

THE STATE OF NIGERIAN CHILDREN

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CONTENT

Introduction

Child Mortality

Child Health

HIV/AIDS Epidemiology

Education

Recommendations

Population Overview

Maternal and Newborn Health

Adolescent Health

HIV/AIDS Intervention Coverage

Child Protection

Conclusion

INTRODUCTION

This presentation examines the profound and sobering reality of the state of Nigerian children. It is with both a sense of urgency and a deep commitment to change that we present this comprehensive overview, drawing insights from the **latest available data**, particularly from **UNICEF's** invaluable "**The State of the World's Children**" report, reflecting values at the end of **2021**.

Nigeria, a land of vibrant cultures and boundless potential, is home to over 106 million children under the age of 18, comprising about half of its total population.

Within this diverse demographic, approximately 34.8 million children are under the age of five, representing 16% of the nation's population. These numbers, though impressive, hold profound implications for the health, well-being, and future of these young citizens

This presentation is structured to explore critical dimensions of the state of Nigerian children, touching upon areas of child mortality, maternal and newborn health, child immunization, child health, adolescent health, HIV/AIDS epidemiology, education, child protection, and more. It aims to shed light on the multifaceted challenges they face, as well as the opportunities for positive change that lie ahead.

POPULATION OVERVIEW



CHILDREN UNDER
18 YEARS

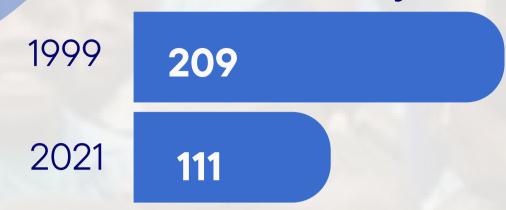
50%Total
Population

16%
Total
Population

34,830,799

CHILDREN UNDER
5 YEARS

Under-five mortality rate



Neonatal mortality rate



Mortality rate among children aged 5–14 years



CHILD MORTALITY

Under-five mortality rate -

Number of children who die out of every 1,000 children born before they reach the age of 5.

Neonatal mortality rate - Number of children who die out of every 1,000 children born between the first 28 days of life.

Mortality rate among children aged 5 to 14 years -

Number of children who die out of every 1,000 children born between the age of 5 and 14

276,463Under-five deaths,2021

276,463

Neonatal deaths, 2021

852,298

Deaths among children aged 5–14 years, 2021

MATERNAL AND NEWBORN HEALTH



53 Years

Life expectancy at birth

Number of years newborns would live if subjected to the mortality risks at the time of their birth.

Antenatal Care (At least 1 visit)

Percentage of pregnant adolescent girls and women (aged 15–49) attended by skilled health personnel at least once.

Postnatal health check (for Newborn)

Percentage of last live births in the last two years who received a health check within two days after delivery

Postnatal health check (for Mothers)

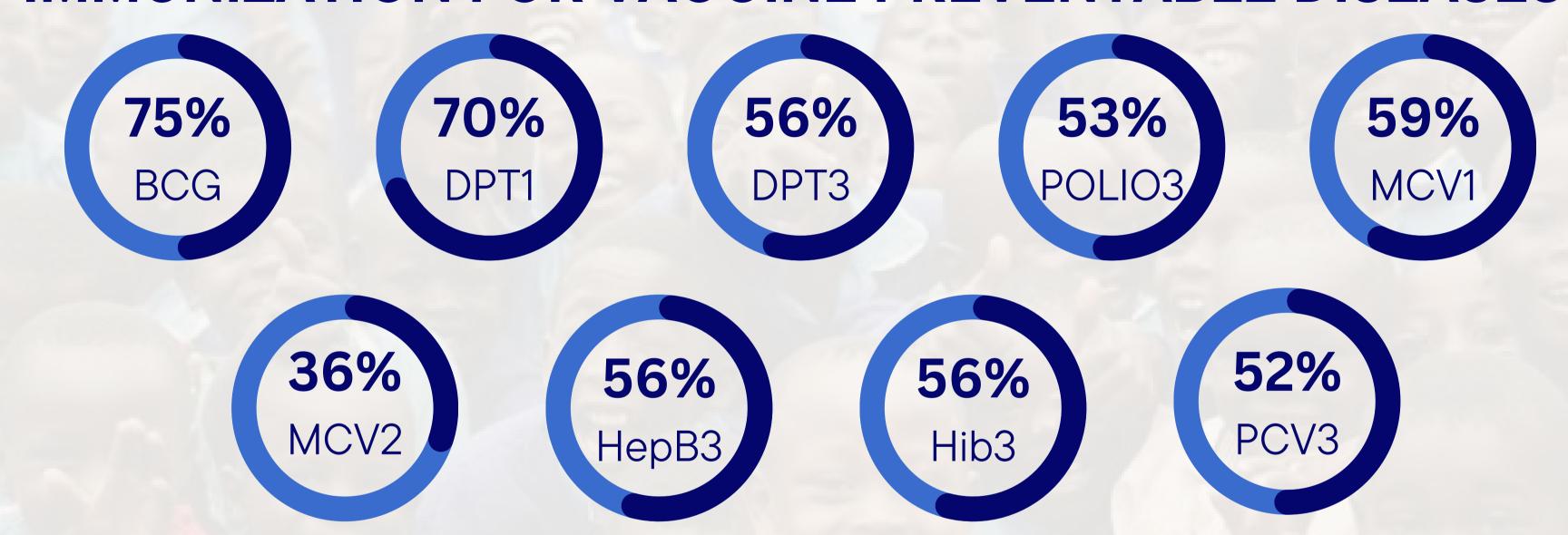
Percentage of adolescent girls and women (aged 15–49) who received a health check within 2 days after delivery of their most recent live birth in the last 2 years

