Ethnicity, Religion, and Demographic Behavior in Nigeria

21

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Nigeria, like many countries in sub-Saharan Africa (SSA), is made up of a complex mix of ethnic, religious, and regional groups. This diversity creates a web of individual, intersecting, and recursive identities, which are considered by many to be the main sources of the violent conflicts that frequently erupt there (Internal Displacement Monitoring Centre 2009; Smyth and Robinson 2001; Osaghae and Suberu 2005). Ethnic, religious and regional identities generate the fiercest contestation among Nigeria's estimated 250–400 ethnic groups around the control of state power, resource allocation, and citizenship. Consequently, disintegration, secession, civil strife, civil war, minority agitation, and violent conflicts, are recurrent common threats or actual occurrences in post independence Nigeria (Osaghae and Suberu 2005).

Ethnic identity is the most basic and politically salient form of identity in Nigeria. In competitive and non-competitive settings, Nigerians are more likely to define themselves in terms of their ethnic affinities than any other identity. Achebe (1984) underscored ethnic ubiquity when he wrote that a Nigerian child seeking admission to a federal school, a student seeking to enter university, a graduate seeking employment in public service, a businessman tendering for a contract, or a citizen applying for a passport, filing a report with the police, or seeking access to any of the hundred thousand avenues controlled by the state, will sooner or later fill out a form which requires him to confess his tribe (or less crudely and more hypocritically, his state of origin).

In addition to ethnicity, religious identity is also important in Nigeria; religion is usually classified as one of three categories – Christian, Muslim, or Traditional. Of the three, Christian and Muslim identities have been the mainstay of differentiation and conflict, with Nigerian Muslims much more likely to express a religious identity compared to their Christian counterparts (Lewis and Bratton 2000; Osaghae and Suberu 2005). Closely related to the first two identities is the third, which is regional identity. This third identity evolved from the North and South regional structures created and consolidated by the colonial authorities in the process of state formation in Nigeria. These two regions were administered separately even after the two units were amalgamated in 1914. The introduction of a three- region structure (North, East, and West) in 1946, and a fourth region, the Mid-West, in 1963, added to the fray. The creation of 36 states and a federal capital territory and six nominal geopolitical zones did not alter the meaning of regional

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identities established around the "North for Northerners", "East for Easterners" and "West for Westerners." These identities have entrenched and strengthened a discriminatory system under which indigenous groups have routinely prevented settlers from owning land or businesses, or accessing political power, jobs and education, inevitably causing tensions (Internal Displacement Monitoring Centre 2009).

The inter-connectedness of ethnic, religious, and regional identities and their often mutual reinforcement is shown by their sometimes being compounded as ethno-regional and ethno-religious. The ethno-regional reference evolved from the old regional structures of the Nigerian federation, where identities were shaped by leaders of the dominant ethnic groups – Hausa/Fulani in the Northern region, Igbo in the Eastern region, and Yoruba in the Western region – that exercised some form of hegemonic control over the regions. This is the sense in which conflicts among the three dominant groups are generally referred to as ethno-regional. Similarly, ethno- religious identities have been used to differentiate the predominantly Muslim North from the predominantly Christian South. These categories have also been used to differentiate the dominant Muslim group in the North from the non-Muslim minorities in the region. Indeed, unlike the South, where majority groups are distinguished from minority groups on the basis of ethnicity, majority-minority distinctions in the North have been more religious than ethnic. Thus, conflicts between Hausa/Fulani and minority ethno-religious groups are described as ethno-religious. Moreover, the increased politicization of religion by the state, including the adoption of Islamic penal law by several Northern states in the Fourth Republic, has led to the generalization of ethno-religious conflicts all over the country (Osaghae and Suberu 2005).

Nigeria's complicated web of ethnic and religious identities and history of chronic and seemingly intractable conflicts and instability has been linked to specific demographic behavior and outcomes. The chapter begins with a brief historical overview of Nigeria and its challenge of ethnic, regional, and religious conflict. This section is followed by five sub-sections examining the ethnic and religious dimensions of, in turn, (a) the country's population structure; (b) fertility; (c) morbidity and mortality; (d) migration; and (e) other socio-demographic outcomes. We particularly focus on the phenomenon of overlapping stratification in Nigeria for those living in the North who are Muslim or Traditionalist, and how poverty is concentrated among these groups, compounded by rural residence, agricultural employment, high fertility, and low levels of education. We discuss the methodological issues surrounding the measurement of ethnicity and religion, future research needs, and data availability and data quality challenges. Finally, in the concluding sub-section of the chapter, we outline key elements of future demographic trends and population policy options in Nigeria. Much of the demographic analysis is based on data from the 2003 and 2008 Demographic and Health Surveys, but when other data sources are used, they are cited.

The History of Ethnic, Religious, and Regional Conflict in Nigeria

Pre-colonial History of Ethnic Groups

Prior to British colonization, the territory called Nigeria was occupied by different ethnic groups that interacted mainly through trade and, in some cases, warfare. They existed as autonomous socio-cultural, political, and economic units. The North was dominated by monarchical feudal formations: the Hausa-Fulani emirates and the Igala and Jukun kingdoms. The South was dominated by several kingdoms and empires such as the Edo, the Yoruba, and various clans, including the Igbo. In the Niger Delta, the kingdoms of the Efik and Izon were predominant (Anikpo 2002). These autonomous formations and structures were disrupted by the British colonial intervention, which began with the annexation of Lagos colony in 1861. The establishment of the Protectorate of Yorubaland followed in the 1880s and 1890s. The Protectorates of Northern and Southern Nigeria were established in 1900 and amalgamated as the British colony of Nigeria in 1914.

British Colonialism and Independence

The British colonial administration introduced "indirect rule," a strategy of governance that gave power to the traditional rulers who administered their people on behalf of the colonial authority. The system distanced ethnic groups from each other, reinforced ethnic divisions, and complicated the task of welding diverse elements into a Nigerian nation (Coleman 1958:194; Nnoli 1980:113). In Northern Nigeria, the indirect rule system enabled the Islamic Sokoto Caliphate to extend its influence and rule over the non-Muslim areas, to the chagrin of the ethnic minorities there. Even after independence in 1960, the perception of the Caliphate as a symbol of domination remained a constant source of tension and suspicion between the Muslim and non-Muslim communities in northern Nigeria. Segregation within the Nigerian colony was reinforced by colonial laws that limited the mobility of Christian Southerners to the Muslim North, created a separate settlement for non- indigenous citizens in the North, and limited the purchase of land outside one's own region (Afigbo 1989; Okonjo 1974). Prejudice and ethnic hatred became rife in the provinces and unequal and differential treatment of ethnic groups created disparities in educational achievement and widened the political and economic gap between northern and southern Nigeria.

The single most divisive policy of the British, however, involved the establishment during the late colonial era in 1954 of a federal structure of three units, namely, the northern, western, and eastern regions (Osaghae and Suberu 2005). The tripartite federal structure particularly fostered ethnic majority chauvinism and secessionism by erecting the boundaries of the northern, western and eastern regions around the identities of the major ethnic groups: Hausa-Fulani, Yoruba, and Igbo respectively. This structure denied the country's non-Hausa-Fulani, non-Yoruba and non-Igbo groups the security of their own regions, fuelled ethnic minority agitations and encouraged an enormous degree of ethno-regional polarization. The imbalanced structure became even more structurally lopsided with the creation of the Mid-West region in the south in 1963. These contradictions have bred inter-ethnic violence before independence, immediately after, and ever since. The 1953 Kano riot presaged subsequent large-scale ethnic violence in Nigeria, including the 1966 anti-Igbo massacre in Kano and other northern cities that would accelerate the country's descent into catastrophic civil war (Suberu and Diamond 2003). Consequently, the stage for the explosion of violent identity conflicts in post-independence Nigeria and the huge challenge of national restructuring that would be required to hold Nigeria's multiple identity constituencies together in a single political community, was firmly set up during the colonial era (Osaghae and Suberu 2005).

Civil War (1967–1970)

Since 1960, when Nigeria declared its independence, the country has been fraught with ethnic politics whereby the elite from different ethnic groups scheme to attract as many federal resources to their regions as possible, neglecting issues that could have united the country. The anarchy, competition, and insecurity led to the demise of the first republic in 1966. Military intervention culminated in the gruesome ethnic war from 1967 to 1970, when the Igbo of eastern Nigeria (Biafrans) threatened to secede from the federation. The Igbo grievances were caused by the denial of their basic human needs of equality, citizenship, autonomy, and freedom (Burton 1997), and in the ensuing civil war the Igbo lost a great deal in terms of lives, money, and its image in the world. It is estimated that about two to three million people may have died due to the conflict, most from hunger and disease. Reconstruction, helped by the oil money, was pursued after the war but the old ethnic and religious tensions remained a constant feature of Nigerian politics, with accusations of Nigerian government officials diverting resources meant for reconstruction in the former Biafran areas to their ethnic localities.

Military Rule

While the politicians tried to cope with the colonial legacy that lumped incompatible ethnic groups into one country, the military elites staged coups and counter-coups beginning with the January 15, 1966 coup that led to the July 1966 counter-coup that ushered in the civil war in 1967. The corruption, ineptitude, and confusion that marked the military era plunged Nigeria into economic problems, poverty, and ethno-religious conflicts until the 1990s. The military intervened because they viewed the civilian leaders as inept, corrupt, and indecisive.

However, military rule was widely distrusted by Southerners, because they were seen as focused on maintaining Hausa-Fulani hegemony in Nigeria. The distrust boiled over following the annulment of the June 12, 1993 presidential election, won by Chief Moshood Abiola, a Yoruba from southwestern Nigeria. In retaliation, southern Nigerians began to form militant organizations to protest unfair treatment and to demand a democratically-elected government.

During the authoritarian rule of General Sani Abacha, a Muslim from the North, Southerners increasingly feared political marginalization and demanded an end to the Hausa-Fulani domination of the political arena.

Ethnically-inspired protest groups emerged across the country, some threatened secession, and violent protests intensified across the country. General Sani Abacha used brutal tactics to keep ethnic rivalries in check, but it was not only during military rule that conflicts occurred. Since the election of a democratic government in 1999 and throughout Olusegun Obasanjo's 8-year presidency, ethnic conflicts surged in both number and intensity, as various ethnic groups demand political and fiscal restructuring of the federation.

Oil Industry, Land, and Resource Conflicts

In addition to the regional political conflicts, the Niger Delta region has been the scene of violent competition for land, political power, and oil wealth. The government's failure to ensure security, limit environmental damage, deliver social development, or establish effective local institutions led to an armed insurgency that escalated dramatically in early 2006. Moreover, there is a religious dimension to the ethnic competition for power and oil wealth in Nigeria over the period. The multiple ethno-religious conflicts in the northern cities of Kano, Kaduna, Jos, and Zamfara spring from the introduction of Muslim Sharia laws, and the South's demands for autonomy and oil resource control have continued to bedevil the national's political system.

Militias have clashed with the Nigerian army, kidnapped numerous foreign workers, and destroyed installations (Internal Displacement Monitoring Centre 2009). Estimates suggest that about 480,000 persons were displaced between 2006 and 2008 in oil-related clashes in the region. The 2009 fighting between government forces and militants of the Movement for the Emancipation of the Niger Delta (MEND) displaced thousands of people as well. Consequently, Ikelegbe (2006) concluded that the economic interface between the Nigerian state, multinational oil companies, the international community, and youth militias underpins the extensive proliferation of arms and the pervasiveness of crime, violence, and communal/ethnic conflicts in the Niger Delta. In recent months, relative calm is returning to the region following programs for disarmament, demobilization, and rehabilitation, including amnesty for militants and increased allocation of the Delta's oil revenues to the region. The urgent need for economic and human development of the Delta region, including the creation of the Ministry for Niger Delta Affairs to focus on the development of infrastructure and the empowerment of the youth population, have become a new flagship intervention program of the federal government (Government of Nigeria 2008).

Muslim and Christian Conflicts and Anti-government Sectarian Violence

Religion is also a major source of continued conflict in modern Nigeria. As mentioned, religious identity is closely related to ethnicity in Nigeria.

In parts of the North commonly referred to as the 'core' or 'Hausa-Fulani North' – which roughly coincides with those states that adopted Sharia law in the Fourth Republic – religious [Muslim] identity is more critical than ethnic identity, and in fact serves to activate ethnicity (Abah and Okwori 2003), with Nigerian Muslims much more likely to articulate a religious identity than Christians (Lewis and Bratton 2000). In the last three decades, Nigeria has experienced a surge of radical and fundamentalist activities, especially among Muslim youth, resulting in the emergence of some fundamentalist sects, notably the Maitatsine, the Izala movement, the Muslim Brothers or Shiites, and, most recently, the Taliban, who demand, among other things: a pure Islam based on Sharia law, the eradication of 'heretical' innovations, and the establishment of an Islamic state or theocracy. The activities of these sects were a major cause of the religious conflicts that proliferated in the North during the 1980s and 1990s. Most of these involved conflicts between Muslims and Christians, with ethnic undertones, but some, especially those involving the Izala and (recently) the Boko Haram, also entailed anti-state mobilization that demanded the eradication of all dimensions of Western civilization— including Western education—and the establishment of an Islamic theocracy in Nigeria.

