	87.3	84.1	74.1	61.8	1,510
South West	84.9	77.1	71.4	73	96.2	96.5	76.5	94.5	92	80	81.6	1,886
Education												
Never attended school	37.8	39.9	33	39.1	56.3	57.8	38.6	54.6	52.9	39.7	40.6	2,780
Quranic only	33.8	51.8	36.4	45.1	63.8	64.3	38.7	60.5	56.7	44	48.6	842
Primary	68.3	49.7	53.2	63.7	85.7	87.6	63.1	85	83.1	68.7	70.1	2,243
Secondary	73.3	54.3	59.3	67.1	91.6	92	69.3	89.9	86.7	77.3	72.8	3,334
Higher	77.9	58.5	62.7	68	94.4	94.7	75	92.4	90.2	85.9	73.7	891
Age group												
15 19	57.2	45.8	47.7	51.6	76.9	77.8	53.3	74.8	72	61.4	58.6	2,145
20 24	62	50.7	52.9	59.3	80.2	81.3	60.7	78.7	76.2	66.1	64.3	1,936
25 29	62.1	53.1	49.6	58.1	81.3	82.8	59.1	79.6	76.9	65.1	62.3	1,581
30 39	61.3	52.7	52	60.4	80.2	80.6	60.4	78.3	76.3	65.6	64.2	2,197
40 49	57.4	46	45.1	55.8	75.5	76.7	55.5	74.4	71.6	59.1	58.9	1,603
50 64	57.9	48.1	44.1	58.4	78.9	79.7	55.9	77.5	75.6	60.3	60.6	628
Total	**59.9**	**49.6**	**49.3**	**57.1**	**78.8**	**79.8**	**57.7**	**77.2**	**74.7**	**63.4**	**61.7**	**10,090**

An attempt was made to gauge the policy environment for the implementation of HIV/AIDS activities by getting the impression of respondents about the support of various institutions and groups towards HIV/AIDS activities in Nigeria. Table 13.13 shows the results obtained. Generally, respondents reported most institutions to be supportive of HIV/AIDS activities. The perceived support was highest among the federal government, media, state and local governments. Respondents living in the urban areas and those who had more education reported that there was a higher amount of support for HIV/AIDS activities in Nigeria.

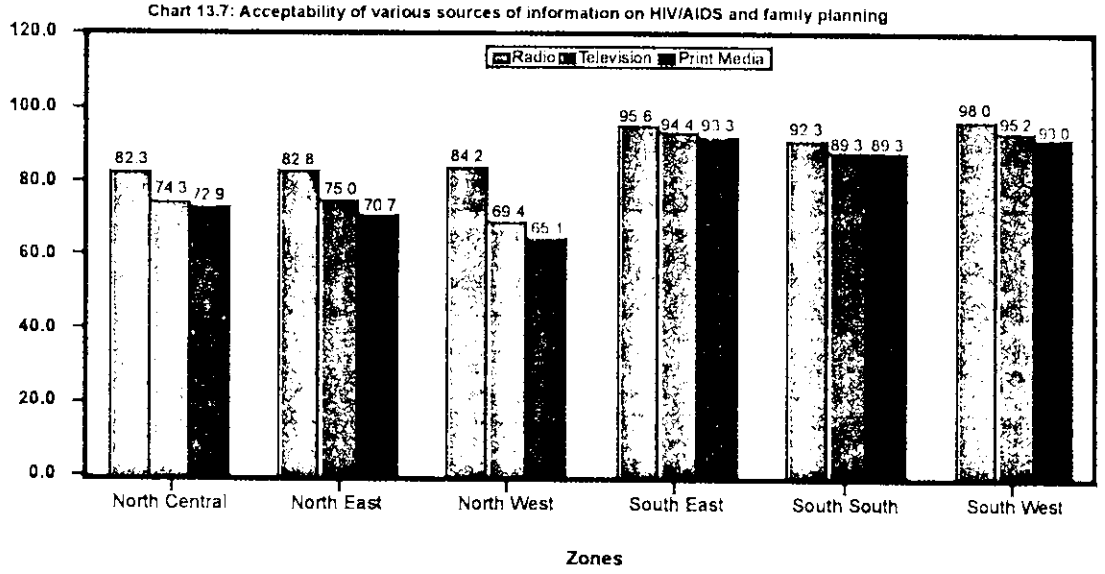
13.6 Mass Media for Reproductive Health Communications

Strategies to pass across massages related to HIV/AIDS include the use of mass media. People were asked about which form of mass media was acceptable to them for the transmission of information on family planning, HIV and other STIs. The responses are presented in Table 13.14 and in chart 13.7.

Table 13.14: Acceptable Media for Communication
Percent Distribution of Respondents' Acceptability of Various Sources of Information on HIV/AIDS and Family Planning according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Media			Number of men and women
	Radio	Television	Print media	
Sex				
Female	86	78.8	76.1	5,128
Male	92.7	85.9	83.7	4,962
Location				
Rural	85.4	75.6	72.7	6,919
Urban	96.6	94.8	93.1	3,171
Zone				
North Central	82.3	74.3	72.9	1,741
North East	82.8	75.0	70.7	1,465
North West	84.2	69.4	65.1	2,282
South East	95.6	94.4	93.3	1,206
South South	92.3	89.3	89.3	1,510
South West	98	95.2	93.0	1,886
Education				
Never attended school	75.7	63.3	58.2	2,780
Quranic only	83.2	65.0	61.0	842
Primary	94	87.5	85.6	2,243
Secondary	96.5	94.3	93.4	3,334
Higher	97.3	96.9	96.5	891
Age group				
15 - 19	87.7	81.9	79.7	2,145
20 - 24	91.8	85.3	83.0	1,936
25 - 29	90.5	82.7	80.5	1,581
30 - 39	88.3	82.0	79.3	2,197
40 - 49	87.8	80.1	77	1,603
50 - 64	91.7	80.1	78.1	628
Total	**89.3**	**82.3**	**79.8**	**10,090**

Chart 13.7: Acceptability of various sources of information on HIV/AIDS and family planning



Most respondents considered all forms of mass media acceptable in reaching the citizenry. Of these, radio (89%) was considered the most acceptable. People living in the rural areas considered the television and the print media as less acceptable. In the same manner, the less educated considered print media the least acceptable means of communication.

The pattern of listenership to radio and television is represented in Tables 13.15 and 13.16. The results show that a greater percentage of respondents listen to the radio almost every day (50%) than watch the television (28%). There was no association between age and watching television or listening to radio.

The use of radio and television was related largely to the location of respondents. Only 22% of rural dwelling respondents watched television regularly with 11% watching every day or most days; this is markedly different from the 59% noticed in urban dwellers. The more educated made more use of both forms of media. Respondents from the southern zones seemed to also make more use of all forms of media when compared to their northern counterparts especially the North East and North West. This may be due to access and the larger number of television and radio stations in these zones. In the North West and North East, for example 68% and 67% of respondents respectively, do not watch TV at all compared to 18% in the South West.

le 13.15: Radio Listening Habits

ent Distribution of Respondents by Radio Listening Habits according to Selected Characteristics; FMOH, eria 2003

acteristics	Almost every day or every day	Once a week	Less than once a week	Not at all	Don't know/ No response	Number of women and men
ale	41.2	19.0	13.6	24.0	2.2	5,128
e	59.8	18.9	9.8	10.5	1.0	4,962
ation						
l	42.5	18.8	13.1	23.7	2.0	6,919
n	65.1	19.1	9.2	5.6	0.9	3,171
e						
h Central	53	18.4	9.9	18.0	0.7	1,741
h East	33.4	19.0	6.5	36.1	5.1	1,465
h West	40.7	18.1	14.3	25.8	1.1	2,282
h East	54.7	23.4	14.5	6.1	1.3	1,206
h South	49.3	19.6	15.7	14.0	1.5	1,510
h West	68.4	17.4	8.8	4.4	0.9	1,886
cation						
formal education	29.1	16.2	13.4	37.8	3.4	2,780
anic education only	40.9	16.5	13.8	26.9	1.9	842
ary	51.1	21.5	13.6	12.9	0.8	2,243
ndary	61.9	21.4	10.3	5.7	0.7	3,334
her	77.2	13.7	5.3	2.7	1.1	891
group						
19	44.5	22.2	13.4	18.5	1.4	2,145
24	51.9	20.5	11.2	14.8	1.6	1,936
29	55.3	17.5	11.2	14.8	1.1	1,581
39	51.3	17.8	10.1	18.8	2.0	2,197
49	48.5	15.9	13.0	21.0	1.6	1,603
64	55.1	18.4	11.3	13.3	1.9	628
al	50.4	18.9	11.7	17.3	1.6	10,090

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rural dwelling d erent from Respondents their northern e number of % nd 67% of

Table 13.16: Television Viewing Habits

Percent Distribution of Respondents by Television Viewing Habits according to Selected Characteristics; FMOH, Nigeria 2003

Characteristics	Almost every day or every day	Once a week	Less than once a week	Not at all	Don't know/ No response	Number of women and men
Sex						
Female	23.9	11.8	9.5	50.8	4.1	5,128
Male	32.3	13.9	11.7	40.7	1.4	4,962
Location						
Rural	11.2	10.6	11.6	62.9	3.7	6,919
Urban	59.2	17.0	8.6	14.1	1.0	3,171
Zone						
North Central	26.2	12.3	7.4	52.4	1.7	1,741
North East	9.6	11.2	3.9	66.5	8.8	1,465
North West	13.8	8.1	7.5	68.0	2.6	2,282
South East	30.1	19.6	14.8	33.6	1.8	1,206
South South	32	13.6	17.9	34.3	2.2	1,510
South West	52.5	15.5	12.7	18.3	0.9	1,886
Education						
No formal education	6.7	6.5	6.0	74.6	6.2	2,780
Quranic education only	5.8	7.4	5.1	78.7	3.0	842
Primary	21.9	14.9	14.7	47.0	1.6	2,243
Secondary	43	17.8	14.0	24.1	1.1	3,334
Higher	70.3	13.4	6.4	8.9	1.1	891
Age group						
15 - 19	30.8	15.3	11.1	40.0	2.8	2,145
20 - 24	30.7	13.5	11.0	42.1	2.7	1,936
25 - 29	30.2	12.1	10.0	44.8	3.0	1,581
30 - 39	27.4	13.6	9.4	46.8	2.8	2,197
40 - 49	22.4	9.7	11.3	53.9	2.8	1,603
50 - 64	21.6	10.0	11.1	55.6	1.6	628
Total	**28**	12.9	10.6	45.8	2.7	10,090

Discussions and Conclusions

people found communication with others on sexual matters difficult. Parents and guardians did very little selling of children and wards on sex though more information was given to daughters than sons. Persons also ncomfortable discussing sex with parents, teachers and religious leaders. They felt more comfortable talking siblings especially those of the same sex.

pite of the general low level of comfort discussing sexual matters, persons who were more educated and those g in urban areas were generally more comfortable discussing sex in all settings studied. This does not however n that the level of comfort was high.

nts and guardians talked more about alcohol and drugs to their male wards than reproductive health issues, reproductive health issues were discussed more with female wards than alcohol and drugs. This is understand- because young boys are far more likely to experiment with alcohol and drugs than young girls and the fear of nted pregnancy in young girls which can disrupt their education is rife in the society.

wever more respondents were comfortable in discussing reproductive health issues with their brothers and rs than with mothers and fathers. Parents and guardians often discussed reproductive health issues with their ds. More often though, people discuss with their peers and often information from peer groups could be ctive. With the advent of HIV/AIDS, it has become imperative on parents that they devise approaches to talk eir children and wards on issues such as sexuality that are traditionally taboo subjects.

family planning communication, more respondents discussed with their friends, spouses, and health workers t than with parents and especially sons and daughters and religious leaders. It is worrisome to note that the ority of respondents that were married or cohabiting never discussed family planning with their partners in the 12 months. The small proportion that did discuss with their partners did so only once or twice in the last 12 nths. When such discussions held, the majority of respondents initiated it, in only a quarter of cases did the spouse ohabiting partner initiate the discussion.

lth workers and married persons were reported to have supported family planning more than religious and mmunity leaders, while more males supported family planning than females. Health workers appreciate the dan- of large family size or having children too close together. They are confronted with problems associated with gnancy and childbirth in the course of their daily activities. They are in a better position to influence women nding post natal and antenatal clinics.

gnificant proportion perceived media, Federal Government, State and Local governments, NGOs/CBOs and mmunity leaders as supporting HIV/AIDS activities, while religious groups, political parties and private compa- were also perceived to be supportive though not as supportive as the other groups. This may well be a reflection he current situation in the country as the major current supporters of HIV/AIDS activities are governments and -governmental and civil society organisations. Support by other social groups for such activities is increasing but may yet to make the desirable impact on the HIV/AIDS situation in the country.

the use of mass media for reproductive health communications, more than four fifths, about four fifths and tly more than three quarters considered radio, television, and print media acceptable in communicating repro- tive health messages to the general public respectively. These three sources of communication are perhaps the t effective means of reaching the public. More than two out of every three persons has access to the radio and rban areas it rises to nine out of ten. Two thirds and two fifths of respondents listen to and watch adio and vision regularly. The radio therefore is the most effective means of communicating messages and programs to general public.

However the reach of television is much lower especially in the rural areas and in the North west and North east where over three fifths of respondents do not watch television at all. This probably would suggest that the impact of televised HIV and RH programmes is likely to be minimal in these areas since such a low percentage watch television. It will be necessary that organisations in the reproductive health arena explore innovative ways of reaching target audiences in these areas.

4.0 POLICY IMPI

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SECTION 14

14.0 POLICY IMPLICATIONS

14.1 Policy Implications for Sexual and Reproductive Health

Education of both males and females about the negative consequences of early sexual intercourse and early marriage.

Encourage mutual fidelity and discourage multiple partnering outside of marriage through concerted national and community level campaigns.

Discourage young persons from having sex with multiple non-marital partners.

Sustain the high level of HIV/AIDS awareness and disabuse the minds of the general population that chances of getting HIV are low even when they engage in risky sexual behaviour.

Improve on the knowledge of modes of HIV transmission.

Reduction in the level of misconceptions about HIV transmission, prevention and cure.

Minimize the level of stigmatisation and discrimination towards family and non-family members living with HIV/AIDS through campaigns.

Enactment of laws to protect the rights of PLWHA.

Sustain in urban areas and improve in rural areas the current levels of awareness about condoms.

Promote condoms as a means of protection against STIs, HIV/AIDS and unplanned pregnancy.

Improve on the poor knowledge of specific STIs in women and men.

Provide effective means of STI management among women and men, especially in the rural areas.

Provide culturally appropriate facilities for mass testing and treatment of STIs.

Make HIV testing services available at subsidized cost and encourage voluntary HIV counselling and testing (VCT).

The provision of adequate skilled personnel to manage antenatal care facilities.

Improved facilities in the government health facilities where the majority of antenatal attendees visit.

Sustain the existing high level of awareness of contraceptives and enhance the usage by making contraceptives accessible and affordable.

Promote [illegible] contraceptives for child spacing within marriage.

- Promote and encourage spousal communication and ability to take joint decisions.
- Elicit support of community and religious leaders for family planning and child spacing.
- Provide adequate information on infertility and assist couples that are infertile to have children.
- Educate both men and women on all forms of reproductive health cancers and encourage self-examination for certain forms of cancers.
- Educate women and men about the adverse effect of wife beating and disabuse the minds of some women on wife beating as inevitable cost they have to pay to sustain their marriage.
- Establish programmes that will reinforce women's sexual rights.
- Sustain the campaign against Female Genital Mutilation and enact appropriate legislation that will abrogate the practice in all states in Nigeria.
- Parents and guardians to prioritise discussion on reproductive and sexual matters with their children and wards.
- Engage with religious and community leaders as well as teachers on the most culturally appropriate way of reaching young persons with information on reproductive and sexual health.

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NARHS

APPENDIX 1

Sampling Design

A probability sampling technique was used for the survey. The sampling procedure was a (three-level) multi-stage sampling aimed at selecting eligible persons in each reporting domain (the states) with equal probability. Stage 1 involved the selection of rural and urban localities. Stage 2 involved the selection EAs within selected rural and urban localities while Stage 3 was the selection of individual respondents within the households.

Within a state (the administrative division), all eligible persons irrespective of nature of residence (rural or urban) were given equal chance of being included in the final sample, hence the sample selected was self–weighted within state while weighting was done when combined for zonal or national analysis.