67%

38%

42%

CHILD HEALTH IMMUNIZATION FOR VACCINE PREVENTABLE DISEASES



Percentage of surviving infants who received:

BCG - bacilli Calmette-Guérin (vaccine against tuberculosis).

DTP1 – 1st dose of diphtheria, pertussis and tetanus vaccine.

DTP3 – 3 doses of diphtheria, pertussis and tetanus vaccine.

Hib3 – 3 doses of Haemophilus influenzae type b vaccine.

Polio3 – 3 doses of the polio vaccine.

HepB3 – 3 doses of hepatitis B vaccine.

MCV1 – 1st dose of the measles-containing vaccine.

PCV3 –3 doses of pneumococcal conjugate vaccine.

MCV2 -2nd dose of measles-containing vaccine as per national schedule.

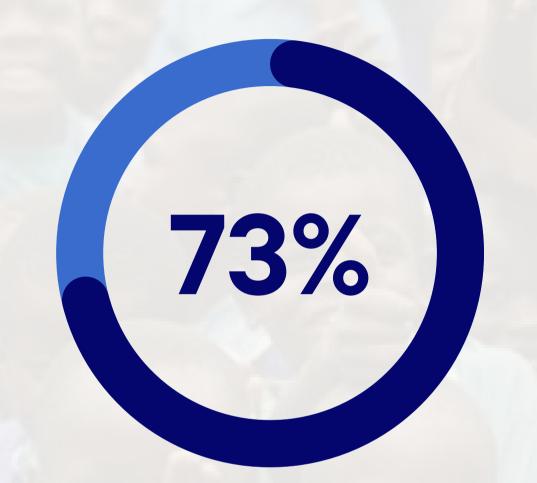
CHILD HEALTH PNNEUMONIA AND DIARRHOEA



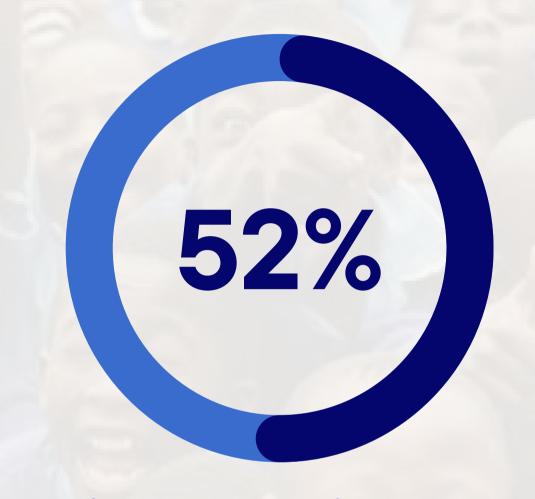
Percentage of children under age 5 with symptoms of pneumonia (cough and fast or difficult breathing due to a problem in the chest) in the two weeks preceding the survey for whom advice or treatment was sought from a health facility or provider.

Percentage of children under age 5 who had diarrhoea in the two weeks preceding the survey and who received oral rehydration salts (ORS packets or pre-packaged ORS fluids).