Factors that have hastened the politicization of Muslim identities include: state policies and interventions, which Christians allege are pro-Muslim (state sponsorship of pilgrimages to Mecca and membership in the Organization of Islamic Conference are cases in point); attempts to extend Sharia law to the federal level; and the adoption of Sharia law as the basic law by a number of states (see Osaghae and Suberu 2005). The introduction of Sharia served as a catalyst to alert the non-Muslim ethnic minorities of the need to resist and fight perceived domination by Hausa-Fulani Muslims (Internal Displacement Monitoring Centre 2009). There is little doubt that the worsening security situation in Nigeria is leading more and more people into revivalist and millenarian religious sects, which are both ultra-conservative and also accept holy wars as divinely ordained (Ibeanu 1998).

The other source of conflict in northern Nigeria is the growing pressure on land resources as a result of migration. The Hausa-Fulani, who are mainly migrant traders, have established sizable communities among ethnic minority groups in different states. And in recent decades the rate of southward migration has been accelerated by the advance of the Sahara Desert. Many Hausa-Fulani farmers are therefore seeking land for agriculture. They are generally richer and have a more advanced system of social organization with links to the emirate system, so they are often appointed to head chiefdoms or districts in the places where they have settled. Attempts to exercise this power often lead to confrontation as resentful local populations resist them, which results in conflicts with ethno-religious character (Internal Displacement Monitoring Centre 2009).

Ethnicity, religion, and regional divisions have been in the past and still remain important boundaries in the ongoing political and economic conflicts in Nigeria. Moreover, the divisions between various groups are reinforced and perpetuated by demographic differences between the groups, and these demographic patterns can often serve to further ignite violence and discord. In the next few sub-sections of the chapter, we explore the demography of Nigeria through the lens of ethnic, religious and regional differences, and discuss the real and potential impacts of these demographic differences.

Nigeria's Population Structure

Age and Sex Distribution

The total population of Nigeria (according to the 2006 Census) is 140,431,790. About 50.8 % are male and 49.2 % female; the sex ratio is 1.03. Although the population growth rate has been falling since its peak of about 3 % in 1975, and is now a little over 2 %, population momentum due to high fertility means continued growth in total numbers. The United Nations projects that the country's population will double to nearly 300 million by the year 2050 (United Nations 2008). Nigeria's population is also young but aging

relatively quickly. The median age for 2010 is 18.6 years and it is expected to increase by almost 10 years (28.2) by 2050 (United Nations 2008). This trend indicates a growing percentage of the population in the productive or working ages. This potential for an economic boom that could be created by having more working people is commonly known as the demographic dividend. Nigeria has the potential for a demographic dividend, but it also has high rates of unemployment, particularly among younger workers.

As more young people attempt to enter the labor force, if they do not find jobs, this could enflame simmering ethnic and religious tensions. Many political analysts have suggested that if there is a large concentration of youth in a population, particularly young men, a country may be more at risk for social conflict and violence. Recent quantitative research, however, suggests that as the working age population increases relative to their older and younger dependents (i.e., the dependency ratio declines), as is happening in Nigeria, the threat of violence decreases (Urdal 2006; Urdal and Hoelscher 2009). It is possible that levels of violence in Nigeria may decrease as the demography of the country changes. Nevertheless, Nigeria's high levels of unemployment and economic disparity, combined with existing ethnic, religious and regional tensions suggest that policy analysts must pay attention to the distribution of the population.

The three biggest ethnic groups in Nigeria, according to the 2008 DHS, are Hausa (22.5 %), Yoruba (18 %), and Igbo (15.5 %). Fulani and Ijaw/Izon comprise only 6 and 4 % of the population, respectively. The ethnic diversity of Nigeria is made clear by the fact that the category of "other" for ethnic affiliation comprises approximately 29 % of the total population. There does not seem to be any major difference in median age by ethnicity, but it is important to remember that the DHS only collects data for working age adults. The youngest ethnic groups are the Tiv and the Igala (median age: 26 years) and the oldest is the Fulani (29 years).

In terms of religion, Islam is the largest religious group in Nigeria but the percentage Muslim is rapidly declining, while the percentage of Christians (other than Catholics) is increasing. According to tabulations of the DHS, the number of Muslims has declined from 50.6 % of the population in 2003 to 44.7 % in 2008. Catholics are also declining in Nigeria (from 13.4 % in 2003 to 11.5 % in 2008). But other Christians are growing as a percentage of the total population; this category grew from 34.7 to 41.8 % between 2003 and 2008.

Traditionalist religions have not changed much during this period, and remain steady at around 1.2 % of the population. The mean age of traditionalists (34 years) is much higher than the other religious groups, not surprisingly (they are more likely to be older persons). Muslims are also slightly older, on average, than Catholics or other Christians (about 30 years vs. about 29 years). This may account for their decline as a proportion of the total population as well.

Finally, in terms of distribution by regions, some regions of the country have seen their population decline, while others have had steep increases. The general trend is of decreasing numbers in the North and increasing numbers in the South. The population in the northern regions of the country is decreasing, most notably in the North East and North West regions. The North East declined from 18 % of the total national population in 2003 to only 12.5 % by 2008. Likewise, the North West region declined from 27 to 24 % of the national population over the 5 years period. In contrast, the population of the southern part of the country has increased over the 5 years period. The South East region increased from 9.5 % in 2003 to 11.8 % in 2008, the South West region increased from 13 to 16.7 % over the period, and the South South region increased from 18 to 20.7 %.

Urbanization and the Growing Rural and Urban Divide

Nigeria, like much of SSA, is rapidly urbanizing. The UN estimate for 2005 was 46.2 % urban, and Nigeria's urban population is projected to increase quite rapidly, with over half of the population living in urban areas by 2015 and over

three-quarters in urban areas by 2050 (United Nations 2009).[1]

In terms of growth, the UN estimates that the urban population in Nigeria is growing currently at a rate of about 3.84 %, and it will continue to grow at a rate of at least 2.59 % annually through 2030.

Meanwhile, the growth rate for the rural population is already less than 1.0 % and expected to continue to decline, reaching negative growth by 2025 (United Nations 2009). This was adjusted somewhat from the 2007 projections, which estimated rural growth currently at less than 0.5 % and reaching negative growth by 2020, yet this seems quite low, considering the high rural fertility rates. It suggests that mortality may be much higher in some rural areas than in urban areas.[2] In general, natural increase (fertility minus mortality) represents a greater share of urban growth in sub-Saharan Africa than it does in other regions (Chen et al. 1998), so these urban growth rates in Nigeria likely capture relatively high (although now declining urban fertility rates). Although urban growth was higher in Africa than in the rest of the world, the continent still experienced an overall decline in urban growth during the 1990s and 2000s (Bocquier 2003, 2005; Potts 1995, 2000, 2006), which corresponds with the UN estimates.

Nevertheless, even if these projected rates are not exactly right, one can anticipate that the percentage of Nigeria's urban dwellers will increase while the percentage of rural dwellers will decrease over time. Addressing the needs of these increasing numbers of urban residents, including their access to food, housing, education, employment and services will be a major challenge for Nigeria's government in the coming decades. Some of these new urban residents will be migrants from rural areas, so there will likely be additional challenges in integrating them into the cities, but many will be the children of current urbanites, as natural increase (fertility) is also contributing to urbanization.

Ethnicity, Religion, and Fertility

Fertility Differentials Across Nigeria's Sub-populations

Persistent high fertility in sub-Saharan Africa and evidence of its potential adverse effects on the region's development efforts has been well documented. Recently, however, new concerns have emerged; some demographers believe that the slow but ongoing fertility decline in Africa has stalled in the late 1990s and early 2000s in 15 countries that were at the forefront of fertility decline in the region (Westoff and Cross 2006; Bongaarts 2006, 2008; Garenne 2007; Moultrie et al. 2008; Shapiro and Gebreselassie 2008; Schoumaker 2008). Nigeria is one of the countries where fertility decline has stalled over the last decade. Nigeria's total fertility rate (TFR) of 5.7 children per woman in 2008 falls roughly in the middle of the group of West African countries where data are available (Benin, Burkina Faso, Ghana, Guinea, Liberia, Mali, Niger, Nigeria, and Senegal); TFRs for the region range from 4.0 in Ghana to 7.0 in Niger (NPC/ICF Macro International 2009). While the country's current

[1] Despite the fact that the 2008 DHS relied on the 1991 Census EAs as its sampling frame (perhaps with some adjustment for newly urbanized EAs, although this is not clear from the 2008 DHS final report) and the fact that the UN projections were released before the 2006 Census data were available and thus must also be based on the 1991 Census data, vast discrepancies between the two sources remain. Few would dispute that it is likely that the population residing in states with smaller populations actually make up the majority of residents—rural people. However, sources at the United Nations Population Division who produce these estimates and projections suggest that their estimation and projection techniques account for the poor data quality and lack of current Census data in a way that the DHS data do not. However, they readily admit that the UN projections have been erroneous in the past in a number of cases and that it is nearly impossible, particularly for a country like Nigeria with such erratic data collection efforts, to ascertain the correct number. For obvious reasons, the UN sources do not wish to be quoted on the record regarding issues of data quality for particular countries. Likewise, their internal analyses of data quality are generally not published.

[2] Note that rural residents probably generally have poorer health and lower life expectancies than urban residents (with the exception of some slum populations) (Montgomery et al. 2003), although no research from Nigeria is available that supports this possibility.

Table 21.1 Total fertility rate (TFR) by background characteristics, Nigeria, 2003 and 2008

Variable	2003	2008
Region		
North Central	5.7	5.4
North East	7.0	7.2
North West	6.7	7.3
South East	4.1	4.8
South South	4.6	4.7
South West	4.1	4.5
Education		
None	6.7	7.3
Primary	6.3	6.5
Secondary or higher	4.2	4.2
Place of residence		
Rural	6.1	6.3
Urban	4.9	4.7
Household wealth status		
Poorest	6.5	7.1
Poor	6.3	7.0
Middle	5.7	5.9
Rich	5.9	5.0
Richest	4.2	4.0
Total	**5.7**	**5.7**

Source: Demographic and Health Surveys, 2003 and 2008

TFR is a drop from 6.3 in 1990, it has stalled at 5.7 since 2003. Moreover, the national rate substantially masks the disparity between socio-demographic groups and regions within the country. In general, fertility rates in the northern regions of the country, among women with less than a secondary education, among women from the poorest backgrounds, and among residents of rural areas are much higher than the national average (Table 21.1).

Table 21.1 shows the variations in Nigeria's TFR by geo-political zone, education, household wealth status, and place of residence. The North East and North West regions, predominantly Hausa/Fulani/Kanuri and Muslim, not only have pre-transition TFRs, but the rates increased between 2003 and 2008. On the other hand, though all three regions in the South—composed of the Yoruba, Igbo, and ethnic nationalities of the Niger Delta (Urhobo, Isoko, Edo, Ijaw, and Ibibio, among others) and predominantly Christian—are experiencing the stalled fertility decline, all three geo-political zones have a TFR between 4.5 and 4.8, about 2.5 children lower than the TFR of the two core Northern regions. The North Central region has a TFR that is lower than the core northern regions, but which is still, on average, one child more than the TFR of the Southern regions during the inter-survey period.

Fertility rates were lower for each additional level of education in both survey years. Women with a secondary or higher education have a TFR of 4.2 compared with women with no education with a TFR of 7.3 in 2008. Likewise, women in households in the highest wealth quintile have an average of three children fewer than women in the lowest quintile in 2008 (4.0 and 7.1 births per woman, respectively). The 2008 NDHS data also show that rural areas have a much higher TFR than urban areas (6.3 compared with 4.7). Across all background characteristics, similar fertility patterns were shown in 2003.

These indicators are consistent with the gloomy demographic and socioeconomic features of Northern Nigeria, corresponding with the region's worse poverty, literacy, family planning, and reproductive health indicators and outcomes compared to the rest of the country, combined with the highest rates of early marriage in the world (Olurode 2000; USAID 2003; Population Council 2005). The gap between the northern regions and the rest of the country has persisted over time so that, for key indicators, the northern average distorts national trends and contributes to the widening political, socio-cultural, and development gulf in the country (APHRC 2007). For example, the TFR in the North has been over two children per woman higher than that of the South in both 2003 and 2008. Likewise, the mean number of children ever born (a measure of past fertility) was 3.1 in 2003 for Nigeria as whole, but a difference of over one child per woman was observed between the North and South.

Similar variation remains between the two regions in the 2008 DHS survey. While there is general evidence of a stalled fertility decline for Nigeria, the regions of the North are stalling at higher fertility levels relative to the regions in the South, as demonstrated by Table 21.2.