Sample Size and Allocation.

At the onset a sample size of 8,147 was considered adequate for zonal and national level analysis and was allocated proportionally to the estimated size (projected eligible persons) of each state. To increase the level of precision of the index obtainable at state level analysis, sample allocation less than 250 per state was boosted with additional sample. The overall sample size was 10,258.

The final sample allocated to each state was distributed proportionately by location (rural–urban) and sex as shown below:

Table 1: Sample Allo

State	Zo
[illegible]	N
[illegible]	N
Kwara	NC
Nassarawa	N
Niger	N
Plateau	NC
Abuja FCT	NC
Adamawa	N
Bauchi	NE
Borno	N
Gombe	N
Taraba	NE
Yobe	NE
Jigawa	N
Kaduna	NW
Kano	N
Katsina	N
Kebbi	NW
Sokoto	NW
Zamfara	N
Abia	SE
Anambra	SE
Ebonyi	SE
Enugu	SE
Imo	SE
Akwa-Ibom	SS
Bayelsa	SS
Cross River	SS
Delta	SS
Edo	SS
Rivers	SS
Ekiti	SW
Lagos	SW
Ogun	SW
Ondo	SW
Osun	SW
Oyo	SW
Nigeria	

Table 1: Sample Allocation by State

State	Zone	Urban males to be sampled	Urban females to be sampled	Rural males to be sampled	Rural females to be sampled	Total sample
[illegible]	NC	23	20	103	114	259
[illegible]	NC	47	42	77	85	250
Kwara	NC	57	50	68	75	250
Nassarawa	NC	9	8	110	123	250
Niger	NC	30	27	92	101	250
Plateau	NC	24	22	98	106	250
Abuja-FCT	NC	38	34	84	93	250
Adamawa	NE	30	26	92	102	250
Bauchi	NE	14	14	106	116	250
Borno	NE	47	42	76	85	250
Gombe	NE	6	6	113	125	250
Taraba	NE	14	12	106	118	250
Yobe	NE	32	29	90	99	250
Jigawa	NW	10	9	117	129	265
Kaduna	NW	84	75	110	122	391
Kano	NW	111	99	149	165	524
Katsina	NW	53	49	110	121	332
Kebbi	NW	16	15	104	115	250
Sokoto	NW	10	9	111	120	250
Zamfara	NW	8	7	111	124	250
Abia	SE	31	27	93	99	250
Anambra	SE	86	77	47	53	263
Ebonyi	SE	19	17	100	114	250
Enugu	SE	55	49	69	77	250
Imo	SE	43	39	80	88	250
Akwa-Ibom	SS	16	15	104	115	250
Bayelsa	SS	10	9	109	122	250
Cross River	SS	33	30	89	98	250
Delta	SS	44	39	79	88	250
Edo	SS	60	54	65	72	250
Rivers	SS	51	45	100	110	306
Ekiti	SW	24	22	95	109	250
Lagos	SW	289	258	17	19	584
Ogun	SW	59	53	66	73	250
Ondo	SW	29	26	95	100	250
Osun	SW	73	65	53	58	250
Oyo	SW	121	108	48	53	331
Nigeria		**1,697**	**1,520**	**3,348**	**3,693**	**10258**

Sampling Procedure

Stratification

One hundred and eleven strata were formed nationwide for the survey. In each of the states of the Federation and FCT three strata were formed. The large urban strata (LU) in each state comprise of the first three largest localities in the state. The second strata (MU) consist of the other towns in the state with population greater or equal to 20,000 that were not among the first three largest towns. The third strata (RL) are the rural localities with less than 20,000 population. Thus the three strata (LU- Large urban stratum, MU- Medium urban stratum and RL- rural localities stratum) were mutually inclusive and exhaustive of all localities in the state. Strata LU and MU were designated urban localities while strata RL were designated rural localities in each state.

Selection of Locality

In each state, one locality was selected from the LU and MU strata while three localities were selected from the RL strata (rural) for the survey. The localities were chosen proportionately to their size.

The Procedure

The population of the localities was used as a measure of their size (MOS). The cumulative MOS of each stratum was obtained after arranging all the localities in the strata in their geographic order.

To select the locality used in the LU or MU strata, a random number (between 1 and the total population of the strata) was obtained using the table of random numbers. The locality with cumulative MOS corresponding to the random number generated was selected for the survey. For the RL strata where three localities were selected, the total cumulative MOS was divided by three (TCMOS/ 3 = S.I; TCMOS = Total Cumulative Measure of Size, S. I = sampling interval) to obtain the sampling interval for the strata. A random number between 1 and the S.I was generated and the locality with cumulative MOS corresponding to the generated random number (Random Start = RS) was selected as a locality to be visited for the survey. The second locality was selected by choosing the one with cumulative MOS of RS+S.I. The third locality chosen was one with corresponding cumulative MOS equal to RS + 2 (S.I).

Enumeration Area (EA) Selection

The list of EAs in the selected localities for the survey were obtained and arranged in their geographic order. One EA was randomly selected from each of the locality from the Rural Locality (RL) strata. Two EAs were selected systematically from each locality chosen from the Medium Urban (MU) strata while three EAs were systematically selected from each locality representing Large Urban (LU) strata. All the localities and the EAs selected were done centrally using the National Population Commission list of localities and EAs.

Listing Procedures

The list of the localities and EAs selected was released to NPC cartographers who did the mapping and the listing of eligible persons. After training the NPC personnel at the central level training they went and identify the localities and the selected EAs within the states. Using the "starting point" of the EA as the takeoff point to form a"cluster" of specified number of eligible persons in selected locality, the following procedures were adopted:

(i) Identification of the starting point of the selected EA physically on ground.

(ii) Numbering of buildings and listing of the households in each building in a serpentine order beginning from the "starting point" of the EA.

(iii) Listing on the household listing form (form 01) the residential buildings, number of household and name of head of households.

(iv) Listing on the eligible listing forms 02M and 02F), the eligible males and females. The names, age of the head of the household and the building number were also indicated for each eligible person.

(v) The eligible persons listed on form 02 were arranged in ascending order starting from age 15 on the list and ending with age 49 for the females' list and age 64 for the males' list.

(vi) The cartographer sketched the geographic area covered in the listing on a plain sheet indicating the buildings by numbers and other landmarks in the cluster. He/she also described in details how to get to the cluster sites and persons or guides to be contacted in or around the cluster sites for assistance.

The number of eligible persons to be interviewed in a state was allocated to the strata of the state in proportion to the stratum weight (i.e. population of a stratum relative to the total estimated population of eligible persons in a state). The number allocated to each stratum was distributed equally among the number of clusters (i.e. interview sites) in the stratum. Thus for the LU stratum, a third of the number of eligible persons to be interviewed in the stratum was allocated to each of the three sampling site (cluster) in the selected urban town. For the MU stratum, half the required number of eligible persons was to be selected from the two clusters to be formed in the medium towns selected for the state. One cluster was formed in each of the three rural localities selected from the RL stratum and a third of eligible persons required were sampled from each cluster.

The number of eligible persons allocated to each sampling site (cluster) for listing was thrice the number of eligible persons scheduled for interview in the cluster. The number of eligible persons listed and ordered by age on form 02M and 02F was therefore three times the number finally selected for interview.

Final Selection of Eligible Persons

The eligible persons listed on form 02M and form 02F were ranked by age (ordered for explicit stratification). Using the age ranking of the eligible persons listed (i.e. three times the number to be interviewed), a third of the listed persons were chosen systematically. The names of the selected persons for the interview were transferred to forms 03M for males and 03F for females. The building number, name of head of the household, name and age of the eligible persons selected for interview were indicated on the forms 03M and 03F.

The supervisor was given forms 03M and 03F and allocated the selected eligible persons to interviewers for the canvassing of information on the main questionnaire

Sampling List

At the end of the sampling procedures the following were generated.

(i) List of localities (rural and urban) where interviews were conducted.

(ii) List of EAs that served as the starting point for listing eligible persons in each locality selected for the survey.

(iii) Sketch map of the area (cluster site) covered for the survey with a description of how to get to the site.

(iv) List of households and members of the households by age and sex in the buildings covered during the survey.

(v) Eligible persons listed to form a cluster; the cluster size being thrice the actual number interviewed – Form 02.

(vi) List of eligible persons selected for final interview, names, building number, age, sex, and name of head of household indicated – Form 03.

Weighting

The sample allocation for some states was boosted to meet a minimum sample size of 250 in each state. Though the sample distribution by strata and sex within the state was self-weighting and needed no further weighting for state level analysis when required, zonal and national analysis required weighting because of the disparity of the proportion of eligible persons (sampling fraction) interviewed from the different states.

Using the number of questionnaires finally processed from each state relative to the estimated eligible persons in the state, weights for individual respondents were derived and standardized for zonal and national levels of analysis. The sampling weights by state are shown below.

Table 2: Sampling Weights by State

STATE	ZONE	POPULATION MALES 15-64 +FEMALES 15-49	ACTUAL FIELD RETURNS	FINAL STANDARDIZED WEIGHT
BENUE	NC	1,887,057	260	1.215802308
KOGI	NC	1,330,605	252	0.884504208
KWARA	NC	998,629	251	0.66647175
NASSARAWA	NC	783,107	252	0.520561276
NIGER	NC	1,555,092	252	1.033729332
PLATEAU	NC	1,367,205	248	0.923492239
ABUJA-FCT	NC	257,378	225	0.191619718
ADAMAWA	NE	1,274,715	251	0.850727884
BAUCHI	NE	1,805,078	214	1.412971795
BORNO	NE	1,796,300	247	1.218240994
GOMBE	NE	938,355	252	0.623760579
TARABA	NE	982649	251	0.65580691
YOBE	NE	935,870	250	0.627085574
JIGAWA	NW	1,926,364	259	1.245919211
KADUNA	NW	2,842,084	394	1.211422546
KANO	NW	3,809,785	53[illegible]	1.197359465
KATSINA	NW	2,413,415	33[illegible]	1.196097549
KEBBI	NW	1,314,498	259	0.846911197
SOKOTO	NW	1,569,521	250	1.051667408
ZAMFARA	NW	1,347,225	250	0.902716577
ABIA	SE	1,192,312	249	0.802124646
ANAMBRA	SE	1,911,410	252	1.270587581
EBONYI	SE	894,246	227	0.659906555
ENUGU	SE	1,416,184	248	0.956575593
IMO	SE	1,545,633	230	1.125718591
AKWA IBOM	SS	1,512,720	248	1.021781796
BAYELSA	SS	796,810	201	0.664064114
CROSS- RIVER	SS	1,250,384	249	[illegible]92426
DELTA	SS	1,684,449	250	[illegible]
EDO	SS	1,373,904	246	0.935562
RIVERS	SS	2,222,460	316	1.178143424
EKITI	SW	1,058,192	249	0.711895782
LAGOS	SW	5,232,405	557	1.573611243
OGUN	SW	1,647,272	249	1.108197746
ONDO	SW	1,554,666	250	1.041713722
OSUN	SW	1,401,631	250	0.939171659
OYO	SW	2,404,136	331	1.216696702
NIGERIA	**ALL**	**60,233,746**	**10,090**	**1.000000000**

APPENDIX 2
State Level Figures

Percent Distribution of Selected Indicators of all Respondents by State*

	Have heard of AIDS	Feel that AIDS has a cure	Know AIDS is transmitted through sex	Have complete knowledge of HIV prevention (UNAIDS** Indicator)	Know that HIV can be transmitted through use of sharp objects	Know that HIV can be transmitted through blood transfusion	Know a healthy looking person can be HIV positive
State							
Abia	97.2	2.4	92.4	57.8	84.7	86.7	75.9
Adamawa	85.7	5.6	75.7	43	68.5	66.9	58.2
Akwa Ibom	97.2	0.8	92.7	78.2	82.3	82.3	64.5
Anambra	100.0	15.1	99.2	53.2	94.8	95.6	75.0
Bauchi	90.2	7.0	88.3	32.2	80.8	79.0	52.3
[illegible]							
Borno	75.3	3.6	70.4	21.5	47.8	50.2	30.4
Bayelsa	93.0	5.5	89.1	78.1	87.6	84.6	65.2
Cross River	90.8	3.2	90.4	67.9	82.3	84.3	78.3
Delta	79.2	2.0	73.6	58.8	55.2	67.2	50.4
Ebonyi	91.2	2.6	86.8	31.7	70.5	69.6	49.8
[illegible]							
Ekiti	92.8	5.2	85.5	65.1	77.9	78.7	52.2
Enugu	97.2	6.9	91.5	48.4	83.9	89.1	71.4
FCT	88.4	4.0	82.7	52.9	75.6	71.6	68.0
Gombe	84.5	5.2	80.6	25.8	63.9	61.9	44
Imo	98.5	7.8	91.3	63.0	87.0	86.1	87.0
[illegible]							
Kaduna	99.5	5.6	99.2	62.6	96.2	93.4	73.1
Kebbi	65.1	4.7	51.2	9.7	39.9	41.1	20.9
Kogi	94.8	2.0	93.3	83.3	91.7	92.5	76.2
Kano	95.4	20.9	92.4	40.3	86.3	81.7	63.9
Katsina	82.8	6.0	81.9	29.9	70.1	65.0	60.4
[illegible]							
Lagos	98.7	6.5	97.1	75	93.5	95.2	87.1
Nasarawa	66.7	2.0	59.9	29.8	51.6	51.2	40.5
Niger	46.4	3.6	43.3	25	37.3	38.1	23.8
Ogun	94.8	1.2	94.8	78.3	91.6	88.8	61.8
Ondo	94.8	10.0	91.6	69.2	86.0	85.2	57.6
[illegible]							
Oyo	98.8	5.1	98.8	88.2	91.5	89.4	70.1
Plateau	99.6	2.4	99.6	61.4	98.8	96.0	82.3
Rivers	95.9	6.0	92.4	69.3	86.7	85.1	65.8
Sokoto	56.4	4.8	51.2	12.8	34.0	24.0	22.8
Taraba	75.7	4.4	67.3	29.9	60.2	55.8	37.8
Yobe	61.2	8.4	57.2	20	39.2	39.6	19.6
[illegible]							
National* **	**88.0**	**6.3**	**83.8**	**50.9**	**76.3**	**75.0**	**59.6**

*Unweighted Data

** Staying faithful to one faithful uninfected partner and using condoms every time

***National figure for weighted Data

State Level Figures

Percent Distribution of Selected Indicators of all Respondents by State*

State	Know that HIV can be transmitted from mother to child: During pregnancy	During delivery	Through breastfeeding	Ever had an HIV test	Have never had an HIV test but desire	If family member is infected, would Want AIDS in the family kept secret	Will buy food from an HIV infected shop-keeper
Abia	79.5	51.8	61.4	11.2	50.9	32.5	10.8
Adamawa	64.9	39.8	51.8	5.6	30.3	46.2	12.4
Akwa Ibom	84.3	63.3	76.6	5.2	47.8	32.3	8.1
Anambra	91.3	90.5	90.9	18.3	61.2	41.3	9.1
Bauchi	67.8	61.2	56.1	4.2	18.9	50.5	43
Borno	47.4	41.3	42.1	1.2	16.5	42.9	13.0
Bayelsa	83.6	73.6	85.6	1.5	45.9	23.4	8.0
Cross River	75.9	59.8	55.0	11.6	46.7	37.3	12.4
Delta	58.8	16.4	40.8	7.6	25.7	27.6	22.8
Ebonyi	66.1	47.6	64.3	4.8	54.4	16.3	5.7
Ekiti	75.1	71.5	72.3	7.6	54.1	41.8	17.3
Enugu	77.0	66.1	66.1	21.0	45.2	42.7	23.0
FCT	69.8	58.7	59.1	16.9	39.8	38.7	11.1
Gombe	43.7	31.7	32.5	0.8	23.7	31.3	9.9
Imo	69.1	41.7	33.5	29.6	43.2	37.4	11.3
Kaduna	89.3	73.9	54.3	4.3	49.7	43.9	27.4
Kebbi	31.0	21.3	28.3	1.9	36.8	28.3	6.6
Kogi	88.5	74.2	84.9	4.8	52.0	23.8	10.3
Kano	72.8	63.3	55.9	3.0	26.4	47.4	21.9
Katsina	62.8	46.8	63.1	0.0	19.4	15.1	8.2
Lagos	86.4	74.1	72.4	12.0	54.1	41.5	12.7
Nasarawa	33.3	29.4	32.9	4.0	39.2	19.8	11.1
Niger	27.0	19.8	22.2	4.0	46.7	14.7	6.7
Ogun	71.9	68.3	71.5	2.0	34.2	41.0	6.8
Ondo	84.0	79.2	81.6	7.2	53.9	18.8	4.4
Oyo	85.2	73.1	61.9	6.6	38.2	47.4	6.9
Plateau	90.0	73.5	67.5	11.2	76.3	26.9	15.7
Rivers	80.7	65.2	68.4	9.2	42.0	26.9	12.7
Sokoto	21.6	16.0	15.6	2.0	19.9	32.0	14.4
Taraba	51.8	39.0	50.6	4.0	65.4	26.7	15.9
Yobe	38.8	20.4	18.8	1.2	15.4	24.4	17.2
National**	67.9	55.4	56.4	6.8	58.1	34.9	14.1