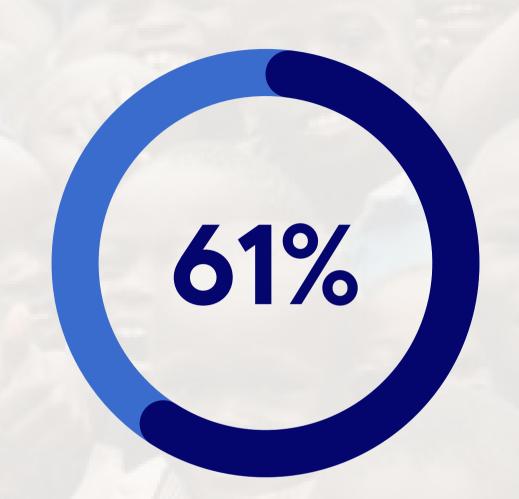
CHILD HEALTH MALARIA



Care seeking for children with fever - Percentage of children under age 5 with fever for whom advice or treatment was sought from a health facility or provider.



Children sleeping under
ITNs - Percentage of children
under age 5 who slept under
an insecticide-treated
mosquito net the night prior
to the survey.



Households with at least one ITN - Percentage of households with at least one insecticide—treated mosquito net..

ADOLESCENT HEALTH

15
Mortality
rate

Number of adolescents aged 10 to 19 years who die out of every 1,000 adolescents aged 10.

73,790Adolescent

deaths

Number of deaths of adolescents aged 10 to 19.

106
Birth
rate

Number of births

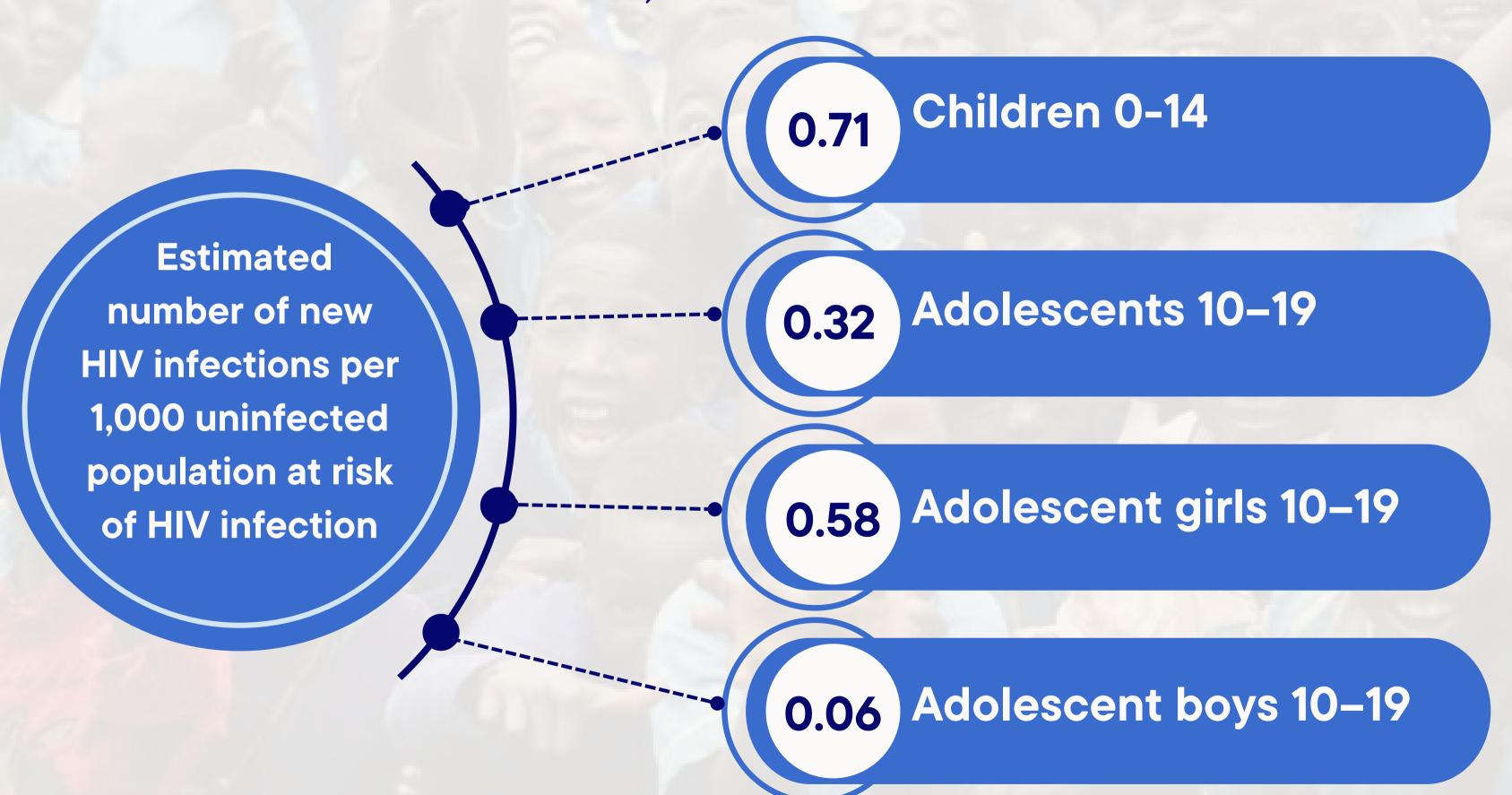
per 1,000
adolescent girls
and young
women aged 15
to 16.
(2016–2021)