These fertility differentials are directly related to differences in levels of contraceptive use and other

Table 21.2 Mean number of children ever born (CEB) by region, Nigeria, 2003 and 2008

Variable	2003	2008
Region		
North Central	3.0	2.9
North East	4.0	3.9
North West	3.7	4.0
South East	2.1	2.4
South South	2.6	2.3
South West	2.0	2.3
Religion		
Catholic	2.3	2.4
Protestant	2.5	2.5
Traditionalist	5.3	3.7
Islam	3.7	4.6
Other	2.3	2.3
Education		
None	4.6	4.6
Primary	2.1	1.9
Secondary	1.4	1.6
Higher	3.5	3.8
Place of residence		
Rural	3.3	3.4
Urban	2.6	2.3
Household wealth status		
Poorest	4.1	3.9
Poor	2.2	3.8
Middle	3.5	2.0
Rich	2.7	2.8
Richest	4.0	3.2
Total	**3.1**	**3.0**

Source: Demographic and Health Surveys, 2003 and 2008

markers of reproductive health. The prevalence of modern contraceptive use among married women was 5.3 % in the North and 12.5 % in the South, and the maternal mortality ratio was about 1,287 per 100,000 live births in the North compared to about 225 per 100,000 live births in the South (NPC/UNICEF Nigeria 2001). The 2008 NDHS report recorded an even higher disparity in contraceptive prevalence between the two regions of the country.

While the average contraceptive prevalence for any method for currently married women age 15–49 was 6.6 % for all three Northern geopolitical zones (2.8 % for North East, 4.0 % for North West, and 13.0 % for North Central), the average for the three Southern geopolitical zones was 27.1 % (23.4 % for South East, 26.2 % for South South, and 31.7 % for the South West) (NPC/ICF Macro International 2009).

Several researchers in Nigeria have examined the high and unchanging fertility levels in the North and the low prevalence of contraceptive use among women and identified key explanations. Both qualitative and quantitative studies have identified ethnicity and religion as significant determinants of reproductive behavior and fertility outcomes, particularly in Northern Nigeria. A recent qualitative study (2007–2008) implemented in Kano and Jigawa States using in-depth interviews (IDIs) and focus group discussions (FGDs) found that fertility is a key socio-political, cultural, and economic resource in the region and identified several factors that contribute to the continued high fertility levels there. The Koranic inheritance doctrine (which engenders childbearing competition among co- wives in mostly polygynous households), the framing of contraceptives as an American/Christian strategy to reduce the population of Nigerian Muslims, and the pervasive depiction of contraceptives as un-Islamic and extremely injurious to women's health in dominant local religious and cultural discourses are among the major drivers of fertility behavior in northern Nigeria (Izugbara et al. 2009). The study found that fertility and family planning are framed in local preaching by imams in terms of power and population, and are articulated in broader political ideologies of the region's supremacy and destiny as leader over the rest of the country. Fertility is depicted as a way to honor God, so that having many children is a way of 'helping the religion'. People who 'help the religion' by having many children acquire religious merit. Also according to this perspective, Allah, as the giver of children, will also cater for them; anxiety about how one's children will survive is to question the creator's capacity to provide and care for what he has created.

Apart from these perspectives anchored in religion, other drivers of fertility in northern Nigeria include the young age at which most women continue to marry, the threat of polygyny and divorce, confusion regarding expectations surrounding spousal communication on fertility

and reproduction, the marked high status attached to having large families, the persistent unavailability of contraceptives and trustworthy family planning providers (especially in rural and semi-rural areas), and the general lack of adequate and comprehensive information on contraceptives in the region. Despite widespread pro-natalist beliefs and opinions, it is important to note that people in the study were not infinitely supportive of unregulated childbearing. A contrary perspective that supports fertility regulation is anchored on the position that Islam recognizes the centrality of the family to social life. Matching family size with economic resources was reported as key to rearing children who will not bring the religion of Allah to disrepute. Consequently, while fertility could provide insurance in old age, ensure a wider social network for siblings, guarantee the continuity of the religion, provide cheap domestic and economic labor, improve one's social standing, act as insurance against child mortality, and serve political ends for the region, it was also recognized that it could expose a household to poverty shocks, lead to parental inability to care effectively for one's children, reduce the life-chances of children, and put children at risk for delinquency and anti-social behavior (Izugbara et al. 2009).

Teenage Pregnancy and Childbearing

Early childbearing, particularly among teenagers, has been linked to negative demographic, socioeconomic, and socio-cultural consequences. Teenage mothers are more likely to suffer from severe complications during labor and delivery, which leads to higher morbidity and mortality for them and their children. In addition, the socio-economic advancement of teenage mothers in terms of educational attainment and job opportunities may be curtailed (NPC/ORC Macro International 2004; NPC/ICF Macro International 2009).

Table 21.3 shows the percentage of women ages 15–19 who are mothers or pregnant with their first child by background characteristics. One in five (21 %) teenage women in Nigeria was a mother and another 4 % were pregnant with their first child in 2003. This contrasts with 18 % who were mothers and 5 % who were pregnant with their first child by 2008. Clearly, early motherhood and pregnancy is more of a rural phenomenon, with 25 and 23 % of rural women ages 15–19 already mothers, compared with 14 and 9 % of urban women, in 2003 and 2008, respectively. Similarly, adolescent pregnancy is higher and increasing more rapidly in rural than in urban Nigeria between 2003 and 2008. A similar pattern of pregnancy and childbearing outcomes follow the educational attainment gradient; adolescents who have the lowest levels of schooling also have the highest levels of motherhood and pregnancy. Table 21.3 also shows that teenagers with no education were twice as likely to be mothers as those with primary education (44.5 % versus 20.5 % in 2003, and 44 % versus 21 % in 2008). This sharply contrasts with only 8 % in 2003 and 7 % in 2008 of teenagers with secondary education who have become mothers. The proportion is even smaller among those with higher education. Similar patterns are observed by household wealth status, with adolescents from the poor and the poorest households having the highest levels of motherhood and pregnancy over the same period.

A comparison of the geo-political zones within Nigeria shows that adolescent motherhood and pregnancy are lowest in the South West and South East regions in 2003. In 2008, while motherhood was lowest in both regions as in 2003, pregnancy was lowest in the South South. In contrast, 38 and 37 % of adolescents aged 15–19 in the North East and North West were mothers in 2003, the highest level in the country. In 2008, despite a marginal decline, the proportion of motherhood remained highest in both geo-political zones (31 % in the North East and 35 % in the North West). Similarly, Table 21.3 shows very profound variation in terms of adolescent pregnancy across the regions of the North and the South over the same time period. One significant

Table 21.3 Percentage of female adolescents (ages 15–19) who are mothers or pregnant with their first child, by background characteristics, Nigeria, 2003 and 2008

	2003		2008	
Variable	Mothers	Pregnant with first child	Mothers	Pregnant with first child
Region				
North Central	13.0	2.6	17.1	**5**.1
North East	38.1	6.3	31.1	8.3
North West	36.9	8.3	34.7	9.9
South East	5.3	0.8	6.3	1.8
South West	4.1	0.6	6.9	1.9
South South	11.3	3.0	10.4	1.5
Education				
None	44.5	9.5	44.0	11.2
Primary	20.5	3.0	21.0	5.5
Secondary	7.6	1.8	6.8	2.1
Higher	[a]	[a]	2.7	0.0
Place of residence				
Rural	24.8	4.8	22.9	5.8
Urban	13.6	3.1	8.9	3.1
Household wealth status				
Poorest	27.4	4.8	35.7	10.1
Poor	30.2	5.4	26.3	6.3
Middle	22.8	5.6	16.2	4.5
Rich	18.0	4.7	13.0	2.7
Richest	10.1	1.0	3.1	1.7
Total	**21.0**	**4.3**	**18.0**	**4.8**

Source: Demographic and Health Surveys, 2003 and 2008
[a]Fewer than 25 cases; suppressed

point to note in the adolescent motherhood and pregnancy outcomes in northern Nigeria is that this region has the highest rates of early marriage in the world (Population Council 2005).

Overall, fertility is very high in Nigeria, particularly in comparison to the rest of the world, but even in comparison to its own region of West Africa. Nigeria, although it began the fertility transition, seems to have stalled in completing that transition. Low rates of contraceptive prevalence (and correspondingly, high rates of fertility) among subpopulations like northerners, Muslims and traditionalists, the poor, and the uneducated play a large role in this stalled transition. These subpopulations also have high rates of teenage marriage, pregnancy and childbearing, which, of course, also contribute to continued high fertility levels.

Ethnicity, Religion, and Mortality

Infant and Child Mortality and Ethnicity and Religion

Infant mortality (the probability of dying before the first birthday), and child mortality (the probability of dying between the first and fifth birthdays) are basic indicators of a country's socio-economic situation and quality of life (UNDP 2007). These rates are important for identifying population groups at risk; for planning, monitoring, and evaluating population and health programs and policies; and for monitoring progress towards the Millennium Development Goal to reduce child mortality by two-thirds by the year 2015 (NPC/ICF Macro International 2009).

Table 21.4 Infant, child, and underfive mortality rates in the 5 years preceding the survey, Nigeria, 2003 and 2008

	Infant mortality (1q0)	Child mortality (4q1)	Underfive mortality (5q0)
2003	99	97	187
2008	75	88	157

Source: Demographic and Health Surveys, 2003 and 2008
Infant and underfive mortality rates are estimated based on deaths per 1,000 live births, and child mortality is estimated based on deaths per 1,000 children aged 12–59 months

Early childhood mortality rates based on data from the 2003 and 2008 Nigeria DHS surveys are presented in Table 21.4 and have generally shown a decreasing trend. The under-five mortality rate for the 5 years preceding the 2003 survey is 187 per 1,000 live births and this decreased to 157 by the 2008 DHS. Infant mortality has decreased from 99 deaths per 1,000 births in 2003 to 75 deaths per 1,000 in 2008. Child mortality decreased from 97 to 88 deaths. This means that out of every 1,000 children who survived to 12 months of age, 97 did not reach their fifth birthday in 2003, but the figure decreased to 88 by the 2008 survey.

In terms of childhood mortality differentials, Table 21.5 summarizes mortality estimates calculated for the 10-year period before the 2003 and 2008 surveys so that the rates are based on a sufficient number of cases in each category to ensure statistically reliable estimates. As in most countries, childhood mortality rates differ substantially between urban and rural areas for all mortality categories and survey years. For example, despite the consistent childhood mortality decline in both urban and rural areas during the 10 years preceding both the 2003 and 2008 surveys, all childhood mortality rates are higher in rural than urban areas. The general disadvantage of the northern regions in child mortality outcomes is also clearly shown in the data across all survey years. Despite its advantage over all other regions in the 10 years preceding the 2003 survey, it is important to note the deterioration of childhood mortality rates in the South East region during the 10 years preceding the 2008 survey. Nevertheless, the North East and North West remain the zones with the worst childhood mortality indicators in Nigeria across the two survey years. For example, while child mortality increased from the lowest 40–60 deaths per 1,000 children aged 12–59 months in the South East, child mortality decreased from the highest 176 in 2003 to yet the highest 139 deaths per 1,000 children in 2008 in the North West. Similarly, while under-five mortality increased from the lowest 103–153 deaths per 1,000 births in the South East in 2003 and 2008, it decreased from the highest 269 deaths to 217 deaths per 1,000 births in the North West over the same period. It is important to observe that the South West zone maintained the lowest rates for all childhood mortality estimates compared with the other zones in the 10 years preceding both the 2003 and the 2008 surveys. It has been observed that the regional differentials in childhood mortality are consistent with regional differentials in basic indicators of maternal care, such as antenatal care visits and content, as well as delivery assistance (NPC and ICF Macro International 2009).

In terms of education and household wealth status, the estimates consistently show that higher levels of educational attainment among mothers are generally associated with lower childhood mortality rates. Despite a secular downward trend over the two survey years, children born to mothers with no education have the highest prevalence of childhood mortality across all indicators and survey years, but rates decline sharply as mother's level of education increases. Similarly, childhood mortality rates are lowest for children in households in the highest wealth quintile and increase sharply as one moves down the wealth quintile, with the highest rates among children in households in the lowest wealth quintile across all indicators and survey years. Again, while we observe marginal increases in childhood mortality rates among women with secondary and higher education and among women from the highest wealth quintile between 2003 and 2008, they still remain the most advantaged of the subgroups.