* Unweighted Data

**National figure for weighted Data

State Level Figures

rcent Distribution of Selected Indicators of all Respondents by State*

	Personally support family planning	Ever Heard of Condom	Ever used condom	Have heard of STI's	Wife beating is justified if Wife neglects the children	Wife beating is justified if Food is not ready on time	Listen to radio at least once a week	Watch TV at least once a week
te								
a	61.4	79.5	25.3	88.8	43.0	30.9	75.9	32.9
amawa	27.9	49.8	10.8	51.4	45.4	38.2	58.2	33.1
wa Ibom	68.5	83.1	26.2	81.0	41.1	24.2	64.5	24.2
ambra	75.8	84.9	22.2	96.8	24.2	9.5	87.7	58.7
uchi	4.2	57.9	3.7	56.1	26.6	17.3	60.3	14.0
rno	25.1	34.4	6.9	55.5	6.5	2.8	47.4	27.9
yelsa	76.1	78.6	25.4	89.1	53.2	16.4	55.2	34.8
oss River	68.3	77.1	20.1	85.1	32.5	19.7	68.7	34.9
elta	58.0	68.0	40.8	76.0	31.6	10.0	71.2	65.2
bonyi	37.4	52.4	7.5	78.4	57.3	47.6	59.0	14.5	
kiti	62.7	81.9	23.7	83.5	34.5	20.1	91.2	45.0
nugu	66.5	77.0	25	92.7	38.7	19.4	79.0	51.6
CT	58.7	68.9	26.7	70.7	25.3	12.4	80.0	66.7
ombe	11.5	38.9	3.6	69.0	33.3	15.5	49.6	15.1
no	65.7	77.8	36.1	84.8	33.9	17.8	78.3	70.4
aduna	56.6	90.9	9.6	93.7	18.5	10.9	73.9	31.5
ebbi	9.7	20.2	1.2	48.8	19.4	12.8	49.2	9.3
ogi	58.7	60.3	19.4	67.1	47.2	35.3	82.5	34.1
ano	24.4	56.9	6.1	63.7	16.1	7	68.0	46.3
atsina	17.8	40.8	1.8	52.0	33.5	26.3	61.0	11.8
agos	73.6	94.6	38.1	82.6	29.3	7.9	84.4	90.3
asarawa	19.0	42.1	9.9	48.8	43.3	30.2	56.7	11.5
iger	28.6	36.9	7.1	39.7	56.0	35.7	54.0	27.8
gun	74.3	87.1	23.7	72.3	16.9	4	71.1	50.2
ndo	65.2	81.2	25.6	86.0	64.0	46.4	87.2	42.4
yo	84.0	95.8	30.5	96.4	14.8	7.6	93.7	65.9
lateau	84.3	96.4	30.9	89.2	28.5	14.1	84.7	64.7
ivers	72.5	84.8	38.6	89.2	45.6	17.7	70.9	44.9
okoto	22.8	20.4	1.6	48.8	40.4	24.8	35.6	8.8
araba	33.5	36.7	6	42.6	53.0	44.6	54.6	10.0
obe	12.8	22	2.8	28.4	16.4	14	39.2	21.2
ational**	48.9	65.3	18.1	71.3	32.4	18.4	69.3	40.9

*Unweighted Data

**National figure for weighted Data

APPENDIX 3

PERSONS INVOLVED IN THE NATIONAL HIV/AIDS REPRODUCTIVE HEALTH SURVEY (NARHS)

STATE	NAME OF OFFICER	NAME OF ORGANISATION
ABUJA FCT	Dr. Tali G.B.	SAPC
	Aishatu Akau	RH
	Ojogun Tallson Osifo	NPC
	Rose Billy	RMS
ADAMAWA	Kwatri T. Futules	SAPC
	Ladi S. Mshelia	RH
	Zira, Vandi Y.K	NPC
	Grace James Audu	RMS
BAUCHI	Dr. Aliyu Yakubu	SAPC
	Ramatu .S. Mohammed	RH
	Mal. Idris M.A. Jibrin	NPC
	Eneche A. Simon	RMS
BENUE	Grace Wende	SAPC
	Evangelin Ojeikpo	RH
	Ayuba I.I.	NPC
	Gladys Okebugwu	RMS
BORNO	Hajia Aishatu Galadima	SAPC
	Janet Mamza	RH
	Baba Liman Shettima	NPC
		RMS
GOMBE	Hassani Ibrahim	SAPC
	Hassana Yahaya	RH
	Abubakar M. Hinna	NPC
	Josiah J. Labi	RMS
JIGAWA	Zainab Sambo	
	Abdul A. Rabiu	
	Abdu A. Rabiu	NPC
	Lami Jubrin	RMS
KADUNA	Dr. Mark David Anthony	SAPC
	Hadiza Dogo	RH
	Winifred Itta	NPC
	Bose Billy	RMS
	Christy Isa	RMS
	Esien K. Esiere	RMS

RHS		
NO	Dr. Hamisu A. Walla	SAPC
TH	Aishatu Lawan	RH
	Yahaya A. Minjibir	NPC
ISATION	Murtala Adamu Aliyu	NPC
	Josephine Ameh	RMS
	Comfort Abu	RMS
	Dameh Philip	RMS
TSINA	Muhtar Jari Katsina	NPC
	Fati Garba Abubakar	RH
		SAPC
	Magret Nomsule	RMS
BBI		SAPC
	Hafsah Bukar	RH
	Haruna A. Gulumbe	NPC
	Kingsley Yahaya	RMS
OGI	Rabiat O. Ajanah	SAPC
	Aishatu Mohammed	RH
	Ojo A.T.	NPC
	Tuinde S. Tmanah	RMS
WARA	Adepoju E.A.	NPC
	Omo-Adua	RH
	Stephen Folawiyo	RMS
	Dr. Johnson A. Oyeniyi	SAPC
ASSARAWA	Naomi Adgidzi	SAPC
	Esther N.Yiga	RH
	Ogunyebi R.O.	NPC
	Jadiu Hadi	RMS
IGER	Ahmed Bawa	SAPC
	Hadiza Suleiman	RH
	Mohammed Ibn Sulaiman	NPC
	Mohammed U.Y.Dau-Yusa	RMS
LATEAU	Bala M. Rumtong	SAPC
	Tabitha N. Dashe	RH
	Dung P.B.	NPC
	Kuram Samuel	

NARHS			RHS
SOKOTO	Haliru Yusufu	SAPC	ELTA
	Salamatu Suleiman	RH	
	Kachalla Yerima	NPC	
	Marias Awan	RMS	
TARABA	Dr. Madaki M.M	SAPC	BONYI
	Mary J. Hassan	RH	
	Hussaini U. Mafindi	NPC	
	Tijani Garba	RMS	
YOBE	Kalli L. Kachalla	SAPC	DO
	Elizabeth B. Isa	RH	
	Saidu Zarma Chaira	NPC	
	Philip Dameh	RMS	
ZAMFARA	Marafa Almustafa	SAPC	EKITI
	Comrade Bilkisu S. Mafara	RH	
	Abullahi Haruna	NPC	
	Mary Dauda	RMS	
ABIA	Uduma Uka C.	SAPC	ENUGU
	Sarah Onwuka	RH	
	Ugwueje Ebere A.	NPC	
	Ofoha Okey	RMS	
AKWA-IBOM	Elder U.A. Udofia	SAPC	
	Umunah A. L.	RH	
	Chike Moronu	NPC	IMO
	Dapo Ilori	RMS	
ANAMBRA	Dr. J. Nwabufor Ijezie	SAPC	
	A.O. Achugamonye(Mrs.)	RH	
	Ulasi O.J.	NPC	LAGOS
	Gladys Odioyenmo	RMS	
	Onyiah Martha	RMS	
BAYELSA	Dr. B.Z. Avah	SAPC	
	Obionochie Rosaline	RH	
	Benedict I. Guembe	NPC	
	Toms Alaliso	RMS	OGUN
CROSS RIVER	Eni Ogban	SAPC	
	Veronica O.N. Nku	RH	
	Ukpai Kanu Eke	NPC	
	Chidi Alozie	RMS	

LTA	Mrs. B.O Irobo	SAPC
	Dr. Oghenaga Ejiro	RH
	S.A. Ofogbe	NPC
	Benedict Ogwuche	RMS
ONYI	Dr. G.O. Onwe	SAPC
	Edeh Roseline N.	RH
	Nweke I. Inoocent	NPC
	Ijeoma Ezenwa	RMS
O	N.O Igbinoba (Mrs.)	SAPC
	Dr. W.I. Imongan	RH
	Ekeoba S.I	NPC
	Mr. Aigbefo Louis	RMS
TI	Longe S.O. Alhaja (Mrs.)	SAPC
	Mrs. Adesokan	RH
	Ogunsina Joseph	NPC
	Ajiga Segun	RMS
UGU	Dr. Tony Eloike	
	Nnaji Ijeoma R.W	
	Nnamani C.O. (Mrs.)	RH
	Udeh Francis Ike	NPC
	Gladys Odionyeniya	RMS
O	Dr. Sani Madugba	SAPC
	Chinyere Ukaje	RH
	Emecheta Bern Nma	NPC
	Iwuajoka Nelly	RMS
AGOS	Dr. K.E. Layeni-Adeyemo	RH
	Dr. L.O. Alli	SAPC
	Mrs. Olanipekun	NPC
	Mr. Wale Okeronbi	NPC
	Ogunsanya Yetunde	RMS
	Babarinlo Abiodun	RMS
GUN	Dr. Ladi Sotimehin	RH
	Mrs B.A.Gbadamosi	SAPC
	Mr. Ogunileye A.J	NPC
	Kemi Oladeinde	RMS

ONDO	Mrs. Ogunsusi Oluwatoyin	SAPC
	Oke Adebola	RH
	Mr. Wale Okuneye	NPC
	Mr. Akanle Adwunmi	RMS
OSUN	Pastor I. O Oguntunde	SAPC
	E.A. Aderigbigbe	RH
	Osuntoye O.J	NPC
	Samuel Ayokunle	RMS
OYO	Bolarinwa K.K	SAPC
	Dr. O. Oyelakin	RH
	Eniojukan Femi	NPC
	Adekunle Rasaq	RMS
RIVERS	Christaina U. Chuku	SAPC
	Hannah I.B. Kua (Mrs)	RH
	J.M Daka	NPC
	Olanian Sunday	RMS

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NAME OF OFFICER	NAME OF ORGANISATION
Dr. E.A. Abebe - Chairperson	FMOH, Abuja
Dr. M.S. Amaeshi- Co-Chairperson	FMOH, Abuja
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Dr. A.A. Adeyemi	RH, FMOH, Abuja
Dr. N. Sani-Gwarzo	NASCAP, FMOH, Abuja
Dr. Moji Odeku	DCPDA, FMOH, Lagos
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Dr. Ibrahim A. Umar	Zonal Manager-NC, MOH Minna
Elder Udofia	Zonal Manager-SS, MOH, Uyo
Dr. A Okesola	Zonal Manager SW,MOH, Ibadan
Dr. A. Yakubu	Zonal Manager-NE, MOH, Bauchi
Dr. I. Tanimu	Zonal Manager-NW, MOH, Kaduna
Dr. R.A. Lawal	Psychiatric Hospital, Yaba, Lagos
Dr. I.M. Ibrahim	PPFN, Lagos
Mr. Joshua Emmanuel	UNICEF, Abuja
Dr. Alti Zwandor	UNAIDS, Abuja
Dr. J. Nnorom	CDC, Abuja

r. J. Mafeni	Policy Project, Abuja
r. N. Essan	UNFPA, Abuja
s L.Gorton	USAID, Abuja
r. Zacch Akinyemi	Society for Family Health, Abuja

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r. N. Sani Gwarzo	NASCP, FMOH Abuja
r. O.M. Odeku	RH, FMOH Abuja
r. B. Segun	RH, FMOH, Lagos
. Dosumu	USAID, Abuja
r. Y.Y.Abdullahi	RH, FMOH, Abuja
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r. A. Zwandor	UNAIDS
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r. Segun Fatusi	Obafemi Awolowo University, Ile-Ife
r. P. Matemilola	NEPWHAN, Abuja
r. M. Ekpo	Calabar Federal Neuro Psychiatric Hospital
r. K. Usman	NPC, Abuja
r. Martins Overedjo	NACA, Warri
oshua Emmanuel	UNICEF
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llen Otunomeruke	JHU, Lagos
r. N. Ogundiran	WHO, Lagos
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ai John Solomon	FHI, Jalingo Field office
acch Akinyemi	SFH, Abuja
oyin Jolayemi	Policy Project, Abuja
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r. W. Fajemisin	Policy Project, Abuja
r. Jennifer Anyanti	SFH, Abuja
oyin Akpan	VISION PROJECT
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Kate Emilia Idode	SFH, Abuja

NATIONAL HIV/AIDS AND REPRODUCTIVE HEALTH SURVEY (NARHS)
NIGERIA - 2003
INTERVIEW SCHEDULE FOR WOMEN AGED 15-49 YEARS AND MEN AGED 15-64 YEARS

QUESTIONNAIRE IDENTIFICATION NUMBER |__|__|__|__|__|

001 ZONE_____ CODE_____

002 STATE_____ CODE_____

003 LOCAL GOVT. AREA_____

004 LOCALITY_____ CODE_____

005 ENUMERATION AREA_____ CODE_____

006 LOCATION (RURAL OR URBAN) _____

Introduction: My name is.....I am working for the Federal Ministry of Health. We are interviewing people here in [**NAME OF CITY, REGION OR SITE**] in order to find out about certain behaviors that affect people's health in this environment.

Confidentiality and consent: I am going to ask you questions some of which may be very personal. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You may need to know that this exercise is taking place all over the country. Your honest answers to these questions will help us better understand what people think, say and do about certain kinds of behaviours. The information collected from you and people like you will help the government to find solution to some health problems affecting people in this environment. We would greatly appreciate your help in responding to this survey. My supervisor may come back later to verify this information.

_____

(Signature of interviewer certifying that informed consent has been given verbally by respondent)

Interviewer visit

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Result			

Result codes: 1..Completed; 2..Respondent not available; 3..Refused; 4..Partially completed; 5... Others (Specify).