15
Births by age 18

DHS, MICS and other national household surveys (2016–2021)

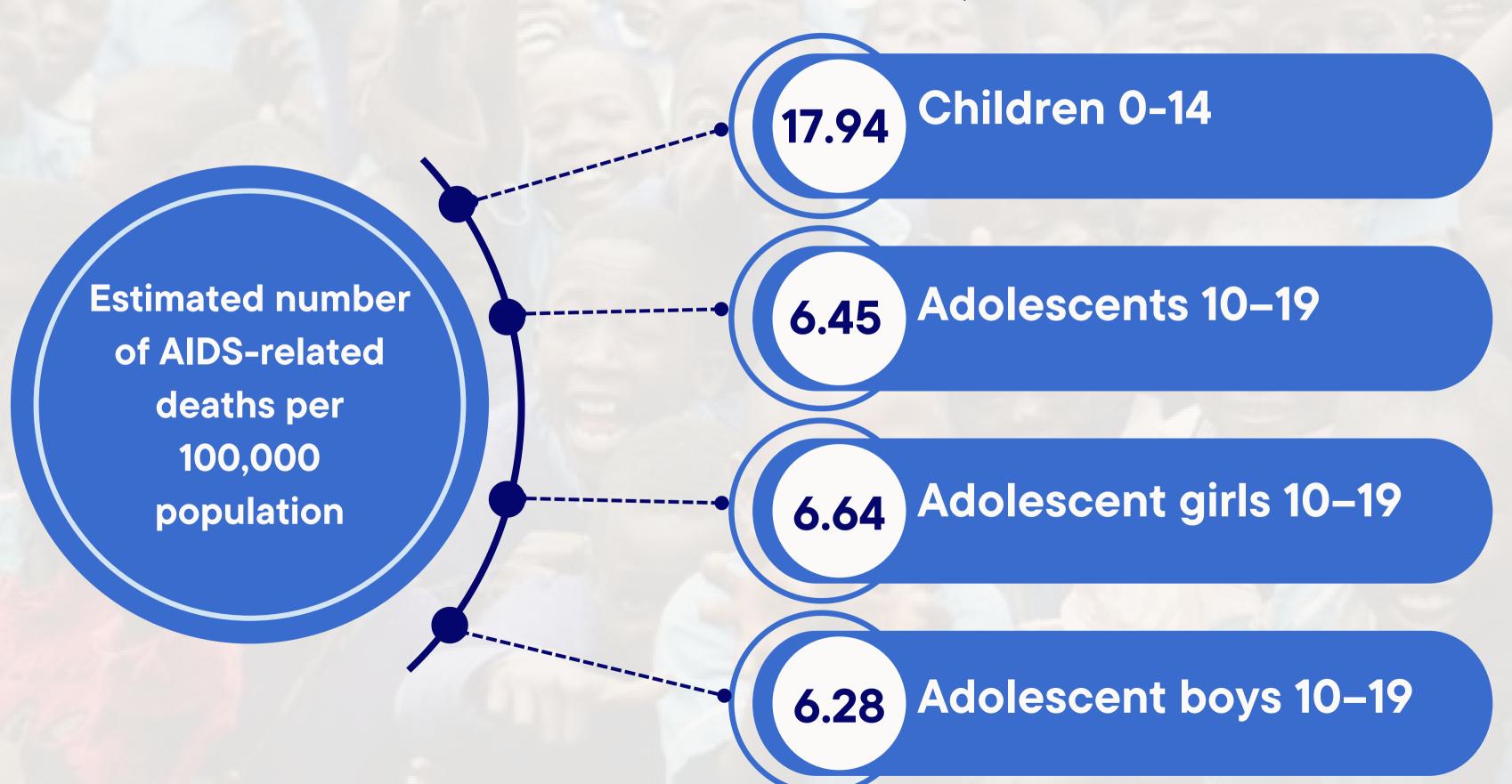
HIV / AIDS EPIDEMIOLOGY

HIV INCIDENCE PER 1,000 UNINFECTED POPULATION



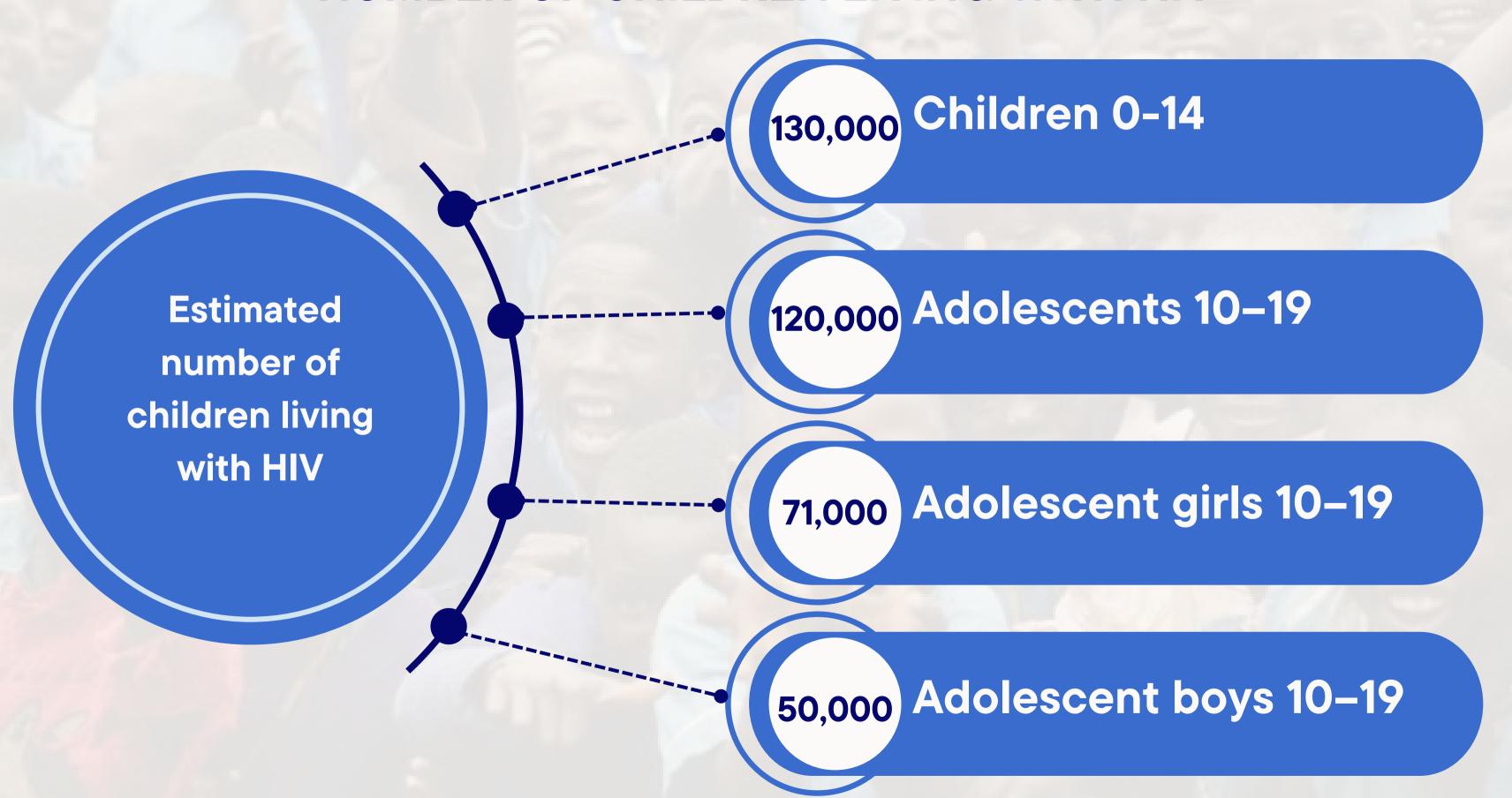
HIV / AIDS EPIDEMIOLOGY

AIDS-RELATED MORTALITY PER 100,000 POPULATION



HIV / AIDS EPIDEMIOLOGY

NUMBER OF CHILDREN LIVING WITH HIV



HIV / AIDS INTERVENTION COVERAGE

PREGNANT WOMEN AND CHILDREN LIVING WITH HIV RECEIVING ART



34%

Percentage of pregnant women living with HIV receiving effective ARVs for PMTCT

31% 60% 0-14 Years 14-19 Years

Percentage of children living with HIV who received antiretroviral therapy (ART)