Table 21.5 Infant, child, and underfive mortality rates for the 10 years period preceding the survey, by socioeconomic characteristics, Nigeria, 2003 and 2008

Socioeconomic characteristics	Infant mortality (1q0)		Child mortality (4q1)		Underfive mortality (5q0)	
	2003	2008	2003	2008	2003	2008
Place of residence						
Rural	121	95	139	106	243	191
Urban	81	67	78	58	153	121
Region						
North Central	103	77	70	62	165	135
North East	125	109	154	126	260	222
North West	114	91	176	139	269	217
South East	66	94	40	64	103	153
South West	120	84	63	58	176	138
South South	69	59	47	32	131	89
Mother's education						
None	124	97	166	124	269	209
Primary	111	89	85	77	186	159
Secondary	71	70	45	49	113	116
Higher	61	48	20	22	80	68
Household wealth status						
Poorest	133	100	143	132	257	219
Poor	140	103	178	121	293	212
Middle	110	86	118	87	215	165
Rich	87	73	101	60	179	129
Richest	52	58	29	31	79	87
Total	109	87	121	92	217	171

Source: Demographic and Health Surveys, 2003 and 2008

Maternal Mortality

Maternal deaths were defined as any death occurring during pregnancy, childbirth, or within 2 months after the birth or termination of a pregnancy. The maternal mortality rate is an important indicator of the performance of women's reproductive health programs.[3] The 2008 estimates of maternal mortality were calculated by dividing the number of maternal deaths by woman-years of exposure. The results indicate that the rate of mortality associated with pregnancy and childbearing is 1.0 maternal death per 1,000 woman-years of exposure. The estimated age-specific mortality rates displayed a plausible pattern, being generally higher during the peak childbearing ages than at the younger and older age groups. However, the age-specific pattern should be interpreted with caution because of the small number of events—only 398 maternal deaths for women of all ages were identified. The maternal mortality rate can be converted to a maternal mortality ratio and expressed per 100,000 live births by dividing the rate by the general fertility rate of 0.186, which prevailed during the 2008 survey period. Nigeria's maternal mortality ratio (MMR), calculated as the maternal mortality rate divided by the general fertility rate is put at 545 per 100,000 live births in 2008 (NPC and ICF Macro International 2009).

Despite the difficultly of obtaining data on ethnic and religious distribution of maternal mortality, one study points to significant ethnic

[3] Note that death rates overall have been observed to be much lower among adults, and estimates for particular subgroups are problematic because it can be distorted by small sample sizes (NPC and ICF Macro 2009).

variation in the use of skilled assistance at childbirth and postnatal care in Nigeria. Babalola and Fatusi (2009) found that Fulanis and Kanuris (in the North) are not statistically different from the Hausas (in the North) in terms of utilization of skilled medical personnel for childbirth and postnatal care. In contrast, the level of service utilization was significantly higher among the Igbo (in the South) and "minority" tribes compared to the Hausa. They argued that the pattern is consistent with the general picture of wide regional disparity in health status in Nigeria's multi-ethnic settings as shown, for example, in several NDHS reports.

In earlier work on the social context of childbirth among the Hausa, Wall (1998) drew attention to the strong influence of cultural beliefs and practices on childbirth and other fertility-related behaviors among the Hausa and their significant contribution to maternal morbidity and mortality in the region. In addition to the disadvantage which is related to the high proportion of teenage girls who are married to much older men, (including child brides, sometimes as young as 9 or 10 years of age), there is a high prevalence of maternal-related morbidities such as vesico-vaginal fistula (VVF). Wall (1998) also identified cultural norms such as *Kunya* or shame, which restrict women from readily seeking health-related assistance in pregnancy and childbirth. As Wall noted (in Babalola and Fatusi 2009), "Kunya, or 'shame' plays an extremely important role in Hausa childbirth, particularly in the first pregnancy. The newly pregnant girl should not draw attention to her gravid state, and all mention of the pregnancy should be avoided in conversation and action. These social pressures to remain 'modest' may well prevent her from asking questions about childbirth, and create a major barrier to her seeking skilled assistance for delivering in hospital." As Wall further noted, the pregnant girl's "mother, other relatives, and a local midwife usually stay with her during labor, but her kunya and her fear may be so great that she does not say anything until labor is well advanced." (p. 353). Moreover in the cultural context of the Hausa, delivering one's first child alone – unattended to by anyone – is viewed with pride. The convergence of ethno- cultural and religious factors as *kunya*, the perceived social need for women's reproductive capacities to be under strict male control, the practice of *purdah* (wife seclusion), which restricts women's access to medical care, marriage at an early age, pregnancy often occurring before maternal pelvic growth is complete, a high rate of obstructed labor, almost universal female illiteracy, inadequate facilities to deal with obstetric emergencies, a deteriorating economy, and a political culture marked by rampant corruption and inefficiency has resulted in a very poor level of female reproductive health (Wall 1998).

HIV/AIDS

Consistent with its youthful demographic profile and increasing risky sexual behavior such as casual sex and keeping of multiple partners, some of whom may include commercial sex workers (Arowujolu et al. 2002; Isiugo-Abanihe 2003; Smith 2000), Nigeria recorded an increasing HIV/AIDS prevalence rate between 1992 and 2001 (1.8 % in 1992 to 3.8 % in 1994, 4.5 % in 1996, 5.4 % in 1999 and 5.8 % in 2001). Most of the new cases are found among the youth (Federal Ministry of Health 2001), as shown in Fig. 21.1. However, through a concerted effort by the Nigerian Government, the prevalence rate has begun to decrease in recent years (5.0 % in 2003, 4.4 % in 2005 and 4.6 % in 2008) (WHO 2009). Nevertheless, Nigeria still ranks third in terms of the number of people infected with HIV, after India and South Africa. In 2007, 2.6 million people were living with HIV/AIDS, and approximately 170,000 people died from AIDS in that year (Fig. 21.1) (UNAIDS 2008a, b).

Mother-to-child transmission has been identified as a major route of the epidemic; most of the estimated 220,000 children who are living with HIV were infected through their mothers (UNAIDS 2008b). With AIDS claiming so many lives, Nigeria's life expectancy has declined significantly. In 1991 the average life expectancy was 53.8 years for women and 52.6 years for men, but by 2007 these figures had fallen to 46 for women and 47 for men (WHO 2008).

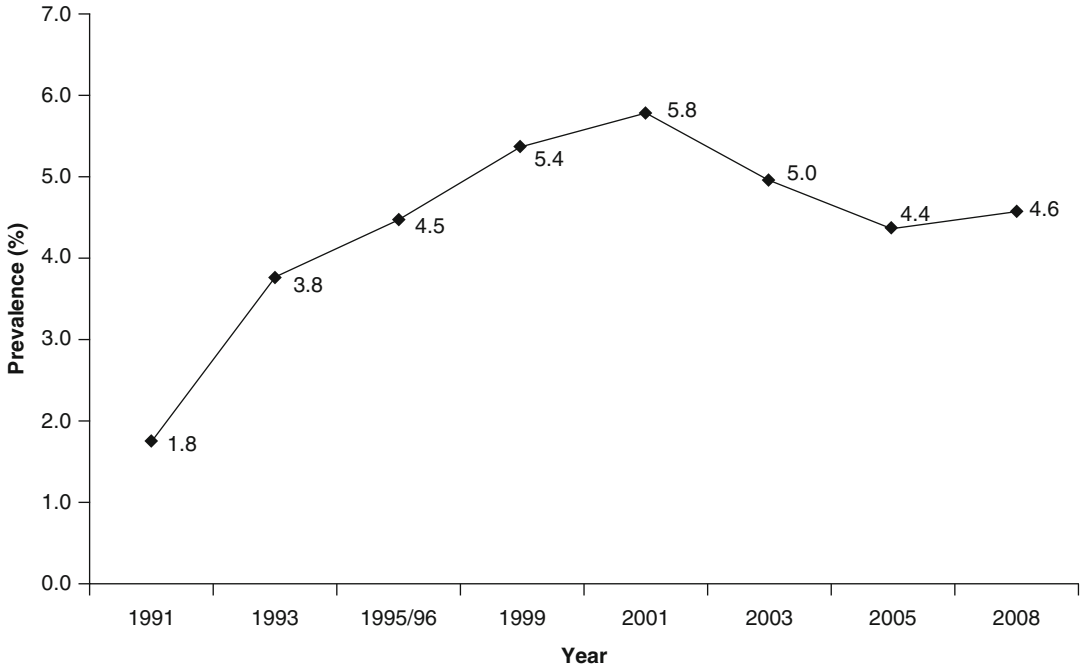

Fig. 21.1 Hiv prevalence, Nigeria, 1991–2008 (Source: World Health Organization Regional Office for Africa, 2009)

Nigeria's complex mixture of diverse ethnic groups, languages, cultures, religions, and regional political groupings has been identified as part of the major challenge for HIV prevention programs in the country. Other factors linked to the rapid spread of the disease in the country include: high rates of casual and transactional unprotected sex in the general population (particularly among youth between the ages of 15 and 24), sexual networking practices such as polygamy, a high prevalence of untreated sexually transmitted infections (STIs), low levels of male and female condom use, poverty, low literacy levels, poor health status, low status of women, and stigmatization, discrimination, and denial of HIV infection risk among vulnerable groups (NACA 2009; AVERT 2010).

The ethnic and religious dimensions of the HIV/AIDS epidemic are linked to cultural practices among Nigeria's diverse ethnic and religious groups. Women are particularly affected by the epidemic in Nigeria; accounting for 58 % of all adults aged 15 and above living with HIV by the end of 2007 (UNAIDS 2008a). Traditionally, women in Nigeria marry young, although the average age at which they marry varies between states. A 2007 study revealed that 54 % of girls from the North West aged between 15 and 24 were married by age 15, and 81 % were married by age 18 (Population Council 2007). The study showed that younger married girls lacked knowledge about reproductive health, including HIV/AIDS. They also tend to lack the power and education needed to negotiate safer sexual practices with their partner, such as condom use. Consistent with the high probability that the husband will be significantly older than his wife, and therefore more likely to have had more sexual partners in the past, young women are more vulnerable than men to HIV infection within marriage. Related to this is evidence that past attempts at providing sex education for young people were hampered by religious and cultural objections (Odutolu et al. 2006).

In terms of management of the epidemic, WHO (2008) reported that only about 30,000–40,000 of

the estimated 520,000 people living with AIDS (PLWAs) that need drugs actually have access to anti-retroviral therapies (ART). Over the last two decades, Nigeria's health care system has deteriorated as a result of political instability, corruption, and a mismanaged economy. Large parts of the country lack even basic health care provision, making it difficult to establish HIV testing and prevention services, such as those for the prevention of mother-to-child transmission. Sexual health clinics providing contraception, testing, and treatment for other STIs are also few and far between. This makes it particularly difficult to keep the spread of the epidemic under control (Sofo et al. 2003). The challenges that need to be addressed in this area include: building the capacity of the health system (personnel training and institutional strengthening), strengthening the procurement and supply management system to ensure continuous provision of medicines, reagents, and other consumables, and the institution of an effective monitoring and evaluation system (Averting HIV and AIDS 2010). Programs to control the future course of the disease in Nigeria must adequately address levels of HIV and AIDS-related knowledge among the general population, social stigmatization, risk behavior modification, access to quality services for STIs, provision and uptake of HIV counseling and testing, and access to care and ART, including prevention and treatment of opportunistic infections.

Other Health Challenges in Nigeria

Nigeria continues to suffer from a double burden of both communicable and non-communicable diseases (NCDs), with high levels of epidemic outbreaks, periodic occurrences of man-made and natural disasters, and a rising incidence of NCDs (WHO 2009). Apart from HIV/AIDS, malaria and pulmonary tuberculosis (TB) are key communicable diseases that constitute significant health challenges in Nigeria. Table 21.6 summarizes Nigeria's malaria and TB indicators between 2000 and 2007.

Malaria infection is identified as the most significant public health problem in Nigeria. It is associated with high proportions of disease and deaths (30 % of all under-five mortality and 11 % of all maternal mortality) and is a major cause of poor child development (WHO 2009). Estimates suggest that at least 50 % of the population will

Table 21.6 Malaria and tuberculosis indicators, Nigeria, 2000–2007

Indicators	2000	2001	2002	2003	2004	2005	2006	2007
Malaria prevalence rate (per 100,000)	2,024	1,859	2,203	1,727	1,157	1,157	1,157	1,157
Death rates associated with malaria	0.23	0.19	0.15	0.19	0.16	0.16	0.16	0.16
Proportion of population in malaria risk areas using effective malaria prevention and treatment measures	15.74	12.01	12.57	21.75	7.07	7.07	7.07	7.07
Tuberculosis prevalence rate (per 100,000)	15.74	12.01	12.57	21.75	7.07	7.07	7.07	7.07
Death rates associated with tuberculosis	1.57	2.24	1.58	2.5	1.50	1.50	1.50	1.50

Source: World Health Organization Regional Office for Africa, 2009

have at least one episode of malaria annually, while children under the age of five will have two to four attacks of malaria annually. The economic cost of malaria may be as high as 1.3 % of economic growth per annum and increasing drug resistance has added to the burden.

Linked to the 2.86 million people living with HIV/AIDS in 2007 and the high prevalence of HIV and STIs among the age group 15–24 years, is the resurgence of TB. Nigeria ranks fifth among the 22 high-burden countries for TB in the world. In 2005, 66,848 new cases were reported nationally from the Direct Observation Therapy Sites (DOTS); of these new cases, 35,048 (52 %) were positive. The HIV-positive rate among TB cases was 27 % in 2005 (WHO 2005, cited in WHO 2009). At the end of the third quarter of 2006, there were DOTS services in 599 local government areas (LGAs), 643 TB microscopy centers in 548 LGAs (1 per 230,000 population) and 2,117 health facilities providing DOTS TB treatment (1 per 70,000 population). However, fewer than 500 of the 2,117 DOTS centers were implementing TB/HIV collaborative activities. TB and HIV/AIDS program staff have not been trained in infection control measures, and isoniazid prophylaxis among HIV positive individuals is still in the pilot phase (WHO 2009).