007 INTERVIEWER: Code |___|___| Name_____ Signature_____

008 DATE OF INTERVIEW: __\ ___ \ ____ TIME INTERVIEW STARTED_____

CHECKED BY SUPERVISOR _____ Date _____

Name of Coder_____ Signature_____ Date_____

Section 1: Backgro

No.	Questions an
Q101	[RECOR S RESPON E
Q102	In what mont
Q103	How old r [COMPA..E NEEDED A
Q104	What is y r of work c y
Q105	Have you ev
Q106	What is c attended: pr
Q106A	What was t you com-l
Q107	What lang read with t [DO N AND PRO

Section 1: Background characteristics

No.	Questions and filters	Coding categories	Skip to
Q101	[RECORD SEX OF THE RESPONDENT]	Male.....1 Female.....2	
Q102	In what month and year were you born?	Month [__|__] Don't know month .....88Year [__|__]	
Q103	How old were you as at your last birthday? [COMPARE WITH Q102 IF NEEDED AND CORRECT Q103]	Age in completed years [__|__]	
Q104	What is your occupation i.e. what kind of work do you mainly do?	Director/upper management.....1 Other management.....2 Sales manager/representative/Insurance Broker..3 Professional/Specialist.....4 Self employed/Own small business.....5 Self employed (informal sector /hawkers/ vendors etc.).....6 Blue collar skilled & semi skilled.....7 Unskilled.....8 Clerk/clerical.....9Civil Servant.....10 Farmer/Forestry/Fishing/Mining.....11 Housewife.....12 Pensioner/Retired.....13 Unemployed.....14 Student.....15 Others specify[ ]...16	
Q105	Have you ever attended school?	Yes ..... 1 No 2	→ Go to Q107
Q106	What is the highest level of school you attended: primary, secondary or higher?	Koranic only.....1 Primary .....2 Secondary .....3 Higher 4	
Q106A	What was the highest class/form/year you completed at that level?	[__[. __]__] Class/Form /Year	
Q107	What languages can you read with understanding? [DO NOT READ OUT OPTIONS AND PROBE FULLY]	Yes Pidgin English....1 English.....1 Hausa.....1 Arabic.....1 Igbo.....1 Yoruba.....1 Fulfude.....1 Edo.....1 Tiv.....1 Nupe.....1 Urhobo.....1 Ijaw.....1 Ibfik.....1 Kanuri.....1 Idoma.....1 None.....1 Others specify [ ].....1	

NARHS

No.	Questions and filters	Coding categories	Skip to
Q108	What languages do you speak? **[PROBE FULLY, DO NOT READ OUT OPTIONS]**	Yes English.....1 Pidgin English.....1 Hausa.....1 Arabic.....1 Igbo.....1 Yoruba.....1 Fulfude.....1 Edo.....1 Tiv.....1 Ijaw.....1 Nupe.....1 Idoma.....1 Urhobo.....1 Efik.....1 Kanuri.....1 Others specify [ ].....1	
Q109	How long have you been living continuously in this city/town/village?	Number of years [__|__] Record 00 if less than 1 year	
Q110	In the last 12 months have you been away from your home for more than one month altogether?	Yes .... 1 No 2	
Q111	What is your religion?	Islam..... 1 Protestant..... 2 Catholic..... 3 Traditional..... 4 No religion ..... 5 Others specify.[ ]..6 No Response.....9	
Q112	To which ethnic group do you belong?	Birom .....1 Bura .....2 Edo ..3 Efik ..4 Fulani .....5 Gwari.....6 Hausa.....7 Ibibio ..8 Igala .....9 Igbo.....10 Ijaw .....11 Ikwere .....12 Itsekiri.....13 Kaje .....14 Kanuri .....15 Okrika .....16 Nupe .....17 Shuwa-Arab.....18 Urhobo ...19 Tiv .....20 Yoruba..21 Idoma...22 Others specify[ ]..23	

No.	Questions and
Q113	[LOOK AND DWELLING RESPONDENT
Q114	**Which of these i to read out d y household?** [MULTIPLE
Q115	Where do y water supp drinking, wash
Q116	**What is your disposal?**

Skip to	No.	Questions and filters	Coding categories	Skip to
	Q113	[LOOK AND RECORD THE TYPE OF DWELLING STRUCTURE THE RESPONDENT LIVES IN]	Single family house.....1 Duplex.....2 2-3 bedroom flat.....3 Mini flat.....4 Room & parlour.....5 Single room.....6 Mud house with thatched roof.....7 Mud house with zinc roof.....8 Wood and makeshift structures.....9 Others Specify [ ]...10	
	Q114	**Which of these items that I am going to read out do you have in your household?** [MULTIPLE CODES POSSIBLE]		

	Yes	No
Fridge	1	2
Radio	1	2
TV	1	2
Car	1	2
Video	1	2
Cable/satellite dish	1	2
Washing machine	1	2
GSM Phone	1	2
Telephone	1	2
Generator	1	2
Gas/electric cooker	1	2
Electricity	1	2
Grinding machine	1	2
Motorcycle	1	2
Bicycle	1	2
Fan	1	2
Kerosene stove	1	2
Cow(s)	1	2
Goat(s)	1	2
Owns farmland	1	2
Owns boat/ ship/ canoe	1	2
Donkey/camel/horse	1	2

	Q115	Where do you get your **Main Source** of water supply for domestic use (for drinking, washing utensils etc)?	From the stream.....1 From the well.....2 From the street tap.....3 From the in-house tap.....4 From a tanker.....5 From the borehole.....6 Rain water.....7 Water vendors.....8 Others specify [ ]...10 Don't know/Not sure.....88	
	Q116	**What is your Main Method for sewage disposal?**	Bush/field/river.....1 Pit toilet.....2 Ventilated improved pit latrine.....3 Bucket toilet.....4 Water closet (WC).....5 Others[ ]....6	

NARHS

No.	Questions and filters	Coding categories	Skip to
Q117	How many meals per day can you afford throughout an average month? [READ OUT OPTIONS] [SINGLE CODE ONLY]	Cannot guarantee one meal a day throughout the month.....1 Only afford one meal a day throughout the month .....2 Only Only afford two meals a day throughout the month .....3 Afford three meals a day throughout the month.....4	
	[PLEASE TELL THE RESPONDENT] **I am going to ask you some sensitive and personal questions. Your answers are completely confidential and will not be divulged to anyone.**		
Q117A	Some people take alcohol, others don't. During the last 4 weeks how often have you had drinks containing alcohol?	Every day..... 1 At least once a week..... 2 Less than once a week..... 3 Never..... 4 Not Sure..... 8 No response..... 9	
Q118	Some people have tried a range of different types of Psychoactive drugs **(Drugs that make a person feel high)**. Which of the following, if any, have you tried? [READ OUT; PROBE FOR OTHERS; MULTIPLE CODES POSSIBLE]	Yes / No / No response Marijuana 1 2 9 Glue 1 2 9 Cocaine 1 2 9 Heroin 1 2 9 Others specify[ ] 1	
Q119	Some people have tried injecting cocaine or heroin using a syringe and needle. Have you done this in the last 12 months? [DRUGS INJECTED FOR MEDICAL PURPOSES OR TREATMENT OF AN ILLNESS DO NOT COUNT]	Yes .....1 No .....2 No response 9	

Section 2: Chil

No.	Questio
Q201	[ASK WOM TO Q233 I would li you have ever given bi
Q202	Do you hav whom y living wi
Q203	How ma you? How m live with [IF NO
Q204	Do you whom y but do not
Q205	How many with yo How ma live with y [IF NO
Q206	Have you was born a [IF NC or showed hours or d
Q207	How m How man [IF NC
Q208	[SUM AN 203,20
Q209	Just to m have ha your li

Section 2: Child birth, breastfeeding, antenatal and postnatal care

No.	Questions and filters	Coding categories	Skip to
Q201	[ASK WOMEN ONLY IF MALE GO TO Q233] I would like to ask you about all the births you have had during your life. Have you ever given birth?	Yes .....1 No .....2 No Response.....9	→ Go to Q233
Q202	Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes.....1 No.....2 No Response.....9	→ Go to Q204
Q203	How many sons are alive and live with you? How many daughters are alive and live with you? [IF NONE RECORD "00"]	Sons at home ☐ Daughters at home ☐ No Response.....99	
Q204	Do you have any sons and daughters to whom you have given birth who are alive but do not live with you?	Yes....1 No...2 No Response.....9	→ Go to Q206
Q205	How many sons are alive but do not live with you? How many daughters are alive but do not live with you? [IF NONE RECORD "00"]	Sons elsewhere ☐ Daughters elsewhere ☐ No Response.....99	
Q206	Have you given birth to a boy or girl who was born alive but later died? [IF NO, PROBE] Any baby who cried or showed signs of life but died after a few hours or days?	Yes....1 No.....2 No Response.....9	→ Go to Q208
Q207	How many boys have died? How many girls have died? [IF NONE RECORD "00"]	No of boys dead ☐ No of Girls dead ☐ No Response.....99	
Q208	[SUM ANSWERS FOR QUES 203,205,207 . IF NONE ENTER "00"]	Total ☐	
Q209	Just to make sure I have this right: you have had in total ____ births during your life time. Is that correct?		

No.	Questions and filters	Coding categories	Skip to
Q210	At the time you became pregnant with your last child, did you want to become pregnant **then**, did you want to wait until **later** or did you want **no more** children at all.	Then .....1 Later.....2 No more....3 Not Sure.....4	– Go to Q214 – Go to Q214 – Go to Q214
Q211	How much longer would you like to have waited?	Months.....[___][___][___]. No Response.....999	
Q214	How long ago did you give birth to your last child? **[FILL IN AS STATED, IF LESS THAN ONE MONTH CODE '00']**	Months.....[___][___] **Don't Know.....88**	
Q204	**[CHECK 214. WAS THE DELIVERY MORE THAN FIVE YEARS AGO?] NO/YES?** **?**	→ → → →	Go to Q233
Q216	Did you see any one for antenatal care for that last pregnancy?	**Yes.....1** No.....2	Go to Q219
Q217	Which of the following did you see? **[READ OUT, MULTIPLE RESPONSE]**	Doctor: Yes 1, No 2 Nurse/Midwife: Yes 1, No 2 Auxilliary 'nurse': Yes 1, No 2 Community health extension workers: Yes 1, No 2 Traditional birth attendant: Yes 1, No 2	
Q218	How many times did you receive antenatal care during the pregnancy?	No of times [___][___]. Not sure.....88	
Q219	Who assisted in the birth of the child? **[MULTIPLE CODES]**	Doctor....1 Nurse/Midwife....1 Auxilliary 'nurse'....1 Community health extension workers....1 Traditional birth attendant.....1 Relative.....1 Friend.....1 Self assisted.....1 Others specify[ ]..1	
Q220	Did you go for postnatal care after the delivery?	**Yes....1** **No.....2**	→ Go to Q221

No.	Questions
Q220A	Where di **[MULTIPLE**
Q220B	Did you rece **[READ**
Q221	**[ASK FOR** Did you ever
Q222	How lor **[NAME]** t
Q223	Where i **[DETERM**
Q226	**CHECI** **2 YEAR**
Q227	Are you
Q228	How many **[NAM**
Q229	How many night l
Q230	How many
Q231	Did [N breast
Q232	At wh
Q233	If you co childr would **PROBE** **[RESPO**

	Questions and Filters	Coding categories	Skip to
Q220A	Where did you go? **[MULTIPLE CODE]**	Government hospital / health center.....1 Private hospital.....1 Maternity home.....1 Faith based Maternity.....1 TBA Centre.....1 Others specify [ ].....1	
Q220B	Did you receive any information on...? **[READ OUT]**	Yes / No Child Spacing/ Family Planning: 1 / 2 Breastfeeding: 1 / 2 Care of the newborn: 1 / 2 Others specify [ ]..1	
Q221	**[ASK FOR NAME OF LAST CHILD]?** Did you ever breastfeed **[NAME]**	Yes....1 No.....2	→ Go to Q233
Q222	How long after birth did you first put **[NAME]** to breast?	Immediately after birth.....1 Hours after birth.....2 Days after birth.....3 Don't Know.....8	
Q223	Where is the child now? **[DETERMINE IF LIVING OR DEAD]**	Living.....1 Dead.....2	→ Go to Q233
Q226	**CHECK 214. IS THE CHILD UNDER 2 YEARS OF AGE. YES/NO'**	– – – –	→ Go to Q233
Q227	Are you still breastfeeding **[NAME]**?	Yes....1 No.....2	→ Go to Q229
Q228	How many months did you breast feed **[NAME]**?	[___][___] NUMBER Don't Know.....98	Go to Q232
Q229	How many times did you breastfeed last night between sunset and sunrise?	[___][___] NUMBER OF NIGHTIME FEEDINGS Not sure/Don't know.....99	
Q230	How many times did you breastfeed	[___][___] NUMBER OF DAYLIGHT FEEDINGS Not sure/Don't know.....99	
Q231	Did **[NAME]** drink anything apart from breast milk yesterday or last night?	Yes.....1 No.....2	→ Go to Q233
Q232	At what age did you first introduce other	[___][___] Age in months Not sure/Don't know.....99	
Q233	If you could choose exactly the number of children to have in your whole life, what would that number be? **PROBE FOR A NUMERIC [RESPONSE]**	Ideal number [___][___][___] Up to God .....997 Don't know.....998 No Response.....999	

No.	Questions and Filters	Coding categories	Skip to
Q234	Would you prefer more boys, more girls or equal numbers o f boys and girls?	More boys.....1 More girls.....2 Equal numbers.....3 No particular preference....4 No response.....9	If male go toQ236
Q235	**[WOMEN ONLY]** Are you currently pregnant?	Yes.....1 No.....2 Unsure.....3	
	Now I would like to ask you some questions on marriage.		
Q236	Which of these best describes your marital status? Are you... .**[READ OUT]**	Currently married.....1 Living with a sexual partner.....2 Never married.....3 Separated.....4 Divorced.....5 Widowed.....6 No Response.....9	– Go to Q301
Q237	How old were you when you first married or started living with a s exual partner?	Age in years [___|___] Cant remember/Don't know 88	If not currently married go to Q301
Q238	**[IF CURRENTLY MARRIED]** MEN: How many wives do you have? WOMEN: How many wives does your husband have?	NUMBER [___]___]	

ection 3 Condon K

No.	Questions and
Q301	Before I starte heard of n e [DESCRII V ARE TO
Q302	Please tell me
Q303	Do you agre are easy to o
Q304	From which of where vo **[PROBE** **ANSWERS** **POSSIBI** **OPTIO**
Q305	How lon v to walk t obtain m....e
Q306	Would you
Q307	Do you break often
Q307A	Suppose and som you.... **[READ**
Q308	Have yo

Skip to

ır male
go toQ236

io to
Q301

If not
c ently
n ried go
to Q301

ection 3: Condom Knowledge, access and use

No.	Questions and filters	Coding categories				Skip to
Q301	Before I started talking to you, have you ever heard of male condoms? [DESCRIBE WHAT MALE CONDOMS ARE TO THE RESPONDENT]	Yes.....1 No..... 2				→ Go to Q401
Q302	Please tell me if you agree or disagree with the following statements.		Agree	Disagree	Don't know	
		Male condoms protect against unplanned pregnancy	1	2	8	
		Male condoms protect against the virus that causes AIDS	1	2	8	
		Male condoms protect against diseases that are transmitted through sexual intercourse	1	2	8	
Q303	Do you agree or disagree that male condoms are easy to obtain?	Agree...1 Disagree....2 Don't know....8				
Q304	From which places or persons do you know of where you can obtain male condoms? [PROBE AND RECORD ALL ANSWERS; MULTIPLE CODES POSSIBLE; DO NOT READ OUT OPTIONS]	Shop/Supermarket.....1 Pharmacy.....1 Patent medicine store PMS/Chemist.....1 Clinic/Hospital.....1 NGO/CHWs/CBD/CBOs.....1 Market.....1 Family planning center/PPFN.....1 Bar/guest house/hotel.....1 Peer educator.....1 Friend.....1 Other specify[ ]...1 Don't know any place.....1				→ Go to Q306
Q305	How long would it take you from your house to walk to the nearest place where you can obtain male condoms?	Less than 15 mins....1 15 - 30mins.....2 31 mins to 1hr...3 1 - 3hrs.....4 Over 3hrs.....5 Don't know.....8				
Q306	Would you say male condoms are affordable?	Yes...1 No.....2 Don't Know.....8				
Q307	Do you agree/disagree that male condoms break often during sexual intercourse?	Agree...1 Disagree....2 Don't Know.....8				
Q307A	Suppose you wanted to buy a male condom and some people were in the store. Would you.... [READ OUT]	Wait and buy it some other time?.....1 Try to hide the fact that you were buying a condom?.....2 Buy the condom without hiding?.....3				
Q308	Have you ever used male condoms	Yes ..... 1 No ..... 2 No Response.....9				→ Go to Q315