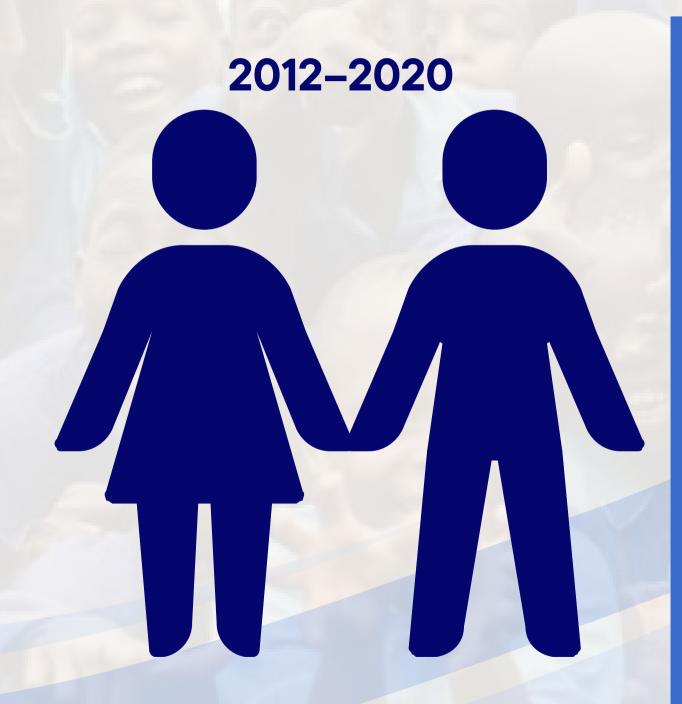
HIV / AIDS INTERVENTION COVERAGE

ADOLESCENTS

COMPREHENSIVE KNOWLEDGE

29% 38% Male Female

Percentage of adolescents aged 15-19 who have comprehensive knowledge of HIV



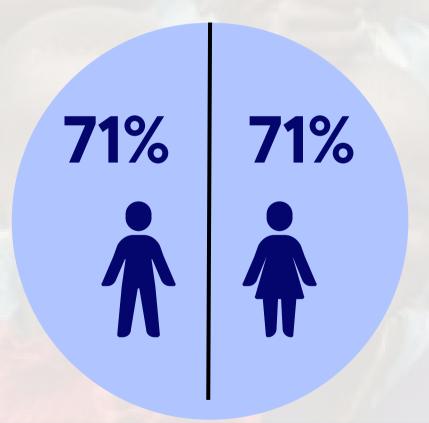
CONDOM USE

62% 43% Male Female

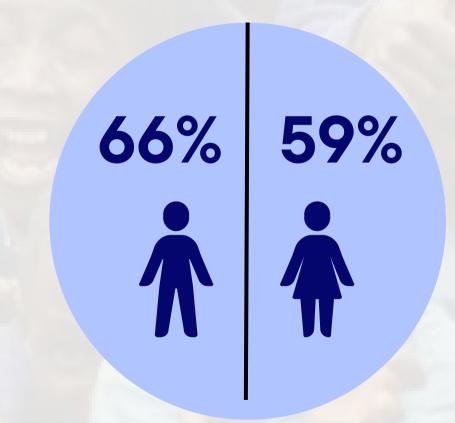
Percentage of adolescents aged 15-19 who had more than one sexual partner reporting the use of a condom during their last sexual intercourse in the last 6 months

EDUCATION COMPLETION RATE

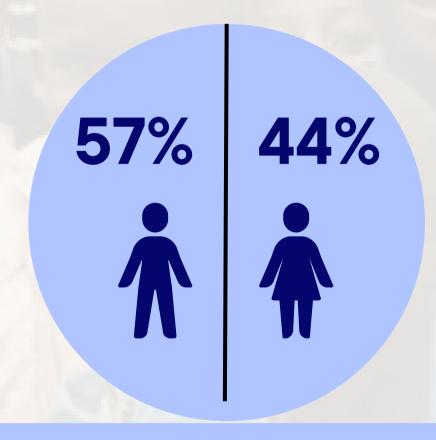
Number of children or young people aged 3 -5 years above the intended age for the last grade of primary, lower secondary and upper secondary education who have completed the last grade of primary, lower secondary and upper secondary school, **2013–2021**.