Communicable diseases, particularly HIV/AIDS, TB, and malaria are still responsible for the greatest burden of morbidity and mortality. Nevertheless, non-communicable diseases (NCDs) are becoming a significant burden in sub-Saharan Africa. Obesity, hypertension, diabetes mellitus, cardiovascular disease, asthma, chronic obstructive pulmonary disease, epilepsy, and mental illness are some of the important chronic NCDs that pose significant challenges in terms of management and follow-up in the region. A mapping of NCDs in Nigeria identified over five million Nigerians as hypertensive, at least one million as diabetic, and over 600,000 with Sickle Cell Anemia (Akinkugbe 2009). A wide range of risk factors for hypertension have been identified, including: excessive salt consumption, lack of exercise, being overweight, tobacco use, overindulgence in alcohol, and stress. Beyond this there is an unholy alliance between hypertension, coronary heart disease, and diabetes, in that all three diseases share almost the same range of risk factors (Akinkugbe 2009).

One major non-communicable health challenge in modern Nigeria relates to acute medical conditions, disabilities, morbidity, and premature deaths associated with accidents and disasters. Nigeria has one of the highest road traffic accident rates in the world (Asogwa 1999). Accidents and injuries are the major cause of death in adults under 50 years in the country (Ezenwa 1986). The number of potential life years lost due to acute medical emergencies, especially accidents and injury, has resulted in tremendous economic and social loss to the country. A study of road traffic accidents in the country showed that between 1960 and 1969, about 18,000 deaths occurred, but the figure significantly increased to 92,000 deaths between 1980 and 1989 (Oluwasanmi 1993). The incidence of unintentional and intentional injuries is increasing rapidly in Nigeria. Despite insufficient data, anecdotal evidence from media reports and hospital records indicate several thousand additional cases of injuries in the country in recent years due to numerous ethnic, religious, and civil conflicts in the country. Ethno-religious crises that have engulfed Nigeria since 1979 have cost over one hundred thousand Nigerian lives, with those injured triple of the dead (Yusuf 2009). This has equally resulted in mass internal displacement of people and frequent unplanned journeys under tense conditions. It is almost universally accepted among Nigerians that accidents and associated injuries are major and neglected causes of preventable mortality and morbidity in the country (Zakari 2002).

The ethnic and religious prevalence of NCDs in Nigeria is generally unknown. However, triangulating evidence from various sources presents us with initial patterns that are consistent with ethno-regional prevalence differentials. For instance, while the prevalence of breast cancer in Nigeria as a whole is unknown, studies in Zaria and other centers showed that it is either the first or second commonest cancer affecting women in the country (Kene et al. 2010). Presenting data from cancer registries across the

country, Oluwatosin and Oladepo (2006) reported the relative frequencies of breast cancer among women: 35.3 % in Ibadan, 28.2 % in Ife-Ijesha, 17 % in Eruwa, and 37.5 % in Lagos (South West Zone); 44.5 % in Enugu (South East Zone); 20.5 % in Zaria (North West Zone); and 29.8 % in Calabar (South South Zone). Further reports showed that majority of cases occurred in pre-menopausal women, and the mean age of occurrence ranged between 43 and 50 years across the regions. The youngest age recorded was 16 years, from Lagos and the peak age of incidence is 42.6 years.

On hypertension, Iyalomhe et al. (2008) reported that over 4.5 million people of over age 15 as hypertensive, with many of them not aware of it, adding that the highest prevalence was found in Kano in Northern Nigeria and Lagos in the South West region. In Lagos, a screening exercise of the Non-Communicable Disease (NCD) surveillance system held between May 19th and 23rd, 2008 of 50,598 people found 4.2 % to be diabetic and 17 % hypertensive.

Following a national blindness and visual impairment survey by the International Centre for Eye Health (ICEH) and other collaborators in 2005–2007, Kyari et al. (2009) reported significant increase in the prevalence of blindness with increasing age: from 0.8 % at 40–49 years to 23.3 % among those aged 80 years. Females had a higher prevalence of blindness than males (4.4 % versus 4.0 %), while illiterate participants had far higher prevalence of blindness than those who could read and write (5.8 % versus 1.5 %). The South West geo-political zone had the lowest prevalence of blindness (2.8 %) and the North East zone had the highest (6.1 %). The estimates suggest that a total of 4.25 million adults aged 40 years and above in Nigeria are visually impaired or blind. The prevalence of blindness varied across the different ecological zones being highest in the Sahel (6.6 %) and the lowest in the Delta (3.3 %). The survey concluded that these differences may reflect differences in access to eye care services as well as variation in the incidence of diseases. Recent evidence from neighboring countries in West Africa, have shown similarities in the blindness profile in populations residing in the same ecological zones in northern Cameroon, the Volta region of Ghana and Mali, necessitating the call for eye services across Nigeria and for planning at regional levels.

The national blindness and visual impairment survey screened for obesity, and found a quarter of survey participants with a body mass index of 25, the rate being higher in females than males (32.8 % versus 21.7 %).

Rates of obesity declined with increasing age, more common in urban than rural areas (15.1 % versus 6.4 %) and in the south of the country than in the North. Overall 8.3 % of the population had a BMI of 30.

The study of coronary artery diseases (CAD) and its complications such as myocardial infarction and other degenerative disorders have been hampered by the lack of diagnostic facilities. However, studies in Kano, northern Nigeria found a 1.3 % prevalence rate of ischemic heart disease, which is very rare in the Niger Delta of Southern Nigeria (0.24 %). In keeping with findings from other centers in the developing world, the rate is 1.53 % in Cameroon. The absence of peri-partum cardiac failure among patients in southern Nigeria, contrasts sharply with reports from northern Nigeria where the incidence of peri-partum cardiac failure, from peri-partum cardio- myopathy, is probably the highest in the world (Onwuchekwu and Asekomeh 2009). The presence of anemia in nearly 80 % of cases, and the postpartum customs and practices of taking hot baths and lying on heated beds to stay warm, as well as the ingestion of large amount of local salt to ensure adequate breast milk flow in northern Nigeria, have been mentioned as important factors in its pathogenesis (Danbauchi 2002), a situation and practice that has not been reported in the various populations in the Niger Delta basin of southern Nigeria (Onwuchekwa and Asekomeh 2009). Despite the limitations of these results following their narrow focus on hospitals, particular cases or communities, they point to significant differences in the in the prevalence and determinants of NCDs across the geopolitical zones of Nigeria and possible socio-cultural explanations. The limitations of available data underscore the need for concerted investment in

nationwide representative research into the challenges posed by NCDs in the country.

Ethnicity, Religion and Migration

The link between Nigeria's complex web of ethnic and religious identities, its history of chronic and seemingly intractable conflicts and instability, and its migration system has been deeply researched. In this sub- section, we discuss the country's significant ethnic and religious dimensions of internal migration and mobility patterns, emigration, and brain drain.

Ethnicity, Religion, and Patterns of Internal Migration

Following conflicts resulting from the ethnic-based competition for political and economic power since independence, Zachariah and Conde (1981) and Brockerhoff and Hongsook (1993) have shown that the proportional representation of some ethnic groups in West Africa is much higher among urban migrants than among the population as a whole, suggesting differential propensities to migrate. However, poor economic opportunities in the rural areas in which an ethnic group is concentrated, rather than the socio-cultural characteristics of an ethnic group, are often cited as the main reason underlying a group's propensity to migrate (Amin 1974). Gugler and Flanagan (1978) linked this to how some ethnic groups in West Africa have established social networks in urban areas that encourage in-migration through the prospect of superior income-earning opportunities, housing, and social activities for members of that group. In the case of Nigeria, research on internal migration processes has generally been fragmentary (see Makinwa 1981; Adepoju 1983, 1986; Pittin 1984; Peil 1985; Gugler 1991; Olurode 1995). However, a national-level analysis based on nationally-representative data from the 1993 Migration and Urbanization Survey, simultaneously examined the socio-economic and demographic characteristics of rural–rural and rural–urban migrants and of non-migrants who stay in rural origins. This study identified ethnicity and religion as key independent predictors of internal migration in Nigeria (Mberu 2004, 2005). The result of the bi-variate analysis summarized in Table 21.7 show that the Hausa-Fulani and the Yoruba are mostly rural non-migrants and rural–rural migrants. The Igbo-Ibibio are evenly spread across all internal migration streams. The Kanuri-Shua Arabs are mostly non-migrants (62 %), with little

Table 21.7 Percentage distribution of lifetime migration status by religion and ethnicity, Nigeria

Variable	Rural non-migrants	Rural–rural migrants	Rural–urban migrants	Total
Ethnic origin***	–47.0	–42.1	–10.9	–14,472
Hausa-Fulani	45.5	41.6	12.9	6,496
Yoruba	35.3	31.1	33.6	11,798
Igbo-Ibibio	62.2	34.9	2.9	1,856
Kanuri-Shua Arab	35.4	27.4	37.2	5,408
Tiv-Igala-Idoma	40.4	13.6	46.0	1,964
Urhobo-Isoko-Edo	24.4	58.1	17.4	1,682
Nupe-Kamberi-Gwari	1.7	74.6	23.7	118
Others religion***	–	–40.7	–12.7	–23,585
Muslim	46.6	33.6	31.4	22,118
Christian	35.0	30.7	3.7	1,185
Animist/other	65.7			

Source: Mberu (2004)
N = 46,960
***χ^2 tests, $p < 0.001$

Table 21.8 Multinomial logistic regression models predicting rural outmigration to rural and urban destinations (full model)

Ethnic origin	Rural–rural odds ratio	SE	Rural–urban odds ratio	SE
Hausa-Fulani	1.00	–	1.00	–
Yoruba	0.47***	.07	1.56***	.09
Igbo-Ibibio	0.44***	.08	4.29***	.10
Kanuri-Shua Arab	0.86**	.06	0.26***	.15
Tiv-Igala-Idoma	0.37***	.07	2.68***	.08
Urhobo-Isoko-Edo	0.18***	.10	9.23***	.11
Nupe-Kamberi-Gwari	1.01	.09	1.95***	.11
Other Nigerian Religion	0.42***	.07	0.30***	.11
Muslim	1.00	–	1.00	–
Christian	1.40***	.03	1.52***	.05
Animist/other	0.72***	.08	0.10***	.20
2-Loglikelihood (d.f.)	31,107.1 (60)			

Source: Mberu (2005)
*p<0.05, **p<0.01, ***p<0.001 (Control variables for the full model include age, gender, educational attainment marital status, labor force status, relationship to head of household, household size, and region of residence)

participation in urban-ward migration. The Nupe-Kamberi-Gwari ethnic groups are predominantly rural–rural migrants. Both the Tiv-Igala-Idoma and the Urhobo-Isoko-Edos have high propensities for rural–urban migration.

In further analysis using multinomial logistic regression (shown in Table 21.8), Mberu (2005) confirmed the independent influence of ethnicity and religion in Nigeria's internal migration system. The Hausa-Fulani are significantly more likely to be rural–rural migrants relative to other ethnicities, except the Nupe-Kamberi-Gwari. The dominance of the Hausa-Fulani in rural–rural migration can be attributed to the nature of economic activities associated with the group. Survey data indicate that they constitute over 30 % of farmers in Nigeria, predominantly in cattle-rearing. Beyond urban centers such as Kano (the northern region's commercial capital, which attracts migrants from all over Nigeria and West Africa), much of the northern region is unattractive for settlement, particularly due to an adverse environment. However, areas around Sokoto and Katsina in the North West are densely populated due to, among other factors, the availability of irrigated agricultural land and water resources (NISER 1997). For the Nupe-Gwari-Kamberi, their predominance in rural-rural migration could also be linked to their region of origin in central Nigeria, which is largely associated with tremendous agricultural resources and production.

In the rural–urban migration stream, most ethnic groups are more likely to be rural–urban migrants than the Hausa-Fulani. A notable exception is the Kanuri-Shua-Arabs, a political minority, representing a distinct group in North Eastern Nigeria, built around the pristine Kanem-Bornu empire state, which was and remains a contending centre of Islamic civilization and influence (Osaghae 1998). Despite a dry and harsh environment due to proximity to the Sahara desert, the area is reputed to be an oasis of beauty, serenity and peace relative to other areas in Northern Nigeria. The region's economic mainstay is agriculture, which involves cattle-rearing and a massive irrigation-supported farming. Given these factors, it is logical that migration is very low among the group relative to other groups. However rural–rural migration within the region, to the shores of Lake Chad and the wetter areas, has been identified as significant (Osaghae 1998).