No.	Questions and filters	Coding categories	Skip to
Q309	How long ago did you start using male condoms for the first time? **[IF RESPONSE GIVEN IN YEARS CONVERT TO MONTHS]**	Months Number |__|__|__| No Response.....999	
Q310	Which of the following applies to you? You have... **[READ OUT]**	Been using male condoms for some time.....1 Used male condoms in the past but stopped....2 Ever used, stopped but have resumed using.....3 Just started using for the first time.....4	**Go to Q314**
Q311	What is the **Main** reason why you are using male condoms? Is it because you want... **[READ OUT]**	To protect yourself from HIV/STIs....1 To prevent unwanted pregnancy...2 To protect yourself from both HIV/STIs and unwanted pregnancy....3 Others specify[ ]..4	
Q312	**[FOR THOSE WHO HAVE RESUMED USING IN Q310. OTHERS GO TO Q313]** How long ago did you start using male condoms again?	Months Number |__|__|__|	
Q313	**[ASK ONLY CONDOM USERS IN Q310 (BEEN USING OR RESUMED USAGE OR JUST STARTED USING]** What was the **Brand** of male condom you used most often in the last 3 months?	Durex .....1 Romantic.....2 Life style.....3 Rough Rider.....4 Gold circle.....5 Cool.....6 Play Girl.....7 Alabama.....8 Blue Panther.....9 Lovers Plus.....10 Protector.....11 Prudence.....12 Unbranded.....13 Don't know name.....14 No particular brand.....15 Others specify[ ]...16	**Go to Q315**
Q314	**[IF STOPPED USING CONDOMS IN Q310]** What is the **Main** reason why you stopped using male condoms?	Did not enjoy using condoms...1 Wanted a child. ..2 Partner opposed....3 Religious reasons....4 Others specify[ ]..6	
Q315	Do you intend to use condoms in the next 12 months?	Yes.....1 No..... 2 Don't know.....8	

Section 4: S x

No.	Que
	[HI I e b e
Q401	At w if 'c
Q401A	Hav c g
Q403	Surv than) 1
Q404	a
Q405	y past
Q406	Thi t Ho

Section 4: Sexual history: numbers and types of partners

No.	Questions and filters	Coding categories	Skip to
	[TELL THE RESPONDENT] I need to ask you some personal questions about sexual activity in order to gain a better understanding of some family life issues.		
Q401	At what age did you first have sexual intercourse if ever?	Age in years [__|__] Never.....87 Can't remember..... 88 No Response.....99	Go to Q 901
Q401A	Have you ever had sex in exchange for favours or gifts?	Yes ..... 1 No ..... 2 No response.....9	
Q403	Surveys reveal that many people have had more than one sexual partner at the same time. Would you say this has ever happened to you?	Yes .... 1 No 2	
Q404	**Have you had sexual intercourse in the last 12 months?**	Yes .... 1 No .... 2 No Response....9	→Go to Q501
Q405	How many sexual partners have you had in the past 12 months?	NUMBER [|_] No Response.....99	
Q406	Think about the persons you have had sex with in the last 12 months. How many were: - Your spouse(s)/partners who you were living together with - Boy/girl friends - Partners with whom you had commercial sex - Partners you met on a casual basis **[IF NONE FOR ANY PARTNER TYPE CODE '00']**	**MARITAL OR LIVING TOGETHER** [__|__] **BOY/GIRLFRIEND** [__|__] **COMMERCIAL** [__|__] **CASUAL** [__|__] No Response....99	

No.	Questions and filters	Coding categories	Skip to
Q406	**CHECK Q405. DID RESPONDENT HAVE SEX WITH BOY/GIRLFRIEND AND/OR CASUAL PARTNER AND/OR COMERCIAL SEX PARTNER? Y/N**	→ → →	→ Go to Q410
Q407	Think of your **very last sex act** with a non-marital, non cohabiting partner. In that **very last sex act**, was a condom used?	Yes.....1 No.....2	→ Go to Q408
Q407A	What was the main reason why you used a condom that time? Was it .... **[READ OUT]**	For protection from HIV/STIs.....1 To prevent unwanted pregnancy...2 For protection from both HIV/STIs and unwanted pregnancy....3 Others specify [ ]....4	
Q408	This partner with whom you had your last sex act, was he/she younger, about the same age or older than you?	Younger...1 About the same age.....2 Older than me.....3	→ Go to Q409 → Go to Q410
Q409	If older, do you think he/she was less than 10 years, or 10 or more years older than you?	Less than 10 years older.....1 10 or more years older...2 Don't know the difference...8	Go to Q410
Q409A	If younger, do you think he/she was less than 10 years, or 10 or more years younger than you?	Less than 10 years younger.....1 10 or more years younger...2 Don't know the difference...8	
Q410	**[ASK ALL WHO HAVE HAD SEX LAST 12 MONTHS IN Q405]** How many sexual partners do you currently have including casual and commercial partners?	**Number** [_]__] No Response.....99	
Q411	Of all your current sexual partners, how many are your... Spouse/ partners who you are living together with? Non marital and non cohabiting partners? **[IF NONE CODE '00']**	**Number** [__] __] No Response.....99 **Number** [_] _] No Response.....99	

Section 5: Sex

No.	Qu
Q501	[CHE HA CC LA
Q202	Th or condo
Q502A	What cor [REA
Q503	W
Q504	What co [MU FU
Q505	Ha yo are
Q506	Di pa in
Q507	D us yo se
Q508	How avoid sp
Q509	How di sp

Section 5: Sexual history: spouse, cohabiting (living together) sexual partners and condom use

No.	Questions and filters	Coding categories	Skip to
Q501	[CHECK QUESTION 405 HAD SEX WITH SPOUSE OR COHABITING PARTNER IN THE LAST 12 MONTHS Y /N→ |	[DID NOT HAVE SEX WITH SPOUSE OR COHABITING PARTNER IN THE PAST 12 MONTHS] →	→Go to Q601
Q202	The last time you had sex with your spouse or partner that you live together with, was a condom used?	Yes ...1 No.....2 No Response.....9	→Q504
Q502A	What was the main reason why you used a condom that time? Was it to...? [READ OUT]	To protect yourself from HIV/STIs.....1 To prevent unwanted pregnancy...2 To protect yourself from both HIV/STIs and unwanted pregnancy....3 Others specify [ ]..4	
Q503	Who suggested condom use that time?	Myself.....1 My partner.....2 Joint decision.....3 Can't remember.....8	Go to Q505
Q504	What are the reasons why you did not use a condom at that time? [MULTIPLE CODES POSSIBLE; PROBE FULLY; DO NOT READ OUT OPTIONS]	Not available....1 Too expensive....1 Partner objected.....1 Don't like them.....1 Used other contraceptive.....1 Didn't think it was necessary.....1 Didn't think of it.....1 Desired to get pregnant.....1 Don't know condoms....1 Others specify [ ]...1 No Response.....1	
Q505	Have you ever discussed condom use with your spouse or sex partner with whom you are living together?	Yes .....1 No.....2	
Q506	Did you have sex with your spouse or partner(s) with whom you are living together in the last three months?	Yes.....1 No.....2 No Response.....9	→Go to Q508
Q507	During the last 3 months, was a condom used with your spouse or partner with whom you are living together every time you had sex, sometimes or never?	Every time.....1 Sometimes.....2 Never.....3 No Response.....9	
Q508	How confident are you in your ability to avoid sex with a person who is not your spouse?	Confident.....1 Not confident....2 No Response.....9	
Q509	How confident are you in your ability to discuss a Family Planning method with your spouse/partner, if you wanted to?	Confident.....1 Not confident....2 No Response.....9	

Section 6: Sexual history: boyfriends and condom use

No.	Questions and filters	Coding categories	Skip to
Q601	CHECK Q405 HAD SEX WITH BOYFRIEND/GIRLFRIEND IN THE LAST 12 MONTHS Y/N→	DID NOT HAVE SEX WITH BOYFRIEND/GIRLFRIEND IN THE PAST 12 MONTHS →	→Go to Q701
Q602	The last time you had sex with a boyfriend or girlfriend, was a condom used?	Yes.....1 No.....2 No Response.....9	→Go to Q604
Q603	Who suggested condom use that time?	Myself.....1 My partner.....2 Joint decision.....3 Can't Remember....8	Go to Q605
Q604	Why didn't you use a condom with your sexual partner that time? **[MULTIPLE CODES POSSIBLE; PROBE FULLY; DO NOT READ OUT OPTIONS]**	Not available.....1 Too expensive.....1 Partner objected.....1 Don't like them.....1 Trust my partner.....1 Desired a pregnancy.....1 Used other contraceptive.....1 Didn't think it was necessary.....1 Didn't think of it.....1 Don't know condoms....1 Others specify[ ]...1 No Response 1	
Q605	Have you ever discussed condom use with your boy/girlfriend(s)?	Yes .....1 No.....2 No Response.....9	
Q606	Have you had sex with your boy/girlfriend in the last 3 months?	Yes.....1 No.....2 No Response.....9	Go to Q608
Q607	During the last 3 months, was a condom used with your boy/girlfriend(s) every time you had sex, sometimes or never?	Every time.....1 Sometimes.....2 Never.....3 No Response.....9	
Q608	How confident are you in your ability to convince your boy/girlfriend(s) to use a condom every time you want to have sex?	Confident.....1 Not confident.....2 No response.....9	
Q609	How confident are you that you will be able to use (wear) a condom each time you have sex with your boyfriend/girlfriend, if you want to?	Confident.....1 Not confident.....2 No Response.....9	

Section 7: Sexual

No.	Q
Q701	CHEC [HAD THE
Q702	The la partne
Q703	Who
Q704	Why didn [MUI PROBE OPTIO
Q705	Have casual pa
Q706	Did the last
Q707	During used eve partn
Q708	How c conv conc
Q709	How c to u sex

Section 7: Sexual History: Casual sexual partners

No.	Questions and filters	Coding categories	Skip to
Q701	CHECK Q405 [HAD CASUAL SEX PARTNER IN THE LAST 12 MONTHS] Y/N–	[DID NOT HAVE CASUAL PARTNER IN THE LAST 12 MONTHS]	→ Go to Q801
Q702	The last time you had sex with a casual partner; was a condom used?	Yes.....1 No.....2 No Response.....9	→Go to Q704
Q703	Who suggested condom use that time?	Myself.....1 My Partner.....2 Joint Decision.....3 Cant Remember.....8	Go to Q705
Q704	Why didn't you use a condom that time? [MULTIPLE CODES POSSIBLE; PROBE FULLY; DO NOT READ OUT OPTIONS]	Not Available.....1 Too Expensive.....1 Partner Objected.....1 Don't Like Them.....1 Used Other Contraceptive.....1 Didn't Think It Was Necessary.....1 Didn't Think Of It.....1 Don't know condoms....1 Others specify [ ]...1 **No Response.....1**	
Q705	Have you ever discussed condom use with a casual partner(s)?	Yes.....1 No.....2 No Response.....9	
Q706	Did you have sex with a casual partner(s) in the last 3 months?	Yes.....1 No.....2 No Response.....9	–Go to Q708
Q707	During the last 3 months, was a condom used every time you had sex with a casual partner, sometimes or never?	Every time.....1 Sometimes.....2 Never.....3 No Response.....9	
Q708	How confident are you in your ability to convince a casual sex partner to use a condom every time you want to have sex?	Confident.....1 Not Confident.....2 No Response.....9	
Q709	How confident are you that you will be able to use (wear) a condom each time you have sex with your casual partner, if you want to?	Confident.....1 Not confident.....2 No Response.....9	

Section 8: Sexual history: Commercial sex

No.	Questions and filters	Coding categories	
Q801	CHECK Q405 [HAD COMMERCIAL SEX IN LAST 12 MONTHS... Y/N ↓	[HAS NOT HAD COMMERCIAL SEX IN LAST 12 MONTHS	→Go to Q901
Q802	The last time you had sex with a commercial sex partner; was a condom used?	Yes...1 No.....2 No Response.....9	→Go to Q804
Q803	Who suggested condom use that time?	Myself.....1 The sex worker.....2 Joint Decision.....3 No Response 9	Go to Q805
Q804	Why didn't you use a condom that time? [MULTIPLE CODES POSSIBLE; PROBE FULLY; DO NOT READ OUT OPTIONS]	Not Available.....1 Too Expensive.....1 Partner Objected.....1 Don't Like Them.....1 Used Other Contraceptive.....1 Didn't Think It Was Necessary .....1 Didn't Think Of It.....1 Don't know condoms.....1 Other specify [ ]...1	
Q805	Have you ever discussed condom use with a commercial sex partner(s)?	Yes.....1 No.....2 No Response.....9	
Q806	Did you have sex with a commercial sex partner(s) in the last 3 months?	Yes.....1 No.....2 No Response.....9	Go to Q808
Q807	During the last 3 months, was a condom used every time you had sex with a commercial sex partner(s), sometimes or never?	Every time.....1 Sometimes.....2 Never.....3 No Response.....9	
Q808	How confident are you in your ability to convince a commercial sex partner(s) to use a condom every time you want to have sex?	Confident.....1 Not Confident.....2 No response.....9	
Q809	How confident are you that you will be able to use (wear) a condom each time you have sex with a commercial sex partner, if you want to?	Confident.....1 Not confident.....2 No Response.....9	

Section 9: STI

No.	Q
Q901	H... be tr... in... r...
Q902	C... preg...
Q903	C... chan...
Q905	C... in w... [I... S... M...
Q906	C... in m... [I... S...
Q907	Hav... th...
Q908	H... past
Q909	H... du...

Section 9: STIs and Treatment seeking behaviours

No.	Questions and filters	Coding categories	Skip to
Q901	Have you ever heard of diseases that can be transmitted through sexual intercourse (STIs)?	Yes.....1 No.....2	Go to Q907
Q902	Can STIs prevent a woman from getting pregnant in future?	Yes.....1 No.....2 Don't Know.....8	
Q903	Can STIs prevent a man from fathering children in future?	Yes.....1 No.....2 Don't Know.....8	
Q905	Can you describe any symptoms of STIs in women? **[DO *NOT* READ OUT THE SYMPTOMS** MULTIPLE CODES POSSIBLE; PROBE FULLY]	Yes Lower abdominal pain .....1 Genital discharge .....1 Foul smelling discharge .....1 Burning pain on urination .....1 Genital ulcers/sores .....1 Swellings in groin area .....1 Itching .....1 Painful Sexual Intercourse .....1 Others specify [ ]...1	
Q906	Can you describe any symptoms of STIs in men? **[DO *NOT* READ OUT THE SYMPTOMS** MULTIPLE CODES POSSIBLE; PROBE FULLY]	Yes Genital discharge 1 Burning pain on urination 1 Genital ulcers/sores 1 Swellings in groin area 1 Others specify [ ]..1	
Q907	Have you had a genital **discharge** during the past 12 months?	Yes.....1 No.....2	
Q908	Have you had genital **itching** during the past 12 months?	Yes.....1 No.....2	
Q909	Have you had a genital **sore/ulcer** during the past 12 months?	Yes .....1 No 2	

No.	Questions and filters	Coding categories	Skip to
Q910	**FILTER: CHECK Q 907 &Q908 & Q909** **HAD GENITAL DISCHARGE** AND/OR GENITAL SORE AND /OR GENITAL ITCHING **IN LAST 12 MONTHS** .....Y/N→	**NO DISCHARGE OR SORE/ULCER OR ITCHING IN LAST 12 MONTHS→**	→Q1001

No.	Questions and filters	Yes	No	Skip to
Q911	The last time you had the genital sore/discharge/ itching **[WHERE APPLICABLE],** did you... [READ OUT. MORE THAN ONE ANSWER IS POSSIBLE]			
	- Seek advice/medicine from a government clinic or hospital?	1	2	**If No to all (a to g) Go to Q912**
	- Seek advice/medicine from a workplace clinic or hospital?	1	2	
	- Seek advice/medicine from a Christian/Islamic or charity run clinic or hospital?	1	2	
	Seek advice/medicine from a private clinic or hospital?	1	2	
	- Seek advice/medicine from a private pharmacy?	1	2	
	- Seek advice/medicine from a traditional healer?	1	2	
	- Seek advice/medicine from a Patent Medicine store?	1	2	
	[IF YES TO ANY IN a TO g ABOVE ASK h AND i. IF NO TO ALL SKIP TO Q912]			
	- Did you finish all the medicine you were given?	1	2	**Go to Q913**
	- Did you go back for a check up after the symptoms stopped?	1	2	

No.	Questions and filters	Coding categories	Skip to
Q912	Why did you not seek treatment? **[MULTIPLE CODES]**	I was pregnant.....1 I felt it was normal....1 I did not have money for treatment....1 There were no facilities for treatment...1 It is my usual monthly discharge...1 Others specify [ ]...1	