Primary education

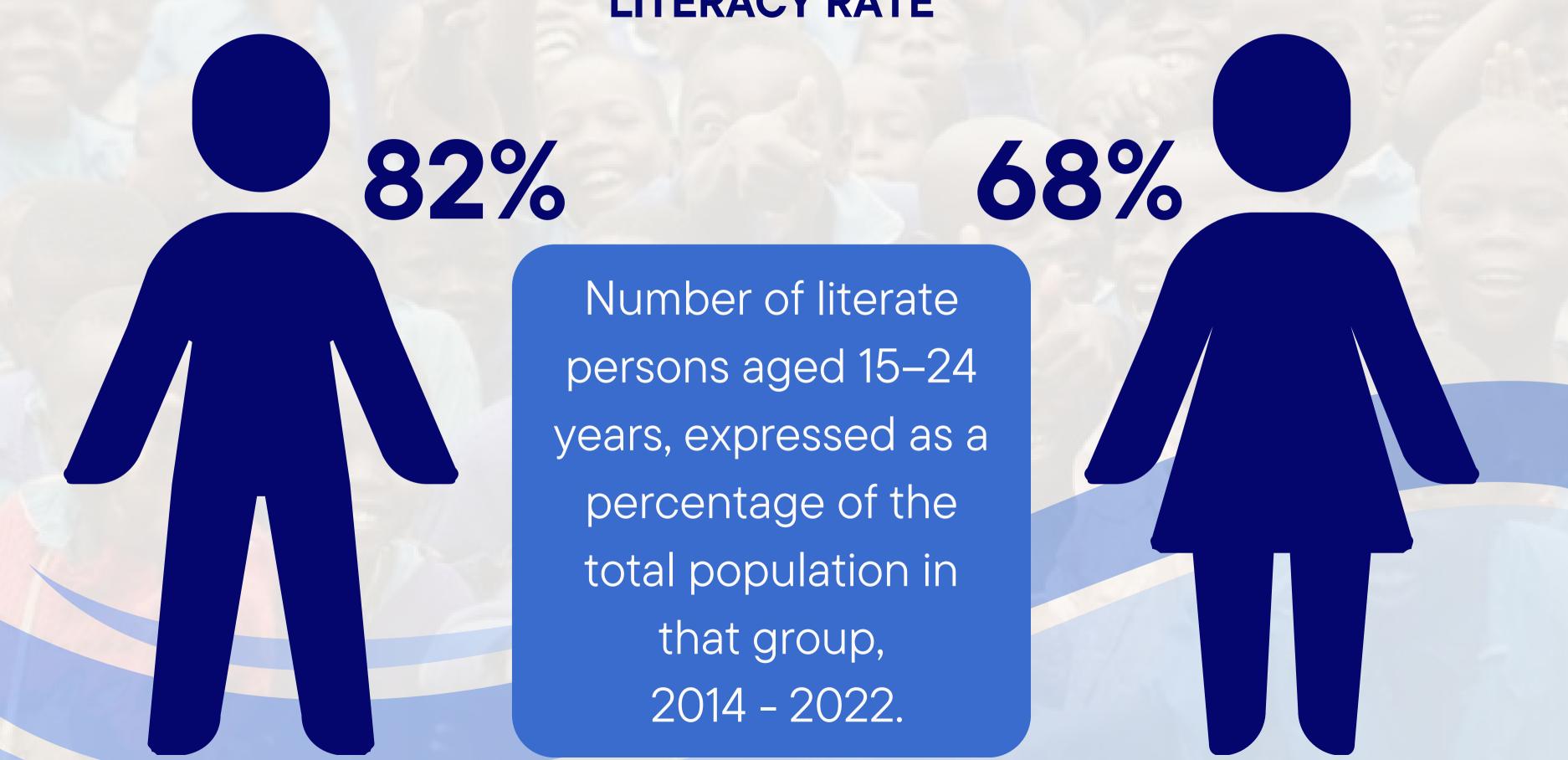


Lower secondary education



Upper secondary education

EDUCATION LITERACY RATE



CHILD PROTECTION CHILD LABOUR



Percentage of children 5–17 years old involved in child labour at the moment of the survey (2013 - 2021). A child is considered to be involved in child labour under the following conditions:

- Children 5–11 years old who, during the reference week, did at least one hour of economic activity and/ or more than 21 hours of unpaid household services.
- Children 12–14 years old who, during the reference week, did at least 14 hours of economic activity and/or more than 21 hours of unpaid household services.
- Children 15–17 years old who, during the reference week, did at least 43 hours of economic activity.