Two other profound results on ethnic differentials in migration were identified. Compared to the Hausa- Fulani, the Urhobo-Edo-Isoko were 9.2 times more likely and the Igbo-Ibibio were

4.3 times more likely to be rural–urban migrants. The migration of the Igbo-Ibibio has been explained historically, culturally, and geographically. Chukwuezi (2001) linked the historical impact of the Nigerian civil war with spurring the outward-directedness of the Igbo into the private sector, specializing in trading that takes them to all parts of the country. Linked to this is the culture of kinship, which Smith (1999) identified above all other factors as the thread that links particular rural and urban communities in Nigeria and connects individuals and communities with access to resources and opportunities to the state and the wider economy. Part of the kinship network among the Igbo operates through kin-based business apprenticeship that links urban business success to continuous labor recruitment from the rural home base (Chukwuezi 2001). The geographic explanation is related to the high population density in the Igbo-Ibibio region of origin, which puts pressure on land resources. This is exacerbated by the economic neglect and stagnation in the Igbo-Ibibio region following government discriminatory investment patterns after the Nigerian civil war. Limited opportunities for wage employment, due to the low level of industrialization and underdevelopment in the organized private sector, make the Igbo region economically unattractive, engendering the out-migration of these groups (NISER 1997; Chukwuezi 2001; Ajakaiye and Adeyeye 2001; Nwachukwu and Uzoigwe 2004). Nwajiuba (2005) identified the motivations for migration out of the southeast region as economic (80.28), education (16.20 %), climatic (1.41 %), political (1.41), and religious (0.70 %).

For the Urhobo-Isoko-Edo, Makinwa (1981) suggested an earlier history of high levels of rural–urban migration in their local region, but Mberu (2005) places the migration propensity of the group on a national scale, showing their far higher rural out-migration propensity than any other ethnic group in Nigeria. While a full explanation will require further studies beyond the scope of this chapter, it is instructive to note that the region of origin of the groups is substantially the Niger Delta, where recent conflicts and youth militancy have heightened awareness of poverty and economic exclusion, a situation which is exacerbated by environmental degradation due to massive oil exploration and exploitation, which, in turn, has impaired agricultural enterprises, including fishing. In contrast, the country's South West region, the homeland of Yoruba ethnic nationality, attracts migrants from all over Nigeria as the region hosts the nation's two largest seaports, 65 % of industrial plants, about 75 % of the manufacturing workforce, large numbers of educational and research institutions, and opportunities for large agricultural plantations (NISER 1997).

This research also highlights the influence of religion in Nigeria's internal migration dynamics. The bivariate analysis indicated that Muslims predominate among rural non-migrants and rural–rural migrants. However, Christians constitute 70 % of rural–urban migrants. In the multivariate analysis, religion stood out as a significant predictor of migration propensities. As expected, Christians are significantly more likely to be rural–rural and rural–urban migrants than Muslims. There are several plausible explanations identified by migration researchers in the region. Oucho (1997) pointed to the manipulative use of both religion and ethnicity (by both the colonial regimes and military dictators) in perpetuating differences in access to political and economic resources and engendering different demographic responses and outcomes. In Nigeria, the relationship between religion and demographic outcomes (particularly migration) remains largely unexplored, but studies in Northern Nigeria and parts of the South West indicate movement restrictions among Muslims, in particular *purdah* (the practice of married women living in seclusion) and residential restrictions separating indigenes and strangers into enclaves 'Sabon-Gari' or 'Sabon-Layi' (Pittin 1984; Olurode 1995). This tendency with significant negative implications for migration is supported by findings among Muslims in other African countries (Santen 1998; Hogan and Biratu 2004). Nigeria is predominantly Christian in most of the southern regions and predominantly Muslim in the core northern regions and issues relating to movement restriction practices

and enclave settlements are basically associated with Muslims in Northern Nigeria. The recent introduction and implementation of Islamic Sharia law in core Northern states of Nigeria, together with consequent ethno-religious conflicts and accompanying loss of lives and massive destruction of property and economic goods of migrants, has been identified as a potent tool for restricting economic migration to the region (Odey 2000; Anugwom 2008).

Circular Migration and Urban-Rural Linkages

In recent years, scholars have come to underscore the importance of circular migration as a special aspect of urbanization and local development in Africa. Migrants most often maintain links with their rural communities of origin long after migration. These linkages, associated with a strong commitment to hometown development, challenge the strict dichotomous view of rural and urban areas and have major implications for local development (Trager 1988, 1998, 2001; Gugler 1991, 2002; Smith 1999).

The territorial fragmentation of Nigeria, the aftermath of the Nigerian civil war, and the perennial ethno- religious conflicts rendered urban-rural linkages increasingly important for migrants' survival. With the political division of the country into 36 states and 776 local government areas (LGAs) between 1967 and 1996, the number of opportunities for elected positions in federal, state, and local government councils proliferated. However, the reality is that a migrant to a city outside of his or her state of origin is considered a stranger in the host state, irrespective of the number of years of residence in the city (NISER 1997; Trager 1998). The same holds for children born in the city to non-natives. The result is that internal migrants are often excluded from political participation in their places of residence. The reluctance of government at all levels to address this issue suggests a tacit institutionalization of place of origin as the only viable access point to political participation.

Consequently, a migrant who aspires to contest any elective position has to return to his hometown to run if he ever hopes to succeed. It is therefore desirable, from the point of view of the migrant, to maintain strong ties with his or her hometown and to demonstrate a strong presence through residential buildings or business investments (NISER 1997; Smith 1999; Chukwuezi 2001).

Beyond personal goals, migrants also maintain ties with their communities of origin as a survival strategy in times of crisis. During the Nigerian civil war, millions of Southerners displaced in the North who kept contact with hometowns through investments in residential buildings or through correspondence with relatives were able to return and resettle easily. By contrast, those who did not maintain contact with their roots lacked the resources and contacts and found resettlement more difficult (NISER 1997).

Following endemic ethno-religious conflicts, migrants also see hometowns as the most secure place for investment. For example, in the aftermath of the Nigerian civil war, the Igbo lost land and property located outside Igboland before the war. Igbo property was seized by indigenes under the Abandoned Property Decree, which claimed that fleeing Igbo "abandoned" their property when seeking safe haven in Igboland. Consequently, after the war, significant Igbo investments in housing, small scale industries and transportation have been securely located in places of origin (Smith 1999; Chukwuezi 2001). These patterns of entrepreneurial ventures have been linked to enhanced rural economic viability and reduced rural isolationism, mostly in Southern Nigeria.

However, circular migration and rural-urban ties may also have less beneficial impacts on local development. Aja-Nwachuku (2004) found a high incidence of pre-marital pregnancy, STIs, and clandestine high- risk abortions among non-school rural-urban migrant youth in Aba, the commercial hub of Southeastern Nigeria. This finding is supported by evidence from South Africa that being a migrant and having lived in four or more places were independent and significant risk factors for HIV infection, with the primary route of infection being migrants

returning to places of origin to infect their partners (Lurie 2004). A high rate of circular migration has the potential for the transmission of disease from urban to rural areas; this is a legitimate concern that remains to be systematically investigated in Nigeria.

Ethnic and Religious Conflict and Patterns of Internal Displacement

Under several successive military governments, brutal tactics generally kept ethnic and religious rivalries in check. However, since the election of a democratic government in 1999, ethnic and religious conflicts have surged in both number and intensity leading to a sizeable number of internally displaced persons (IDPs) in Nigeria (Nigerian Red Cross Society 2007). While the figures fluctuate considerably due to complex displacement patterns and the lack of any comprehensive and reliable survey data, the number of IDPs in Nigeria was estimated to be approximately 3.2 million between 2003 and 2008 (National Commission for Refugees 2007, 2008).

The most pronounced case of ethnic-related internal displacement in Nigeria's history occurred before and during the Biafran War of 1967–1970. Approximately one million Igbo fled from their homes in other parts of Nigeria to the safety of the independent state of Biafra. This period was also marked by the movement of other Nigerians back to their home regions (Udoh 1997).

In the more recent past, the reasons for internal displacement vary by geo-political zones. In the Niger Delta about 480,000 persons were displaced between 2006 and 2008 in the on-going clashes surrounding the benefits of oil exploration and exploitation. The implementation of the International Court of Justice ruling that gave control of the Bakassi peninsula to Cameroon created an unexpected wave of displacement of over 755,000 persons into the neighboring Cross River and Akwa Ibom states between 2007 and 2008. Between 2005 and 2008, in the Northern States of Kano, Kaduna, Kwara, Taraba, Adamawa, Benue, Plateau, and Kogi, the displacement of a total of 1.25 million persons was linked to ethno-religious and political conflicts. Yet in other northern states- Yobe, Jigawa, Kebbi, and Gombe- about 450,000 persons were displaced by flooding between 2004 and 2007. Finally, between 2000 and 2007, over two million people were forcibly evicted from their homes in cities such as Lagos, Abuja, and Port Harcourt following government urban maintenance and/or renewal programs (Centre on Housing Rights and Evictions and Social and Economic Rights Action Center 2008). Internal displacement, often (although not always) related to ethnic and religious conflict, is clearly a massive issue in Nigeria.

Emigration and Asylum Seekers

In terms of international migration, large numbers of refugees and asylum seekers have left Nigeria to settle elsewhere in Africa and across the global North. Between 1996 and 2005, Cameroon received 60,380 Nigerian refugees, the majority of these in 2001, when ethnic conflict between Hausa-Fulani herdsmen and Mambila farmers prompted the Hausa-Fulani to flee *en masse*. About 77,000 Nigerians sought asylum in industrialized countries between 1992 and 2001 (Stock 2005). The UNHCR estimated that the United States resettled 13,863 Nigerians between 1996 and 2005, followed by the United Kingdom (11,749), Germany (10,406), and Canada (9,378). Asylum seekers from Nigeria also headed to Ireland (21,378 between 1996 and 2005), South Africa (14,107), Austria (8,244), and France (6,510). In 2006, Nigerians registered asylum applications in 17 countries around the world. Following renewed ethnic and religious unrests and conflicts in the country in 2008, Nigerians lodged 26,998 asylum applications in 2008 and 2009 in 44 industrialized countries, ranking 7th in terms of country of origin of global asylum seekers behind Afghanistan, Iraq, Somalia, Russian Federation, China and Serbia (UNHCR 2008, 2010). Stock (2005) have showed earlier that the economic stagnation of the 1990s and political and religious violence have made Nigeria a much

less attractive migration destination in recent years While there is significant skepticism in the global north about the legitimacy of asylum applications from Nigeria, the persistent conditions of political unrest, turmoil, violence, conflicts and dislocations that have killed, injured, displaced and dislocated hundreds of thousands and destroyed their livelihoods are indeed the valid criteria that qualify citizens of a given country to seek asylum elsewhere.. The overarching perspective following escalating waves of insecurity is that, any view that Nigeria is by any means better than any of the war-torn countries amounts to begging the issue. Consequently, asylum seeking and the growing tendency of Nigerians to leave the country, are simply attempts to escape from the harsh and dehumanizing effects of the poor socio-economic conditions in the country generally induced by ethnic and religious forces (Daily Independent 2009).

Ethnicity, Religion and Other Socio-demographic Characteristics

Education

Although they remain quite poor, educational levels in Nigeria are improving slowly. In 2003, the mean years of education for the total population (according to the DHS) were 5.6, but this increased to 6.8 years by 2008. There is a large gap between men and women that remains fairly steady over time. In 2003, men had, on average, 7.2 years of education, while women had only 5.1 years. By 2008, men had an average of 8 years of education and women 6.2 years. In terms of literacy, the population remains relatively illiterate overall. In 2003, 44 % of the population could not read at all; this percentage declined to 38.7 % by 2008.

As shown in Table 21.9, the percentage of the total population that had no education at all decreased from 36.9 to 31.2 % between 2003 and 2008. This decrease was especially salient for women; there were 41.6 % with no education in 2003 but only 35.8 % in 2008. The percentage of the population that had secondary education improved from 33.4 to 38.1 over the time period (from 31.1 to 35.7 % for women and from 40.9 to 43.3 % for men). The percentage of people who obtained a higher education also improved from 7.3 to 10.6 % over the 5-year period.

Although in general the educational levels of Nigerians have improved over time, there continues to be a sharp difference in these improvements between different religious groups. Catholics and Christians have higher levels of education compared to Muslims and Traditionalists. In 2003, 10.8 % of Catholics and 10.5 % of Christians had reached the level of higher education, and 50 % of Catholics and 54.5 % of Christians had reached the secondary level of education. Yet, only 17 % of Muslims and only 7 % of traditionalists had secondary education, while 61.7 % of Muslims and 61.2 % of Traditionalists had no education at all.