No.	Did you...	Yes	No
Q913	- Take medicine you had at home?	1	2
	- Tell your sexual partner about the discharge/ STI?	1	2
	- Stop having sex when you had the symptoms?	1	2
	- Use a condom when having sex during the time you had the symptoms?	1	2

ction 10: Knowledge, opinions, and attitudes about HIV/AIDS

No.	Questions and filters	Coding categories				Skip to
1001	Have you ever heard of AIDS or HIV (the virus that causes AIDS)?	Yes.....1 No.....2				Go to Q1201
1001A	Does AIDS have a cure?	Yes, it has a cure.....1 No, it does not have a cure.....2				
1002	Do you know someone who has the AIDS virus or who has AIDS or who died of AIDS?	Yes.....1 No.....2				
1003	How can a person get the virus that causes AIDS? [PROBE FULLY. FIRST RECORD ALL MENTIONED, THEN PROMPT THE RESPONDENT TO TELL YOU IF THE WAYS NOT MENTIONED ARE WAYS OF GETTING THE VIRUS THAT CAUSES AIDS]		Spontaneous	Prompted		
			Yes	Yes	No	Don't Know
		Sexual Intercourse	1	2	3	4
		Blood transfusion	1	2	3	4
		Mother to unborn child	1	2	3	4
		Sharing toilets	1	2	3	4
		Sharing sharp objects like razors	1	2	3	4
		Sharing needles	1	2	3	4
		Sharing eating utensils	1	2	3	4
		Mosquito bites/bed bugs	1	2	3	4
		Witchcraft	1	2	3	4
		Kissing	1	2	3	4
		Hugging	1	2	3	4
		Others specify[ ]...1				
Q1004	Is it possible that a healthy looking person has the virus that causes AIDS?	Yes.....1 No.....2 Don't know.....8				

NARIIS

No.	Questions and filters	Coding categories				Skip to
			Spontaneous	Prompted		
			Yes	Yes	No	Don't Know
Q1005	What can a person do to avoid getting the virus that causes AIDS? **[PROBE FULLY.** **FIRST RECORD ALL MENTIONED, THEN PROMPT THE RESPONDENT TO TELL YOU IF THOSE NOT MENTIONED ARE WAYS TO AVOID GETTING THE VIRUS THAT CAUSES AIDS]**	Staying with one faithful uninfected partner	1	2	3	4
		Using condoms every time	1	2	3	4
		Abstaining from sex	1	2	3	4
		Delaying the onset of sexual intercourse	1	2	3	4
		Avoiding sex with CSWs	1	2	3	4
		Reducing number of sexual partners	1	2	3	4
		Avoiding sex with people who have many sexual partners	1	2	3	4
		Avoid sharing of sharp objects like needles, razors	1	2	3	4
		Praying to God	1	2	3	4
		Going for check ups	1	2	3	4
		Using antibiotics	1	2	3	4
		Seek protection from a traditional healer	1	2	3	4
		Nothing	1			
		Others specify [ ]....1				
Q1006	Can the virus that causes AIDS be transmitted from a mother to her child. . During pregnancy? During delivery? By breast feeding?		Yes	No	Don't know	
		During pregnancy	1	2	3	
		During delivery	1	2	3	
		By breastfeeding	1	2	3	
Q1007	Do you know of a place where you can go to get an AIDS test?			Yes.....1 No.....2		
Q1008	I don't want to know the results, but have you ever been tested to find out if you have the virus that causes AIDS? **[PLEASE DO NOT ASK FOR THE RESULT]**			Yes.....1 No.....2		**Go to Q1012**

No.	Questions a
Q1009	Would y if you have
Q1010	What is like to h
Q1011	Why not?
Q1012	When w
Q1013	The last yourself you and you required
Q1014	I don't but did you
Q1015	Would y (or the virus no chance a
Q1016	Why do you of getti **[DO NO PROBE FU MULTI**
Q1017	Why do or no ch (or the virus **[DO N PROBE FU MULTI**

No.	Questions and filters	Coding categories	Skip to
Q1009	Would you like to have a test to find out if you have the virus that causes AIDS?	Yes..... 1 No..... 2	→ Go to Q1011
Q1010	What is the main reason why you would like to have a test?	To reduce fear and anxiety..... 1 Required for employment..... 2 For marriage purposes.....3 I want to know my HIV status .....4 Others specify[ ]..6	Go to Q1015
Q1011	Why not?	Do not want to know my HIV status..... .. 1 Fear and anxiety..... ..... 2 I feel it is not necessary..... ..... 3 I can not afford it .... 4 Others specify[ ]... 6	Go to Q1015
Q1012	When was the last time you were tested?	Less than 12 months ago..... .....1 12 to 23 months ago ....2 24 months or more ago..... 3	
Q1013	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted or were you required to have the test?	I asked for the test.....1 I was offered and accepted....2 I was required to have it 3	
Q1014	I don't want to know the result of your test, but did you get the results of the test?	Yes.....1 No.....2	
Q1015	Would you rate your chances of getting AIDS (or the virus that causes AIDS) as high, low or no chance at all?	High.....1 Low.... 2 No risk at all ..... 3 Already have AIDS..... .4 No response..... 9	→ Go to Q1017 → Go to Q1101
Q1016	Why do you think you have a high chance of getting AIDS (or the virus that causes AIDS)? **[DO NOT READ OUT OPTIONS; PROBE FULLY** **MULTIPLE CODES POSSIBLE;]**	Share sharp objects.....1 Do not use condoms.....1 I have more than one sex partner. .....1 Sex with sex workers.....1 My Spouse/partners has other partners .....1 Had blood transfusions.....1 Have had injections.....1 Others specify[ ]...1	Go to Q1101
Q1017	Why do you think you have a low chance or no chance at all of getting AIDS (or the virus that causes AIDS)? **[DO NOT READ OUT OPTIONS; PROBE FULLY** **MULTIPLE CODES POSSIBLE;]**	I abstain from sex..... 1 I use condoms..... 1 I trust my partner..... 1 I have a limited number of sex partners.....1 I have only one sex partner.....1 I avoid sex with sex workers .....1 Spouse/partners has no other partner .....1 I ensure safe blood transfusion.....1 I ensure injection with sterile needles.....1 I seek protection from a traditional healer.....1 God will protect me/It is not my destiny ...1 Others specify [ ]...1	

Section 11: Stigma and Discrimination

No.	Questions and filters	Coding categories	Skip to
Q1101	Would you be willing to eat from the same dish with a person you knew had the virus that causes AIDS?	Yes ..... 1 No ..... 2 Don't know 8	
Q1102	If a male relative of yours became ill with AIDS, would you be willing to care for him in your household?	Yes ..... 1 No ..... 2 Don't know..... 8	
Q1103	If a student has the virus that causes AIDS but is not sick, should he or she be allowed to continue attending school?	Yes ..... 1 No..... 2 Don't know..... 8	
Q1104	If a female relative of yours became ill with AIDS, would you be willing to care for her in your household?	Yes ..... 1 No ..... 2 Don't know 8	
Q1105	If a female teacher has the virus that causes AIDS but is not sick, should she be allowed to continue teaching in school?	Yes ..... 1 No ..... 2 Don't know 8	
Q1106	If you knew a shopkeeper or food seller had the virus that causes AIDS, would you buy food from them?	Yes ..... 1 No ..... 2 Don't know 8	
Q1107	If a member of your family became ill with the virus that causes AIDS, would you want it to remain secret or not?	I would want it to remain secret ..... 1 I would not want it to remain secret ..... 2 Don't know 8	
Q1108	If a colleague in your work place has the virus that causes AIDS but is not sick, should he or she be allowed to continue working with you?	Yes, should be allowed to work ..... 1 No, should not be allowed to work ..... 2 Don't know 8	
Q1109	If a child has the virus that causes AIDS should he or she be allowed to attend school with other children?	Yes, should be allowed to attend school... 1 No, should not be allowed to attend school..... 2 Don't know 8	
Q1110	Should people who have AIDS (or the virus that causes AIDS) be given more health care, equal health care or less health care than people with other serious diseases?	More health care ..... 1 Equal health care ..... 2 Less health care ..... 3 Don't Know.....8	

Section 12: I

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Q1201	Which me spacing have Y
	[PROB FULLY: CIRCI EACH EACH M MENTIO SPONTA THEN NAMI DESC EACH O MENTIO SPON CIRCI RECC AND RECOGN
	CHE

Section 12: Family Planning

NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING THESE ARE THE VARIOUS WAYS THAT A COUPLE CAN USE TO DELAY OR AVOID A PREGNANCY. [IN THE NORTH SAY CHILD SPACING WHICH ARE THE METHODS USED WHEN A COUPLE WANT TO PUT A GAP BETWEEN PREGNANCIES.]

No	Questions and filters	Coding categories	Spontaneous	Prompted Yes	Prompted No	Skip to
Q1201	Which method(s)of child spacing/Family Planning) have You seen/heard of?	**(A) DAILY ORAL PILLS** A woman can take a pill a day to avoid getting pregnant	1	2	3	
	[PROBE FULLY; CIRCLE ONE FOR EACH CODE FOR EACH METHOD MENTIONED SPONTANEOUSLY; THEN READ THE NAME AND DESCRIPTION OF EACH ONE NOT MENTIONED SPONTANEOUSLY. CIRCLE 2 IF RECOGNISED AND 3 IF NOT RECOGNISED.]	**(B) AFTER SEX ORAL PILLS or EMERGENCY CONTRACEPTION** Pills taken up to three days after sex to prevent a woman getting pregnant	1	2	3	
		(C) MALE CONDOMS Men can put a rubber sheath over their penis before sex	1	2	3	
		(D) FEMALE CONDOMS Women can place a rubber sheath in their vagina before sexual intercourse	1	2	3	
		(E) INJECTABLES Women can have an injection by a health provider which stops them from pregnant for two or three months becoming	1	2	3	
		(F) IMPLANTS Women can have small rods placed in their upper arm by a doctor or nurse and this can prevent pregnancy for one or more years	1	2	3	
		(G) IUD OR COIL Women can have a loop or coil placed inside the womb by a doctor or FP provider	1	2	3	
		(H) FOAMING TABLETS/JELLY Women can put a suppository jells or cream inside the vagina before intercourse	1	2	3	
		(J) DIAPHRAGM Women can fix a thin flexible disc into their vagina before intercourse	1	2	3	
		(K) FEMALE STERILISATION Women can have an operation to avoid having any more children	1	2	3	
		(L) RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is having sex she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant	1	2	3	
		(M) LACTATIONAL AMENORRHEA For six months after child birth a woman can use a method that requires that she breastfeeds day and night and her menses has not returned as a form of Family planning	1	2	3	
		(N) MALE STERILISATION Men can have an operation to avoid having any more children	1	2	3	
		(P) WITHDRAWAL Men can be careful and pull out just before ejaculation	1	2	3	
		(Q) Have you heard of any other methods that men or women can use to avoid pregnancy? **[IF YES SPECIFY]**				
	CHECK 1201 (A) TO (Q). IF NO TO KNOWLEDGE FOR ALL METHODS GO TO Q1204					

No.	Questions and filters	Coding categories	Skip to
	CHECK Q1201(A). DOES THE RESPONDENT KNOW DAILY ORAL PILLS? YES/NO→ ↓	→ → → →	→ Go to Q1202
Q1201B	[IF YES TO PILLS] What brands of daily oral pills do you know? [DO NOT READ OUT OPTIONS; PROBE FULLY; MULTIPLE CODES POSSIBLE;]	Duo-fem.....1 Microgynon.....1 Microlut.....1 Eugynon.....1 Logynon.....1 Nordette.....1 Ovrette.....1 Neogynon.....1 Family Planning pills.....1 Lofemenal.....1 Confidence.....1 Exeluton.....1 Know pills but don't know names.....1 Others specify[ ]..1	
Q1201C	Where can you obtain oral pills? [DO NOT READ OUT OPTIONS; PROBE FULLY; MULTIPLE CODES POSSIBLE;]	Govt. Hospital/ health center/post.....1 Government Family Planning Clinic.....1 Private health center/Family Planning/Child Spacing clinics.....1 Community Health Worker.....1 PPFN.....1 Other NGOs apart from PPFN.....1 Chemist/ PMS.....1 Pharmacy store.....1. Place of work.....1 Friends.....1 Shop/supermarket/store.....1 Church.....1 CBOs/PHEs.....1 Traditional Birth attendants.....1 Other specify[ ]...1 Don't know any where.....1	
Q1202	Do you know of a place to obtain a Family Planning method?	Yes.....1 No.....2	→ Go to Q1204
Q1203	Where do you know of that you can obtain Family Planning [Child Spacing] methods? [PROBE FULLY; CIRCLE ALL MENTIONED]	Govt. hospital/ health center/post.....1 Government Family Planning Clinic.....1 Private health center/FP clinics.....1 Community Health Worker.....1 PPFN.....1 Other NGOs apart from PPFN.....1 Chemist/ PMS.....1 Pharmacy store.....1. Place of work.....1 Friends.....1 Shop/supermarket/store.....1 Church.....1 CBOs/PHEs.....1 Traditional Birth attendants.....1 Other specify[ ]...1	

	[CHECK SEXUAL MONTHS W Q405]
	Questions [READ O EACH QUES
Q1204	When you you worry RECORD RE BANNER AS
Q1205	Did you exper pregnancy
Q1206	[IF YES] last pregnancy
Q1207	[WOMEN O Q1211] Have you ever
Q1208	Were you at the time time you got p
Q1209	What Mai Spacing metho

Skip to
→ Go to Q1202

Go to Q1204

	[CHECK IF RESPONDENT HAD SEXUAL INTERCOURSE LAST 12 MONTHS WITH PARTNER TYPE IN Q405]		CHECK SPOUSE Y/N→		CHECK BOY/ GIRL FRIENDY/ Y/N→		CHECK CASUAL OR COMMER-CIAL PARTNERY Y/N→		SKIP SIf not had sex go to Q1211
	Questions and filters [READ OUT PARTNER TYPE FOR EACH QUESTION ASKED]	CODING CATEGORIES	Spouse		Boy/Girl Friend		Casual or commercial partner		
Q1204	When you have intercourse with ..... do you worry about [READ OUT, RECORD RESPONSES ACROSS BANNER AS APPLICABLE]		Yes	No	Yes	No	Yes	No	
		Unplanned pregnancy	1	2	1	2	1	2	
		HIV	1	2	1	2	1	2	
		STIs	1	2	1	2	1	2	
Q1205	Did you experience any unplanned pregnancy with ..... in the last 1 year?		1	2	1	2	1	2	
Q1206	[IF YES] What was the outcome of the last pregnancy with .....?	Live birth Aborted Miscarried Still birth Still pregnant	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5		
Q1207	[WOMEN ONLY. IF MALE GO TO Q1211] Have you ever been pregnant?						Yes.....1 No.....2		→ Go to Q1211
Q1208	Were you using any form of contraception at the time of your last pregnancy (at the time you got pregnant)?						Yes.....1 No.....2		→ Go to Q1211
Q1209	What Main Family Planning/Child Spacing method were you using?						Daily oral pills.....1 After sex oral pills or Emergency Contraception.....2 Condoms.....3 Injectables. . .4 Implants .....5 IUD/Coil.....6 Foaming tablets.....7 Female sterilisation.....8 Male sterilisation.....9 Withdrawal method.....10 Rhythm or Periodic abstinence.....11 Lactational Amenorrhea method...12 Others specify[ ]..... 14		

No	Questions and filters	Coding categories	Skip
Q1211	**[ASK ALL]** Have you **ever used** any methods of contraception, Child Spacing or Family Planning before?	Yes..... 1 No ..... 2 Don't know 8	– Go t ' Q122
Q1212	**[ASK BOTH MEN AND WOMEN]** Are you **currently using** any methods of contraception, Child Spacing or Family Planning?	Yes.....1 No.....2	
Q1213	**[CHECK Q1212. IF NO TO Q1212 CODE 00]** What **Main** method of contraception, Family Planning or [Child Spacing] are you currently using? **[SINGLE CODE]**	Daily oral pills.....1 After sex oral pills or Emergency Contraception.....2 Condoms.....3 Injectables..... 4 Implants.....5 IUD/coil.....6 Foaming tablets.....7 Female sterilisation..... 8 Male sterilisation.....9 Rhythm or Periodic Abstinence.....10 Withdrawal.....11 Lactational Amenorrhea Method.....12 Other specify[ ]...15 **None** 00	– If None g to Q1227
Q1214	What is the **Main** reason why you are using this particular FP or child spacing method? **[SINGLE CODE]**	It prevents diseases like STIs and HIV/AIDS....1 It is cheaper than other methods.....2 It is lasts/durable than other methods.....3 It is always available.....4 It is easier to use than other methods.....5 To space my children...6 It has no side effects...7 To enable me breast-feed my child....8 The doctor/hospital/clinic recommended it...9 My partner likes it.....10 To prevent pregnancy.....11 Other specify[ ].....15	