CHILD PROTECTION

CHILD MARRIAGE

3%



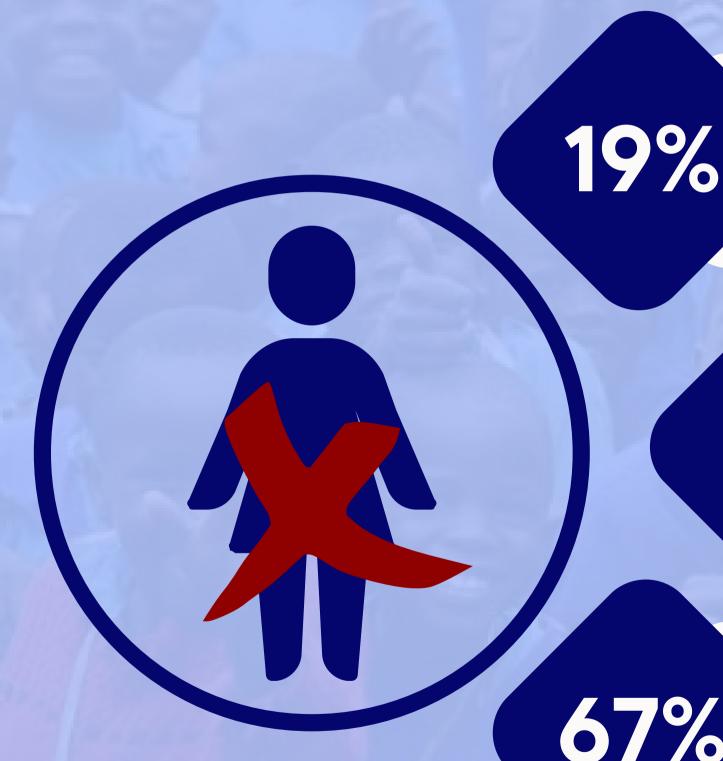
Percentage of men 20–24 years old and women 20–24 years who were first married or in union before they were 18

years old,
2015 - 2022.





CHILD PROTECTION FEMALE GENITAL MUTILATION (FGM)



Prevelance - Girls

percentage of girls 0–14 years old who have undergone FGM (as reported by their mothers)

)% Pre

Prevelance - Women

percentage of women 15–49 years old who have undergone FGM

pe

Attitude - Want the practice to stop

percentage of women 15–49 years old who have heard about FGM and think the practice should stop.

Female genital mutilation

CHILD PROTECTION

VIOLENT DISCIPLINE

85%

Percentage of children 1–14 years old who experience any violent discipline (psychological aggression and/or physical punishment) in the past month, 2013 - 2021



CHILD PROTECTION

JUSTIFICATION OF WIFE-BEATING AMONG ADOLESCENTS



29% 38% Male Female

Percentage of girls and boys 15–19 years old who consider a husband to be justified in hitting or beating his wife for at least one of the specified reasons, i.e., if his wife burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations.



RECOMMENDATIONS

In light of these findings, we propose the following recommendations to address the state of Nigerian children:

- Strengthen Healthcare Services: Invest in healthcare infrastructure and workforce training to improve access to quality healthcare for pregnant women, newborns, and children of all ages.
- Immunization Outreach: Implement targeted immunization programs to ensure high coverage for all vaccines, particularly those with lower uptake.
- Adolescent Health Programs: Develop and expand comprehensive health education and services for adolescents, including sexual and reproductive health, and HIV prevention.

- Education Equity: Address disparities in education access and completion rates by investing in infrastructure, teacher training, and curriculum development.
- Child Protection Measures: Strengthen child protection systems to combat child labor, child marriage, and FGM. Promote non-violent discipline and awareness campaigns.
- **HIV/AIDS Prevention:** Focus on prevention strategies, comprehensive knowledge dissemination, and condom use among adolescents to combat the HIV/AIDS epidemic.
- Data-Driven Decision-Making: Continuously gather and analyze data to inform evidence-based policies and programs that address the specific needs of Nigerian children.

CONCLUSION

In conclusion, our journey through the state of Nigerian children has unveiled a complex and multifaceted landscape. We have delved into critical areas that demand our attention and concerted efforts. The data has revealed both progress and persistent challenges, and it is our collective responsibility to act upon these insights.

As we reflect on the key findings from child mortality to education, maternal and newborn health to child protection, and HIV/AIDS to adolescent health, it is clear that there is much work to be done. While we celebrate the improvements made in some areas, we must remain steadfast in addressing the disparities and challenges that still exist.

The well-being and future of Nigerian children are non-negotiable. It is imperative that we take the knowledge gained from this presentation and turn it into actionable steps. By strengthening healthcare services, improving education access, and enhancing child protection measures, we can make tangible differences in the lives of these young citizens.

We urge all stakeholders, from policymakers to civil society, healthcare professionals to educators, and parents to community leaders, to come together with a shared commitment. Together, we can ensure that every Nigerian child is given the opportunity to thrive, regardless of their circumstances.

The future of Nigeria rests in the hands of its children, and it is our duty to empower them, nurture their potential, and create an environment where they can flourish.