Table 21.9 Educational levels by key characteristics, Nigeria, 2003

	None			Primary			Secondary			Higher			
	Male	Female	Total	Male	Female	Total	Males	Female	Total	Males	Female	Total	Total
Sex	21.6	41.6	**36.9**	25.7	21.4	**22.4**	40.9	31.1	**33.4**	11.8	5.9	**7.3**	**100 %**
Religion													
Catholic	4.4	14.7	**12.1**	27.7	26.9	**27.1**	53.5	48.7	**49.9**	14.3	9.7	**10.8**	**100 %**
Other	3.3	8.5	**7.3**	27.9	27.7	**27.7**	55.8	54.1	**54.5**	13.0	9.7	**10.5**	**100 %**
Christian													
Islam	37.8	69.0	**61.7**	24.5	15.1	**17.3**	28.6	13.6	**17.1**	9.1	2.4	**3.9**	**100 %**
Traditionalist	38.1	67.4	**61.2**	45.8	27.6	**31.5**	14.4	5.0	**7.0**	1.7	0.0	**0.4**	**100 %**
Other	36.9	74.3	**55.1**	8.7	8.1	**8.4**	26.4	17.6	**22.1**	28.1	0.0	**14.4**	**100 %**

Source: Demographic and Health Survey, 2003

Table 21.10 Educational levels by key characteristics, Nigeria, 2008

	None			Primary			Secondary			Higher			
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Total
Sex	21.2	35.8	31.2	21.3	19.7	20.2	43.3	35.7	38.1	14.2	8.9	10.6	100 %
Ethnicity													
Hausa	46.3	77.1	67.1	21.8	12.4	15.4	23.3	8.9	13.6	8.6	1.6	3.9	100 %
Yoruba	5.3	10.0	8.5	17.1	21.5	20.1	55.1	51.6	52.7	22.4	17.0	18.8	100 %
Igbo	2.1	5.4	4.4	29.3	20.8	23.3	52.6	58.7	56.8	16.0	15.2	15.4	100 %
Fulani	75.0	89.3	85.1	14.8	6.7	9.1	23.3	3.6	4.8	2.6	0.4	1.1	100 %
Ijaw/Izon	2.3	10.3	7.3	14.9	23.8	20.5	66.5	58.1	61.2	16.3	7.8	11.0	100 %
Ibibio	3.6	4.0	3.9	28.2	27.8	27.9	51.0	53.2	52.5	17.3	15.0	15.8	100 %
Tiv	5.9	32.3	23.8	27.2	34.0	31.8	57.2	29.2	38.2	9.7	4.5	6.1	100 %
Other	14.1	28.6	24.1	21.2	24.5	23.4	49.4	38.5	41.9	15.3	8.4	10.6	100 %
Religion													
Catholic	3.0	11.1	8.5	27.6	23.9	25.1	55.0	51.6	52.7	14.4	13.4	13.8	100 %
Other Christian	4.1	9.5	7.9	20.4	23.6	22.6	55.8	52.7	53.7	19.6	14.2	15.9	100 %
Islam	41.1	66.0	58.1	19.9	14.8	16.4	29.6	16.3	20.6	9.3	2.9	5.0	100 %
Traditionalist	33.7	63.7	54.1	40.5	25.7	30.5	22.8	9.4	13.7	3.0	1.3	1.8	100 %
Other	8.9	26.7	17.0	17.9	28.8	22.8	42.1	36.9	39.7	31.2	7.6	20.5	100 %

Source: Demographic and Health Survey, 2008

Educational levels improved for every religious group in 2008, but the differences were still evident. Christians with higher education increased from 10.5 to 15.9 % and Catholics from 10.8 to 13.8 %. Likewise for those with secondary education, Catholics increased from 50 to 52.7 % (Christians actually decreased slightly over the time period). Traditionalists nearly doubled their percentage with secondary education (from 7 % in 2003 to 13.7 % in 2008). Muslims also improved from 17.1 % with secondary education to 20.6 % in 2008. Yet both traditionalists and Muslims both still had fewer than half of the percentage with secondary education and higher education compared to their Christian and Catholic counterparts. The gaps between men's and women's levels of education are also much larger among Muslims and traditionalists than they are among the other religious groups (Table 21.10).

Although ethnicity was not collected in 2003, in 2008, as shown in Table 21.10, there are some clear differences in education between ethnic groups. Well over three-quarters of both Hausas and Fulanis have no formal education, compared to fewer than 5 % of Igbo and Ibibio. The Hausa and Fulani also have the lowest percentages with higher education and secondary education. Almost 19 % of the Yoruba have higher education and over half of them have secondary education. Large percentages of Yoruba, Igbo, Ijaw/Izon, and Ibibio have attained secondary or higher education. And across almost all groups, at every educational level, there are significant differentials between men and women.

Employment, Wealth and Poverty

In terms of employment and general socioeconomic status, the DHS gives details on employment status (in the last year), occupational type, and wealth (as measured by a wealth index). Table 21.11 shows employment characteristics for the whole population in 2003 and 2008. Unemployment decreased slightly over the 5-year period from 38.1 % in 2003 to 30.6 % by 2008. Yet, this is still an incredibly high unemployment rate, even if one assumes that some percentage of those who are unemployed are students.

Table 21.11 also shows that any employment increase has been concentrated in the skilled manual, agricultural, and clerical areas (in other

Table 21.11 Employment and occupational characteristics, Nigeria, 2003 and 2008

	2003 DHS			2008 DHS		
	Males	Females	Total	Males	Females	Total
Worked last year? (%)						
Yes	73.6	58.3	**61.9**	83.7	61.1	**68.7**
No	26.4	41.7	**38.1**	16.3	37.2	**30.6**
Occupation (%)						
Not working	27.1	41.7	**38.3**	13.4	37.3	**30.7**
Professional/technical/managerial	11.6	4.7	**6.3**	7.7	4.1	**5.3**
Clerical	0.9	1.0	**1.0**	1.4	1.2	**1.3**
Sales	13.5	32.7	**28.2**	12.9	28.9	**23.8**
Agricultural-self-employed	27.8	15.0	**15.7**	34.1	15.2	**21.2**
Household & domestic	0.1	0.8	**0.6**	9.6	3.8	**5.6**
Skilled manual	15.2	5.6	**7.8**	15.2	8.7	**10.7**
Unskilled manual	3.8	1.5	**2.1**	2.3	0.3	**0.9**

Sources: Demographic and Health Surveys, 2003 and 2008

words, lower-paying jobs). The percentage of people employed in professional, technical, and managerial occupations has decreased (from 6.3 to 5.3 % over the 5-year period). The sales and unskilled manual labor sectors also show declining percentages. Although the details are not shown here, there was little difference in employment and occupation among ethnic and religious groups (Table 21.12).

The mean number of household members decreased over the 5-year period in Nigeria from 6.7 to 6.0 (see Table 21.12). The percentage of female-headed households increased slightly, while the mean age of the household head decreased slightly between 2003 and 2008, but these were not large changes. Nevertheless, about 15 % of households are female-headed as of 2008. In terms of overall socioeconomic status, Nigerian households seem to be improving slightly over the time period. The percentages of people in the poorest, poorer and middle levels of wealth have declined over time, while the percentage in the richer and richest levels have increased (Table 21.13).

In terms of ethnic differences in wealth, there are significant disparities among the various ethnic groups. As shown in Table 21.13, in the 2008 DHS, while 61 % of Fulanis, 53 % of Kanuris, and 44 % of Tivs are in the poorest quintile, over 70 % of Ibibios, 68 % of Igbos, and 55 % of Yorubas are in the top two quintiles. It seems likely that there is a bit of undercount of the poorest segments of the population in the DHS survey, as there are larger percentages overall in the richer and richest quintiles. Yet, these differences are too stark to not be true (Table 21.14).

Finally, in Table 21.14, religion is shown by the five wealth/socioeconomic status levels, again according to the 2008 DHS. While over 52 % of Catholics and over 59 % of other Christians are in the top two wealth quintiles, about 53 % of Muslims and 63 % of traditionalists are in the poorest or poorer socioeconomic quintiles.

Overlapping Stratification in Nigeria

Nearly every measure of well-being for the Nigerian population that has been examined in this chapter indicates that there is severe stratification in Nigeria along ethnic, religious, and regional lines. Muslims and traditionalists, those who live in the northern regions, and those who are Hausa, Fulani, Tiv, and Kanuri are, on average, worse off compared to their Catholic/other Christian, southern, Ibibio/Igbo, Yoruba counterparts.

Although the ethnic differences are sometimes less pronounced than the religious and regional differences (at least according to the DHS data

Table 21.12 Household characteristics and wealth index, Nigeria 2003 and 2008 (weighted)

	2003 DHS			2008 DHS		
	Males	Females	Total	Males	Females	Total
Mean number of household	6.3	6.9	6.7	5.5	6.3	6.0
Members						
Mean age of household head	43.9	45.1	44.8	42.9	44.7	44.1
Sex of household head (%)						
Male	91.5	84.7	86.3	93.1	81.8	85.4
Female	8.5	15.3	13.7	6.9	18.2	14.6
Wealth index (%)						
Poorest			18.4			18.1
Poorer			18.6			18.1
Middle			19.6			18.9
Richer			20.4			21.4
Richest			23.0			23.5

Sources: Demographic and Health Surveys, 2003 and 2008

Table 21.13 Wealth index by ethnicity, Nigeria, 2008

Wealth index (%)	Ekoi	Fulani	Hausa	Ibibio	Igala	Igbo	Ijaw/Izon	Kanuri	Tiv	Yorub	Other	Total
Poorest	6.7	61.3	27.9	4.0	3.8	3.3	9.0	53.4	44.4	2.3	18.5	18.1
Poorer	24.3	22.5	31.0	7.4	22.6	7.7	18.4	15.3	25.4	8.9	18.5	18.1
Middle	35.9	9.0	19.0	18.3	33.0	21.1	26.7	14.4	15.4	13.9	21.3	18.9
Richer	24.0	4.8	14.2	38.4	26.5	30.0	26.2	11.8	8.1	27.0	21.6	21.4
Richest	9.1	2.4	8.0	31.8	14.1	38.0	19.6	5.2	6.7	47.9	20.1	23.5
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

Source: Demographic and Health Survey, 2008

Table 21.14 Wealth index by religion, Nigeria, 2008

Wealth index (%)	Catholic	Other Christian	Islam	Tradition	Other	Total
Poorest	10.4	8.4	28.5	36.5	7.5	18.0
Poorer	14.2	12.5	24.3	26.5	17.2	18.1
Middle	23.0	19.7	17.3	17.6	21.2	19.0
Richer	25.2	26.3	16.1	11.8	27.0	21.4
Richest	27.2	33.2	13.9	7.6	27.2	23.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: Demographic and Health Survey, 2008

used here), these relatively disadvantaged groups are more likely to live in rural areas, are less mobile, have lower levels of educational attainment and higher levels of poverty, and have higher fertility and mortality levels. These overlapping characteristics of those who are doing well and doing poorly in Nigeria point to the key roles that ethnicity, religion, and region play in day-to-day lives of Nigerians. Those who are born into certain ethnic groups, religious groups,

and/or regions are likely to do poorly in the face of continued absence of interventions by the government to improve socioeconomic status and its related outcomes. These widening chasms in terms of welfare do not bode well for future improvement in inter-ethnic, inter-religious, and inter-regional relations in Nigeria, particularly in light of its persistent history of conflict and violence.

Data and Research Needs

Data Quality and Availability

Although the Nigerian National Bureau of Statistics has a good website (http://www.nigerianstat.gov.ng/), with lots of data available on various aspects of the economy, social and demographic statistics are less readily available to researchers. For example, the 2006 Nigerian Census microlevel data are still not completely publicly available, 9 years on. The 2006 Nigerian Census was the first census conducted in Nigeria since 1991 (a 15-year interval) and, like its predecessors, the census was again surrounded by controversy and conflict. According to numerous news reports, there were charges of fraud, protests and boycotts occurred, and there were at least 15 deaths attributed to the conflict over the census. Thousands of census takers quit because they had not been paid and several areas of the country were subject to a massive undercount (Lalasz 2006).

The controversy surrounding the census is largely due to the fact that both the allocation of federal funds and the apportionment of parliamentary seats are based on the census results. The coastal, more-urbanized (and largely Christian) southern regions accuse the population in the north (largely Muslim and traditionally the base of the party in power) of census fraud in their favor for political and economic gains (Lalasz 2006). The country's last census in 1991 also led to conflict and upheaval and was widely criticized for undercounting the population by as many as 20 million people (Okolo 1999; Lalasz 2006). It is no surprise then, that the 2006 Census results were not released (as previously promised) before the 2007 general elections, but rather have only become available in 2009. There were critiques from some camps that former President Obasanjo, the first elected leader from the southern region of Nigeria, was extending the census controversy for political gain (Lalasz 2006). There is no doubt that census-taking is a politically charged exercise in nearly every country, but these political difficulties and obstacles to conducting a census in Nigeria are undoubtedly compounded by the enormity of the enterprise in a large, populous country with a lack of trained staff, poor transportation networks and roads, and a lack of funds.

A full analysis of the quality of the 2006 Census data is not yet available, but the total figure of approximately 140 million (in 2006) is about 18 million shy of the UN's projection of 158 million people by 2010, so it is possible that either fertility is falling more rapidly in Nigeria than originally anticipated, that there was a substantial undercount, or that both scenarios are at play. Given the assumed undercount in Nigeria's 1991 census of up to 20 million people, and the controversy in 2006, undercount was likely. Note, however, that the UN currently estimates that Nigeria's population in 1991 was about 97 million, which is only 8 million more than the official 1991 count of about 89 million people.