	Questions and filte
15	Have you ever ex problem with th
16	What was the M in
217	Where do you
218	Why do you select your Family Pl products? [MULTIPLE
1219	**CHECK Q121** **RESPONDEN** **ORAL PILL** **YES/NO**
1220	How often do yo
1221	Would you say y your pills oft rarely or neve

	Questions and filters	Coding categories	Skip to
215	Have you ever experienced any problem with this method?	Yes ..... 1 No 2	→ Go to Q1217
216	What was the **Main** problem?	It gets torn easily.....1 It weakens the body.....2 It reduces sexual pleasure.....3 It causes abdominal pains.....4 It makes one get fat.....5 I always have heavy menstrual period.....6 It makes my menstrual period to cease.....7 It gave me headaches.....8 It is too expensive.....9 It is inconvenient to use.....10 Other specify [ ]....12	
217	Where do you usually get/ buy this	Govt. Health hospital/center/post.....1 Private health center/FP clinics/NGO clinics.....2 PPFN.....3 Chemist/ PMS.....4 Pharmacy store.....5 Place of work.....6 Friends/relatives.....7 I use a non-supply method....8 Others specify [ ]...10	→ Go to Q1219
218	Why do you select this place to buy your Family Planning/Child Spacing products? **[MULTIPLE CODES POSSIBLE]**	Closer to home/ market place....1 Staff more competent /friendly....1 Cleaner facility....1 Offers more privacy....1 Short waiting time....1 Longer hours of service...1 Use other services there....1 Credit facilities.....1 Lower cost....1Others specify[ ]....1	If male go to Q1223
219	**CHECK Q1213. DOES THE RESPONDENT USE DAILY ORAL PILLS (OPTION 1) YES/NO**	→ → →	→ Go to Q1223
220	How often do you take pills?	Daily.....1 Less frequently.....2	
221	Would you say you forget to take your pills often, sometimes, rarely or never?	Often.....1 Sometimes.....2 Rarely....3 Never.....4	→ Go to Q1223

No	Questions and filters	Coding categories	Skip
Q1222	What do you do when you forget to take a day's pill? [PROBE FULLY; DO NOT READ OUT OPTIONS; MULTIPLE CODES POSSIBLE]	Quickly take it .....1 Take double the required dose.....1 Take a lemon drink .....1 Use my menstrual calendar.....1 Avoid sex with my husband/partner .. 1 Forget about it and continue the next day 1 Use condoms.....1 Do nothing 1 Others specify[ ] .1	
Q1223	Are you using any other method of Family Planning apart from the one you mentioned before?	Yes....1 No 2	Go to Q1226
Q1224	What other method(s) of Family Planning are you currently using? [MULTIPLE CODES]	Daily oral pills.....1 After sex oral pills or Emergency Contraception.....1 Condoms.....1 Injectables..... 1 Implants.....1 IUD/coil.....1 Foaming tablets.....1 Female sterilisation .....1 Male sterilisation.....1 Rhythm or Periodic Abstinence .....1 Withdrawal.....1 Lactational Amenorrhea Method.....1 Others specify[ ] 1	
Q1225	Why are you using 2 (or more) different methods of Family Planning/Child Spacing? Is it because you want to..... [READ OUT]	Protect yourself from diseases like STIs and HIV only ..1 For pregnancy prevention only .....2 To protect yourself from both HIV/STIs and pregnancy.....3 None of these reasons.....4	
Q1226	CHECK Q1213. IS RESPONDENT USING A MODERN METHOD OF FAMILY PLANNING (OPTION 1 TO 9) – NO/YES' ..	– – –	– Go to Q1228
Q1227	[FOR THOSE WHO SAY THEY ARE NOT	Not having sex... 1 Infrequent sex ..1 Menopausal/ had hysterectomy...1 I/ my partner is pregnant.....1 Post partum/breast feeding. 1 Want more children ....1 Respondent is opposed to FP....1 Partner is opposed to FP 1 Relatives/others are opposed to FP ...1 It is religiously prohibited ... 1 Lack knowledge about FP... 1 Lack knowledge of source of FP. ...1 Health concerns/ Interferes with the body's natural processes/ fear of side effects ... 1 Poor access to FP products . 1 No access to FP products ..... 1 Too expensive.....1Inconvenient to use... 1 Others specify [ ]....1	

o.	Questions an
1228	[ASK ALL Do you int...d prevent, delay in the next 12
1229	Which method use
1230	What is th n

	Questions and filters	Coding categories	Skip to
1228	[ASK ALL] Do you intend to use a method to prevent, delay or avoid pregnancy in the next 12 months?	Yes.....1 No.....2 Don't Know.....8	Go to Q1230
1229	Which method do you intend to use	Daily oral pills.....1 After sex oral pills or Emergency Contraception.....2 Condoms.....3 Injectables.....4 Implants.....5 IUD/coil.....6 Foaming tablets.....7 Female sterilisation.....8 Male sterilisation.....9 Periodic Abstinence.....10 Withdrawal.....11 Lactational Amenorrhea Method.....12 Others [ ].....13	Go to Q1231
1230	What is the main reason why you	Want as many children as possible.....1 Know no method.....2 It causes infertility/abortion.....3 Cost too much.....4 Fear of Side effects or Health concerns or Interferes with body's normal processes .....5 Lack access to FP methods/too far to get..... 6 Religion opposed to it..... 7 I am personally opposed to FP.....8 My partner is opposed to FP.....9 Other people are opposed to FP.....10 Infrequent sex..... .11 Difficult to get pregnant.....13 Menopausal/had hysterectomy.....14 Inconvenient to use.....15 Not sexually active.....16 Others specify[ ]....19	

Skip

Go to Q1226

Go to Q1228

NARHS

No.	Questions and filters	Coding categories	Skip
	[ASK ALL] People make some general statements about contraception or FP methods. I would like to know if you agree or disagree with the following statements [READ OUT]		
Q1231	Family Planning/Child Spacing methods are effective	Agree...1 Disagree...2 Don't know...8	
Q1233	FP encourage young unmarried people to be 'loose'	Agree...1 Disagree...2 Don't know...8	
Q1234	It is expensive to practice Family Planning/Child Spacing	Agree...1 Disagree...2 Don't know...8	
Q1235	Family Planning is women's business and men should not have to worry about it	Agree...1 Disagree...2 Don't know...8	
Q1236	Use of Family Planning can lead to infertility in a woman	Agree...1 Disagree...2 Don't know...8	
Q1236A	Family Planning/Child Spacing methods are not easily available	Agree...1 Disagree...2 Don't know...8	
Q1237	Condoms can protect a woman from unwanted pregnancy	Agree...1 Disagree...2 Don't know...8	
Q1238	Religion is not against Family Planning	Agree...1 Disagree...2 Don't know...8	
Q1239	Family Planning/Child Spacing methods encourage women to be promiscuous	Agree...1 Disagree...2 Don't know...8	
Q1240	Condoms encourage male infidelity	Agree...1 Disagree...2 Don't know...8	
Q1241	Family Planning/Child Spacing methods cause cancer or other diseases	Agree...1 Disagree...2 Don't know...8	
Q1242	Family Planning/Child Spacing or contraception is only meant for married people	Agree...1 Disagree...2 Don't know...8	
Q1243	Being sterilised for a man is equal to being castrated.	Agree...1 Disagree...2 Don't know...8	
Q1244	A woman is the one who gets pregnant so she should be the one to get sterilised	Agree...1 Disagree...2 Don't know...8	

No	Questions
Q1244A	Can u... fe... having ... u...
	Thank you... spacin... or...
Q1245	Do you w... pills?
Q1246	Which d... [MULTI...
Q1247	Do you w...
Q1248	Which si... [MULTI...
Q1249	Do ... Planning
Q1250	Whi... s... [MU... T...
Q1251	Do you...

No	Questions and Filters	Coding categories	Skip
Q1244A	Can unsafe abortions prevent a woman from having children in future?	Yes...1 No...2 Don't know...8	
	Thank you for answering the questions here I would like to go back to questions on Family Planning/Child spacing products.		
Q1245	Do you worry about side effects of Family Planning pills?	Yes .....1 No .....2 Don't know 8	Go to Q1247
Q1246	Which side effects are you worried about? **[MULTIPLE RESPONSE]**	It will affect my fertility.....1 It will spoil my womb.....1 It will cause cancer or other harmful diseases.....1 It will affect my babies in future...1 It can make one get fat...1 It weakens the body...1 It causes abdominal pains...1 It causes heavy menses. 1 It makes my menstrual period to cease...1 It reduces sexual pleasure ...1 Others specify[ ]...1	
Q1247	Do you worry about side effects of IUD, or the Coil?	Yes .... .1 No .....2 Don't know 8	Go to Q1249
Q1248	Which side effects are you worried about? **[MULTIPLE RESPONSE]**	It will affect my fertility.....1 It will spoil my womb.....1 It will cause cancer or other harmful diseases.....1 It will affect my babies in future...1 It can make one get fat...1 It weakens the body...1 It causes abdominal pains...1 It causes heavy menses...1 It reduces sexual pleasure....1 It makes my menstrual period to cease...1 Others specify[ ]....1	
Q1249	Do you worry about side effects of Family Planning injectables?	Yes .....1 No .....2 Don't know 8	Go to Q1251
Q1250	Which side effects are you worried about? **[MULTIPLE RESPONSE]**	It will affect my fertility.....1 It will spoil my womb.....1 It will cause cancer or other harmful diseases.....1 It will affect my babies in future...1 It can make one get fat...1 It weakens the body...1 It causes abdominal pains...1 It reduces sexual pleasure....1 It causes heavy menses...1 It makes my menstrual period to cease...1 Others specify[ ]...1	
Q1251	Do you worry about side effects of condoms?	Yes .....1 No .....2 Don't know 8	Go to Q1253

NARHS

No.	Questions and filters	Coding categories	Skip to
Q1252	Which side effects are you worried about? [MULTIPLE RESPONSE]	It will affect my fertility.....1 It will spoil my womb.....1 It can break and enter the womb.....1 It can cause itching.....1 It reduces sexual pleasure....1 It causes abdominal pains....1 The oil can cause disease....1 Others specify[ ]...1	
Q1253	Do you feel the following family planning methods are affordable? [READ OUT]	Affordable / Not affordable / Don't know Daily oral Pills: 1 / 2 / 8 After sex oral pills/ Emergency contraception: 1 / 2 / 8 Injectables: 1 / 2 / 8 Condoms: 1 / 2 / 8 IUD/Coil: 1 / 2 / 8	
Q1254	Do you feel the following family planning methods are easy to obtain? [READ OUT]	Easy to obtain / Not easy to obtain / Don't know Oral Pills: 1 / 2 / 8 After sex oral pills/ Emergency contraception: 1 / 2 / 8 Injectables: 1 / 2 / 8 Condoms: 1 / 2 / 8 IUD/Coil: 1 / 2 / 8	
Q1255	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	Yes ..... 1 No ..... 2 Don't know 8	Go to Q 1301
Q1256	Is this time just before her period begins, during her period, right after her period has ended or halfway between two periods?	Just before her period begins...1 During her period.....2 Right after her period has ended...3 Half way between two periods...4 Others specify[ ]...6 Don't know.....8	

Section 13: Othe

No.	Question
	[FEMALE
Q1301	CHECK V Have y
Q1302	Do yo get the
Q1303	Where is [PROL MULT CIRCL
Q1304	Have yo [OR IF a fem
Q1305	Do yo the fema
	[CIR [TEL Now I a wom
Q1306	[ASK A Have calle
Q1307	Do you who ha

Section 13: Other reproductive health issues

No.	Questions and Filters	Coding categories	Skip
	[FEMALE CONDOMS]		
Q1301	CHECK WITH Q1201 (D) Have you heard of the female condom?	Yes.....1 No.....2	_Go to Q1306
Q1302	Do you know of a place where you can get the female condom?	Yes...1 No.....2	_Go to Q1304
Q1303	Where is that? **[PROBE FULLY;** **MULTIPLE CODES POSSIBLE;** **CIRCLE ALL MENTIONED]**	Government hospital/ health center/post.....1 Government Family Planning Clinic.....1 Private health center/FP clinics.....1 Community Health Worker.....1 PPFN.....1 Other NGOs apart from PPFN.....1 Chemist/ PMS.....1 Pharmacy store.....1 Place of work.....1 Friends.....1 Shop/supermarket/store.....1 Church.....1 CBOs/PHEs.....1 Traditional Birth Attendants.....1 Others specify[ ]....1	
Q1304	Have you ever used a female condom **[OR IF MALE]** has a partner ever used a female condom with you?	Yes.....1 No.....2	
Q1305	Do you know of anyone currently using the female condom?	Yes.....1 No.....2	
	[CIRCUMCISION] **[TELL THE RESPONDENT]** **Now I am going to ask you about a practice in a number of countries where a girl or woman may have part of her genitals cut.**		
Q1306	**[ASK ALL]** Have you ever heard of this practice called Female Circumcision?	Yes.....1 No.....2	_Go to Q1313
Q1307	Do you know of any female close to you who had female circumcision?	Yes.....1 No.....2	

No.	Questions and filters	Coding categories	Skip to
Q1309	What are the reasons why girls undergo female circumcision? **[MULTIPLE CODES]**	Cleanliness/ Hygiene ..... 1 Social acceptance... 1 Better marriage prospects.... 1 Preservation of virginity/prevention of premarital sex ..1 Religious approval..... 1 Others specify[ ]. 1 No reasons..... . 1	
Q1310	Do you see female circumcision as a health problem?	Yes..... .. 1 No.....2 Don't know... 3	Go to Q1312
Q1311	What are the health problems associated with female circumcision? **[MULTIPLE CODES]**	Bleeding..... 1 Severe pain..... 1 Infections.....1 Difficulty in passing urine..... 1 Difficulty in child birth.....1 Others Specify[ ]. .1	
Q1312	Do you think this practice should be continued or discontinued?	It should be conunued...1 It should be discontinued...2	
	Both males and females may undergo circumcision. Some at an early age, and others at a later age.		
Q1313	What about you? Are you circumcised?	Yes.....1 No.....2	Go to Q1315
Q1314	Who did the circumcision?	Traditional Circumciser..... 1 Trad. Birth attendant.....2 Doctor.....3 Nurse.....4 Other Health Professional..... 5 Others specify[ ] ...7 Don't know..... 8	
	GENDER VIOLENCE **I would like to ask you about some issues relating to marriage.**		

			Yes	No	Don't Know
Q1315	**[ASK ALL]** Sometimes a man is annoyed by things his wife/partner does. In your opinion is a husband justified in beating his wife in the following situations? **[READ OUT]**	If she goes out without telling him	1	2	8
		She neglects the children	1	2	8
		If he feels she is unfaithful	1	2	8
		The food is not ready on time	1	2	8
		She argues with him	1	2	8
		She refuses sex with him	1	2	8
Q1316	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified to refuse to have sex with her husband if..... **[READ OUT]**		Yes	No	Don't Know
		She is tired and not in the mood	1	2	8
		She has recently given birth	1	2	8
		She knows her husband has sex with other women who a re not his wives	1	2	8
		She knows he has a sexually transmitted infection	1	2	8
Q1317	When a wife knows her husband has a sexually transmitted infection (STI), is she justified in asking that he uses a condom?	Yes....1 No.....2 Don't know.. 8			

No.	Quest
Q1318	I v al questi inabili W...n in you pr l o: of not
Q1319	D w
Q1320	Is the [R A
Q1321	W ha...y [M T
Q1322	H w e y [U