In this chapter, the Demographic and Health Surveys (DHS) have been the primary data sources. There have been 5 DHS surveys conducted in Nigeria: 1990, 1999, 2003, 2008, and 2013. The 2008 data were released in December 2009, so this chapter focuses primarily on the results of that survey and compares them to the results from the 2003 survey (The 2013 data were unfortunately released too late to be included in this chapter). The DHS surveys, primarily funded by the U.S. Agency for International Development, are generally considered to produce high-quality nationally representative data. The technical expertise of DHS survey advisors, in conjunction with local in-country statistical agencies and survey staff generally lead to a high level of data quality. In addition, DHS data are heavily edited and recoded to fix errors or impute missing val-

ues as much as possible before they are publicly released. The DHS also evaluates the data quality of each of its surveys. The 2008 data seem to be of relatively good quality, when sampling errors and age distributions, as well as other key indicators are evaluated (NPC ICF Macro International 2009).

There are some other surveys available for Nigeria, but, again, they are not always easy to access. The National Integrated Household Survey (NISH) was begun by the Nigerian National Bureau of Statistics in 1981 and included data from modules including (in various years): the General Household Survey (GHS)—health, literacy, etc.; the Core Welfare Indicator Questionnaire (CWIQ)—household welfare and infrastructure, access to water and sanitation and electricity, and health care access; the Multiple Indicator Cluster Survey (MICS)—child health and survival; Rural Agricultural Sample Survey (RASS); National Consumer Survey (NCS); Health and Nutritional Status Survey (HANSS); Labour Force Survey (LFS); National Agricultural Sample Census (NASC); Survey of Internal Migration (SIM); Survey of Household Enterprises (SHE); and the Harmonized Nigeria Living Standard Survey (HNLSS), among others. In theory, most of these data are publicly available (although actual level of access is unknown and information is difficult to obtain). The Bureau of Statistics website seems to prevent outside researchers from accessing most of this data.

Technology has improved the production and collection of data by the National Bureau of Statistics, whose own infrastructure has been vastly improved in recent years, but major challenges remain. The biggest challenge is undoubtedly maintaining adequate financial resources and sustainability; most surveys are still funded by overseas donors and therefore priorities are correspondingly donor-driven. Other major challenges include poor computing infrastructure, a paucity of skilled staff, and a resulting lack of data analysis and dissemination (Onyelisi 2009). An investment by the Nigerian government in data collection, analysis, and especially dissemination would probably be very worthwhile.

The measurement of ethnicity and religious preference is fraught with difficulties in most contexts. In Nigeria, there appear to be two issues related to accurate measurement of these concepts. First, ethnic and religious identities are fluid over time and many Nigerians seem to prefer religious identity, ethnic identity, or regional identity at different times in their lives or under different political or social circumstances (Lewis 2007). This complicates the measurement of these concepts and particularly makes it difficult to see if the percentages of various groups are changing over time due to population changes or due to ethnic affiliational changes. Second, ethnic and religious identity are so strongly associated with conflict in Nigeria, that they can be sensitive topics to discuss on a survey questionnaire, and sometimes are even left off as in the 2006 Nigeria census when questions of religion and ethnicity were officially left out. This scenario generally hampers studies on changes over time, not only in terms of ethnic and religious affiliation, but also how these are related to other socio-demographic and socio-economic characteristics and outcomes, more so in the context where social identity factors of such as religion and ethnicity are strong predictors of social choices and behaviors.

Conclusion: Future Trends and Policy with Regards to Ethnicity and Religion in Nigeria

Demographic Trends

With respect to its age structure, at first glance Nigeria appears to be in a very promising situation overall, with a large cohort of young people entering adulthood (and, presumably, the labor force) while fertility rates are falling. Nevertheless, the population of children and youth will still be quite a large (albeit declining) percentage of Nigeria's total population by 2050 (28 %). Even though the percentage of elderly will be relatively small, the elderly population is projected to grow and the numbers of both youth and elderly are staggering, given the overall

population of Nigeria. Policies must address the needs of these groups, including education, child immunizations and basic health care, the prevention of sexually transmitted diseases and reproductive health for adolescents, and old-age support and pensions and health care for the elderly who are disabled or chronically ill.

The dependency ratio suggests that the working age population will support these other two portions of the population, and in fact produce a surplus, but in order to do that, they must be employed, and the data presented here make that prospect seem rather dim. Despite some improvement between 2003 and 2008, unemployment rates are very high across nearly every region and every subgroup in the population. Increased employment seems to be mainly agricultural, which may not provide enough income to adequately support Nigerian families and could have deleterious environmental consequences if not done properly.

In terms of population trends, Nigeria's TFR remains quite high compared to the rest of the less developed countries (over 5 children per woman) and although it is projected to continue to decline, there are questions about whether this decline is inevitable and whether it will continue apace. There is some evidence of decline from the 2003 and 2008 DHS data, however. Regardless of how the fertility rate changes, Nigeria's population growth will continue through 2050 due to simple population momentum. Fertility remains particularly high among certain subgroups, especially Muslims and traditionalists, rural dwellers, and those in the northern regions at pre-transition levels.

Age at first sex, age at first marriage, and age at first birth for women still remain low in Nigeria (17.2, 17.8, and 19.4, respectively, according to the 2008 DHS), although they have increased since 2003. Policies must be implemented that raise these average ages to reduce fertility overall. Unmet need remains high and the public health infrastructure – particularly the family planning and reproductive health infrastructure – is in great need of reform and improvement (Blattner et al. 2008). Confronting and assuaging Nigerian pronatalist attitudes, particularly among men, is potentially difficult, but also necessary. This requires investment in education for women and an overall focus on improving the status of women. But investment in education, particularly for women, will yield little, without a benefit in terms of employment and economic mobility.

The labor market currently does not have many opportunities for women (or men, for that matter) and underemployment is widespread as well, particularly for youth (World Bank 2009). What can be done? This is a question for the development economists, but it would seem that at this point in time, with the current technological resources available and Nigeria's substantial oil wealth, some creative forms of education, training, and job creation should be a focus.

Key subgroups within the population deserve special emphasis in population and economic policies. The northern regions, Muslim and traditionalist populations, and rural areas, in particular, are in need of increased resources and infrastructure, particularly in the areas of family planning, education (especially female education), job creation, and public health. These programs should not exclude other regions or parts of the population, particularly as Nigeria is rapidly growing and there is also a large and growing urban population base in the south. Supporting change in underserved areas and among underserved groups without alienating those who are somewhat better off will require stronger governmental and civil society institutions (Bloom et al. 2007).

Health

Nigeria's mortality and health indicators continue to lag far behind other countries as well. Life expectancy lags severely, due to the HIV/AIDS epidemic as well as other infectious and non communicable diseases, and poor health care infrastructure, particularly in rural areas (Blattner et al. 2008). Public health investments should be made to avoid Nigeria falling even further behind its neighbors in life expectancy and health. Little attention has been given to health information generation and management or health systems

research to build evidence for a response to emerging needs. Currently, there is little linkage between health research and health policy. Reliable data are lacking, there is often under-reporting, and data obtained from sources are often inaccurate or conflicting.

Nigeria has one of the largest stocks of human resources for health in Africa, comparable only to Egypt and South Africa. There are 39,210 doctors and 124,629 nurses registered in the country; this averages out to about 30 doctors and 100 nurses per 100,000 persons (Labiran et al. 2008). This compares favorably to the sub- Saharan African average of 15 doctors and 72 nurses per 100,000 persons (WHO 2006, cited in WHO 2009). Yet, there are rural-urban disparities as well as regional disparities in the distribution of health staff. Remuneration packages for health professionals vary between federal and state levels and also between states, with the result that health professionals tend to gravitate to the better-paying federal facilities and states. Private providers (except faith-based ones) mainly operate in urban settings where income levels are generally highest, resulting in reduced access to qualified and competent health professionals for people living in rural and deprived areas that bear a greater portion of the disease burden.

Funding of the health sector relies on a mixture of government budget, health insurance (social and private), external funding and private out-of-pocket spending. The level of spending on health is relatively low at less than 5 % of gross domestic product. Household out-of-pocket expenditure as a proportion of total health expenditure averaged 64.5 % between 1998 and 2002, which is very high. It is estimated that on average health care consumes more than half of total household expenditure in about 4 % of cases and over a quarter in 12 % of cases (WHO 2009). The Federal Government and some state governments have substantially increased allocations to health care since 2003. The Federal Government has also tried to increase the resource allocation to PHC by other means, such as the National Health Bill, which created a Primary Health Care Development Fund. A review of the challenges in the health sector indicates a weak system with disconnections and less than optimal function of the subsystems. There is inadequate decentralization of services, weak referral linkages, dilapidated health infrastructure, and weak institutional capacity. The full implementation of the National Health Insurance Scheme will eliminate 60–70 % out-of-pocket expenditure on health by Nigerians and curb rural urban drift. Operators of the NHIS will need to work rapidly to expand the scheme to accommodate more Nigerians with a view to bringing quality and affordable health care to their door steps.

This weak system has to cope with a rising population, a heavy burden of both communicable and non communicable diseases, and specific problems such as high maternal and child mortality. The epidemiological concept of "prevention" is usually defined as either primary prevention, for people who have not been diagnosed with a particular disease, or secondary prevention, aimed at reducing recurrence or complications of a previously diagnosed illness. Advocacy to make Nigerians adopt new lifestyles that will check diseases, leading to a healthy life will be one of the ways to address this challenge.

Finally it has been observed that the regional differentials in childhood mortality are consistent with regional differentials in basic indicators of maternal care, such as antenatal care visits and content, as well as delivery assistance (NPC and ICF Macro International 2009). Therefore policy and programs to address regions and groups with the poorest indicators need to primarily tackle access to and utilization of maternal and child health services.

Conclusion

Continuing urbanization, at least partially due to internal migration from rural areas, but also natural increase within cities, means that urban labor markets will need more jobs and infrastructure over time. Will this increasing urbanization lead to a more rapid fertility decline? Perhaps, as urban fertility norms continue to decline and

rural migrants assimilate to urban norms (see, for example, White et al. 2008). But it is important to recognize that even if urban fertility declines without many policy changes, Nigeria's rural population will still be large in numbers (even if they are a declining percentage of the population), and rural fertility change may require significantly more intervention. In terms of international migration, the Nigerian diaspora continues to grow globally, but little is known about how much they are sending in remittances and how these funds are used.

While the government have recently began to engage the Diaspora as partners in development, such initiatives are at early stages and yet to result into tangible outcomes. Consequently, whether or not the Nigerian diaspora is indeed a potential engine for growth at home or simply a brain drain is a question that needs further study by academic researchers and policy makers.

One clear message however, is that Nigeria is greatly understudied and population data are of dubious quality and access to them is generally difficult for researchers. Nigeria, despite being one of the largest countries in the world, is not well-studied by demographers, at least not as measured by published literature in the major peer-reviewed population studies journals. Nigeria and those who are interested in its development need to improve data access, availability, and quality, and promote research on its demographic trends.

The demographic dividend as a potential boon for overall development was first recognized in the case of the East Asian tigers. There is some debate in the literature about whether or not Africa can follow their model and capitalize on this one-time demographic bonus of a large working age population and relatively small dependent population (Bloom et al. 1998, 2007; World Bank 2009). It is a tall order, particularly for a country like Nigeria, given all of its challenges as highlighted in this analysis. Nevertheless, Nigeria's population, in combination with its relative wealth, could be a dynamic engine of growth if harnessed properly. The Nigerian government, as well as international donors, must focus on the key challenges of investing in basic public infrastructure, including health, family planning, schools, and basic services; and of reinvesting oil profits in job creation. These sound like simple prescriptions, but of course they are not. Nevertheless, time is passing quickly and unless these investments are made now, the demographic dividend and its golden opportunity will pass Nigeria by.

None of this will matter if ethnic, religious and regional conflicts are not kept in check. Surveys of public opinion in a number of African nations indicate that Nigerians are more wedded to ethnic identity than they are to national identity, in comparison to many of their counterparts on the continent (Lewis 2007). The government must clearly articulate and promote a national identity, bringing marginalized groups into the fold and addressing concerns of underserved groups and regions. The political will to deal with ethno-religious conflicts and forces that engender and fuel the embers of discord often seems to be absent. The over-arching perspective is that the hydra-headed crises in the North had made the people in the Northern states to be among the poorest in the country (Awofadeji 2010). Constitutional issues of citizenship and justice for victims of religious and ethnic conflicts will help to calm frayed nerves and bringing perpetrators of religious extremism and violence to justice will be a deterrent for impunity and wanton destruction of lives and property in the name of religion and ethnicity. Addressing socio-cultural and religious factors implicated through IEC programs need to be prioritized as the first order of future political business. Because ethnic identities are so fluid, this means they are not set in stone, but may be mutable and even transferable to national, democratic loyalties (Lewis 2007). But this can only happen in a society that values the contributions of all groups and works to ensure that they are included in political processes and that their needs are justly and properly addressed.

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