No.	Questions and filters	Coding categories	Skip to
Q1318	I would like to ask you some questions about infertility (that is inability of a couple to have children.) When a woman is unable to get pregnant, in your opinion, do you think that the problem is with the woman only, the man only, or can it be the result of a problem of both the woman and the man?	Woman only.....1 Man only.....2 Both the man and woman.....3 Others specify [ ]. .5 Don't know.....8	
Q1319	Do you know of a person close to you who has a problem with infertility?	Yes.....1 No.....2	Go to Q1321
Q1320	Is the person... **[READ OUT]**	Yes: A woman = 1; A man = 1 No: A woman = 2; A man = 2	
Q1321	Which one of the following cancers] have you heard of? **[MULTIPLE CODES POSSIBLE**	Yes / No: Cancer of the Breast: 1 / 2 Cancer of the womb: 1 / 2 Cancers affecting the reproductive organ of a man: 1 / 2	If no to all go to Q1401
Q1322	How can these cancers be detected early? **[MULTIPLE CODES POSSIBLE]**	Self breast examination.....1 Pap Smear.....1 Examination of the male organ.....1 Blood test.....1 Others specify[ ]....1 Don't know.....1	

Section 14: Communications

No.	Questions and filters	Coding categories	Skip to
Q1401	Do you have male wards or sons over the age of 12?	Yes.... 1 No 2	→ Go to Q1403
Q1402	Have you discussed any of the following with them in the past 12 months?	School Work: Yes 1, No 2, Not Sure 3 Future Careers: Yes 1, No 2, Not Sure 3 Alcohol/ Drugs: Yes 1, No 2, Not Sure 3 AIDS/STIs: Yes 1, No 2, Not Sure 3 Sexual Relationships: Yes 1, No 2, Not Sure 3 Abortion: Yes 1, No 2, Not Sure 3 Child Spacing /Family Planning: Yes 1, No 2, Not Sure 3 Wet dreams: Yes 1, No 2, Not Sure 3	
Q1403	Do you have female wards or daughters over the age of 12?	Yes.....1 No.....2	→ Go to Q1405
Q1404	Have you discussed any of the following with them in the past 12 months?	School Work: Yes 1, No 2, Not sure 3 Future Careers: Yes 1, No 2, Not sure 3 Alcohol/ Drugs: Yes 1, No 2, Not sure 3 AIDS/STIs: Yes 1, No 2, Not sure 3 Sexual Relationships: Yes 1, No 2, Not sure 3 Abortion: Yes 1, No 2, Not sure 3 Child Spacing/ Family Planning: Yes 1, No 2, Not sure 3 Menstruation: Yes 1, No 2, Not sure 3	
Q1405	How comfortable would you feel talking about sexual matters to the following....?	Father: Comfortable 1, Not Comfortable 2, Not Applicable 3 Mother: Comfortable 1, Not Comfortable 2, Not Applicable 3 Brother: Comfortable 1, Not Comfortable 2, Not Applicable 3 Sisters: Comfortable 1, Not Comfortable 2, Not Applicable 3 Teachers: Comfortable 1, Not Comfortable 2, Not Applicable 3 Religious leaders: Comfortable 1, Not Comfortable 2, Not Applicable 3	
Q1406	Have you discussed with any of the various persons about Family Planning/Child Spacing in the past 12 months...?	Parents: Yes 1, No 2, Not Applicable 3 Spouse/ Sex partners: Yes 1, No 2, Not Applicable 3 Sons: Yes 1, No 2, Not Applicable 3 Daughters: Yes 1, No 2, Not Applicable 3 Other relatives: Yes 1, No 2, Not Applicable 3 Health care workers: Yes 1, No 2, Not Applicable 3 Friends: Yes 1, No 2, Not Applicable 3 Religious leaders: Yes 1, No 2, Not Applicable 3 School teachers: Yes 1, No 2, Not Applicable 3	

No.
Q1407
Q1408
Q1409
Q1410
Q1411
Q1412

No.	Questions and Filters	Coding categories				Skip To
	CHECK 236. IS THE RESPONDENT MARRIED OR LIVING WITH A SEXUAL PARTNER? Y/N –	–	–	–		Go to Q1412
Q1407	[CHECK 236. IF MARRIED OR LIVING TOGETHER WITH PARTNER IN Q236 ASK] How many times did you discuss with your spouse/partner about ..... in the past 12 months? [READ OUT OPTIONS]		Three or more times	Once or Twice	Never	
		Religion	1	2	3	
		The children's education	1	2	3	
		Future plans	1	2	3	
		Finances	1	2	3	
		Family Planning/ Child Spacing	1	2	3	
Q1408	[IF ANSWERED THREE OR MORE, OR ONCE OR TWICE TO FAMILY PLANNING IN Q1407, ASK] Who usually started the discussion on Family Planning/Child Spacing?	Respondent.....1 Spouse/partner with whom respondent is living.....2 Others specify [ ]..5				
Q1409	Can you tell me whether the discussions were generally for or against Family Planning/Child Spacing?	Favourable to FP.....1 Neither favourable not unfavourable..2 Unfavourable....3				Go to Q1412
Q1410	[FOR THOSE WHO HAVE NEVER DISCUSSED FP WITH THEIR SPOUSE IN Q1407] Have you ever wanted to discuss Family Planning/Child Spacing with your spouse/living together sexual partner?	Yes....1 No....2 Don't Know....8				Go to 1412
Q1411	What prevented you from doing so?	Don't know how to start/Embarrassed...1 Fear of spouse's/partner's reaction...2 Religious reasons..3 Others specify [ ]..6				
Q1412	Would you say you support or do not support couples using Family Planning/Child Spacing methods to avoid getting pregnant?	Support couples using FP....1 Do not support couples using FP 2 No response....9				

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No.	Questions and Filters	Coding categories				Skip To
Q1413	How Important to you personally are the opinions of .....in the use of Family Planning/Child Spacing? **[READ OUT OPTIONS]**		Important	Not important	Not Applicable	
		Spouse	1	2	9	
		Parent	1	2	9	
		Other relatives	1	2	9	
		Son	1	2	9	
		Daughter	1	2	9	
		Religious leaders	1	2	9	
		Health care workers	1	2	9	
		Community leaders	1	2	9	
		School teachers	1	2	9	
		Friends	1	2	9	
Q1414	Do you think the following support or do not support couples using **Modern** Family Planning/Child Spacing or Child spacing methods?		Support	Do not support	Don't know	
		Married persons	1	2	8	
		Parents	1	2	8	
		Men in your community	1	2	8	
		Women in your community	1	2	8	
		Other relatives	1	2	8	
		Friends	1	2	8	
		Religious Leaders	1	2	8	
		Health care workers	1	2	8	
		Community leaders	1	2	8	
		School teachers	1	2	8	
Q1415	Do you think the following support or do not support young people using condoms to protect themselves from HIV and STIs if they are sexually active?		Support	Do not support	Don't know	
		Government	1	2	8	
		Parents	1	2	8	
		Other relatives	1	2	8	
		Friends	1	2	8	
		Religious Leaders	1	2	8	
		Other young persons	1	2	8	
		Health care workers	1	2	8	
		Community leaders	1	2	8	
		School teachers	1	2	8	
Q1416	Who do you think should take the decisions to use Family Planning/Child Spacing?	Wife.....1 Husband....2 Both....3 Either of them.....4 Neither of them....5 Others specify [ ]....7 Don't know....8				
Q1417	**Do you think that there is a need for young persons to delay the age at which they start having sex?**	Yes...1 No.....2				

No.
Q1418
Q1418A
Q1419
Q1420
Q1421
Q1422
Q1423
Q1424

No.	Questions and Filters	Coding categories				Skip To
Q1418	Is it acceptable or not acceptable to you for information on HIV, Family Planning and other sexuality related issues to be provided on..... [READ OUT OPTIONS]		Acceptable	Not acceptable	Don't know	
		Radio	1	2	3	
		Television	1	2	3	
		Print such as newspapers, leaflets	1	2	3	
Q1418A	Do you listen to radio, every day, almost every day, at least once a week, less than once a week or not at all? [SINGLE CODE]	Every day/Almost every day ..... 1 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4 Don't know 8				
Q1419	Do you watch television every day, almost every day, at least once a week, less than once a week or not at all? [SINGLE CODE]	Every day/Almost every day .....1 At least once a week ..... 2 Less than once a week ..... 3 Not at all .....4 Don't know 8				→ Go to Q1426
Q1420	**Have you seen the TV public awareness messages on HIV/AIDS sponsored by the Society for Family Health and the National Action Committee on AIDS over the last 6 months?**	Yes ..... 1 No ..... 2 Don't Know 8				
Q1421	Did you see the Hausa version, the English version of the campaign, or both? **[SINGLE CODE ONLY]**	Hausa version only .....1 English version only .....2 Both versions.....3				} Go to Q1423
Q1422	Which version did you prefer?	Hausa version only .....1 English version only .....2 None.....3				
Q1423	What is the name of the person you saw in the public awareness messages? **[DO NOT READ OUT OPTIONS;** **PROBE FULLY;** **MULTIPLE CODES POSSIBLE;]**	Femi Kuti.....1 Fati Mohammed.....1 A guy playing a saxophone.....1 A Hausa Actress.....1 Julius Aghahowa.....1 Sultan Macchido (Sultan of Sokoto).....1 Others specify [ ]...1 Don't Know.....8				
Q1424	Which messages can you remember from the campaign? **[DO NOT READ OUT OPTIONS;** **PROBE FULLY;** **MULTIPLE CODES POSSIBLE;]**	AIDS is real.....1 HIV is transmitted through sex.....1 AIDS has no cure.....1 You can't know who has HIV.....1 Protect your future, use a condom.....1 Stay faithful to one partner.....1 Abstain till marriage.....1 Do not share sharp objects.....1 Protect your family from HIV/AIDS...1 It is your responsibility as a man to protect your family from HIV/AIDS....1 Others specify [ ]...1				

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Q1425	Has this TV campaign influenced your views about HIV/AIDS?	Yes ..... 1 No 2	
Q1426	Have you heard of the radio program **"One Thing At A Time"?**	Yes.....1 No.....2	→ Go to **Q1428**
Q1427	How frequently do you listen to **One Thing at A Time?**	Twice a week.....1 Once a week.....2 Once in two weeks...3 Occasionally....4 Only once since it started...5 Never....6	
Q1428	Have you heard of the radio program **'Gari Muna Fata'?**	Yes.....1 No.....2	→ Go to **Q1430**
Q1429	How frequently do you listen to **Gari Muna Fata?**	Twice a week.....1 Once a week.....2 Once in two weeks.....3 Occasionally....4 Only once since it started...5 Never.....6	
Q1430	Have you heard of the radio program **'Abule Olokemerin'?**	Yes.....1 No.....2	→ Go to **Q1432**
Q1431	How frequently do you listen to **Abule Olokemerin?**	Twice a week.....1 Once a week.....2 Once in two weeks....3 Occasionally....4 Only once since it started...5 Never....6	
Q1432	Have you heard of the radio program **'Odejinjin'?**	Yes.....1 No.....2	→ Go to **Q1434**
Q1433	How frequently do you listen to **Odenjinjin?**	Twice a week.... 1 Once a week.....2 Once in two weeks....3 Occasionally....4 Only once since it started...5 Never.....6	

No.	
Q1434	
Q1435	
Q1436	
Q1438	
Q1439	
Q1440	
Q1441	
Q1442	
Q1443	
Q1444	
Q1445	
Q1447	
Q1448	

No.	Questions and filters	Coding categories	Skip to
Q1434	CHECK Q1426,Q1428,Q1430,Q1432. DID RESPONDENT ANSWER YES TO ANY OF THE QUESTIONS? YES/NO _	-- -- -- --	— Go to Q1438
Q1435	Has the drama influenced your views about Family Planning?	Yes.....1 No.....2	
Q1436	Has the drama influenced your views about HIV/AIDS?	Yes.....1 No.....2	
Q1438	During the last six months did you hear a radio program called **'Ku Saurara'** or **'Kurciya '**?	Yes.....1 No.....2 Don't know.....8	Go to Q1442
Q1439	What is the program mainly about?	Health of the Youth.....1 Reproductive health.....2 HIV/AIDS.....3 Youth Empowerment/Development.....4 Others specify[ ]...7	
Q1440	Do you find the program ? informative or not	Informative.....1 Not informative.....2	
Q1441	Do you find the program entertaining or not?	Not entertaining .....1 Entertaining 2	
Q1442	During the last six months, did you hear a radio program called Dunniya J'atau?	Yes....1 No.....2 Don't know.....8	Go to Q1446
Q1443	What is the program mainly about?	Health of the Youth.....1 Reproductive health.....2 HIV/AIDS.....3 Youth Empowerment/Development.....4 Others specify[ ]...7	
Q1444	Do you find the program informative or not?	Informative.....1 Not informative.....2	
Q1445	Do you find the program entertaining or not?	Not entertaining.....1 Entertaining.....2	
Q1447	During the last six months did you hear a radio program called **'A New Dawn'** or **'Ayedotun'** ?	Yes....1 No.....2 Don't know.....8	Go to Q1451
Q1448	What is the program mainly about?	Health of the Youth.....1 Reproductive health.....2 HIV/AIDS.....3 Youth Empowerment/Development.....4 Others specify[ ]...7	

No.	Questions and filters	Coding categories	Skip to
Q1449	Do you find the program informative or not?	Informative.....1 Not informative.....2	
Q1450	Do you find the program entertaining or not?	Not entertaining.....1 Entertaining.....2	
Q1451	Do you recall any road shows talking about HIV/AIDS in your community in the last six months?	Yes.....1 No.....2	→ Go to Q1454
Q1452	Describe the show(s)	Men standing on a truck.....1 Drama show.....1 Men with megaphone.....1 Public meeting.....1 Others specify[ ].....1	
Q1453	Has this road show influenced your views about HIV/AIDS?	Yes.....1 No.....2	
Q1454	Do you know where you can obtain information about HIV/AIDS?	Yes.....1 No.....2	→ Go to Q1455
Q1454B	Where can you obtain information about HIV/AIDS? **[PROBE FULLY, MULTIPLE RESPONSES ALLOWED]**	Government hospital/health center/post.....1 Private health centre/hospital.....1 Pharmacy.....1 Patent medicine store.....1 NGO office/hospital/clinic.....1 Church.....1 Mosque.....1 Relatives.....1 Friends.....1 Print media such as leaflets, newspapers.....1 Electronic media such as television, radio.....1 Others specify[ ].....1	
Q1455	During the past 12 months, have you discussed about HIV/AIDS with somebody?	Yes.....1 No.....2	→ Go to Q1457
Q1456	Who did you discuss about HIV/AIDS with?	Parent.....1 Son.....1 Daughter.....1 Spouse.....1 Other sexual partner.....1 Other Relative male.....1 Other relative female.....1 Friend.....1 Neighbour.....1 Others specify[ ].....1	
Q1457	During the past 12 months, did you encourage someone to use condoms to avoid contracting HIV or other sexually transmitted diseases?	Yes.....1 No.....2	
Q1458	During the past 12 months, did you encourage someone to abstain to avoid contracting HIV or other sexually transmitted diseases?	Yes.....1 No.....2	
Q1459	During the past 12 months, did you encourage someone to use a modern Family Planning/Child Spacing Method?	Yes.....1 No.....2	

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Q1460	In y l s or c /AI
Q1461	Do n w to AI I pe 6
Q1462	D pe / r
Q1463	D 9

THANK YOU

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No.	Questions and filters	Coding categories				Skip to
Q1460	In your view, do you feel the following institutions support or do not support HIV /AIDS activities? [READ OUT]		Support	Do not support	DK	
		Christian religious groups	1	2	8	
		Islamic religious groups	1	2	8	
		Political parties	1	2	8	
		Traditional rulers	1	2	8	
		Media	1	2	8	
		Federal Government	1	2	8	
		Private companies	1	2	8	
		State Government	1	2	8	
		Local Government	1	2	8	
		NGO/CBOs	1	2	8	
		Community leaders	1	2	8	
Q1461	Do you know of someone who has been required to have **Mandatory** testing for HIV, the virus that causes AIDS? Mandatory means when people are required to get tested for HIV by the authorities.	Yes.....1 No.....2				
Q1462	Do you feel that the rights of people with AIDS or those with the virus that causes AIDS are protected in Nigeria?	Yes.....1 No.....2 Don't Know.....8				
Q1463	Do you think that people talk openly about AIDS in Nigeria?	Yes.....1 No.....2				

THANK YOU VERY MUCH FOR YOUR TIME.

INTERVIEW CLOSING TIME..... DATE.....

LANGUAGE(s) THAT INTERVIEW WAS CONDUCTED IN.....CODE.....

STATE SUPERVISOR'S COMMENTS.....

.....

Name..... **Signature.....**