SITUATION OF CHILDREN AND WOMEN IN EDO STATE

An Atlas of Social Indicators

DECEMBER 2018

unicef

FOREWORD

Children and women are very important to the future survival of any society. Investing in them generates considerable cost saving and it is considered as one of the most valuable long-term investments a government can make. The most opportune time to break the cycle of poverty is during early childhood, when the foundation of an individual's health and well-being is laid. The wellbeing of a woman produces positive multiplier effects on the entire household members and the society at large. It therefore very important to understand the condition of children and women and issues affecting their future development and growth, as a starting point in developing sound interventions to address their issues. Credible data about the situation of children are therefore critical to the improvement of their lives.

The statistics in this publication tell the story of children, adolescents and mothers. However, statistics themselves do not change the situation but they are useful in identifying the needs, supporting advocacy, gauging progress and making positive changes. It is in realization of this that UNICEF (Akure Office) in collaboration with the Edo State Central Office of Research and Statistics produced the first edition of Atlas of Social Indicators of the Situation of Children and Women in Edo State. The statistics in this publication were derived from the Multiple Indicators Cluster Survey (MICS) reports and the State government administrative data.

Specifically, the document covers issues related to household living conditions; child & maternal health; child nutrition; water, sanitation & hygiene; basic education; child protection and HIV/AIDS. It is expected that the facts provided in this document will bring informed policies and programmes for women and children development in Edo State and serve as reference point on which interventions to address their issues could be assessed.

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SECTION ONE

BACKGROUND

1.0 Introduction

The Atlas of social indicators of situation of children and women in Edo State provides up to date information to access the welfare of children and women in the State. The report focuses on key indicators related to child's survival, development, participation and protection based on the results of most recent Multiple Indicators Cluster Survey (MICS) conducted between September 2016 and January 2017. The report also attempts to provide a ten-year trend analysis by comparing the results of MICS 2016/17 with MICS 2007 and MICS 2011 to give a picture of changes that have happened in the conditions of children and women over the years.

MICS is an international household survey on a wide range of indicators on the situation of children and women, being conducted in over 100 countries of the world. United Nations Children's Fund (UNICEF) has been consistent in partnering with National Bureau of Statistics (NBS) to implement MICS in Nigeria since 1995. To date, Nigeria has participated in five rounds of MICS: in 1995, 1999, 2007, 2011 and most recently in 2016/17.

It is expected that this report will enable the State government and development partners to better understand the challenges children and women are facing, identify areas of progress, stagnation or deterioration over the years. It provides useful inputs to shape policies and programmes for improvement of lives of women and children in Edo State. It also provides the basis for futher analysis to identify underlying causes and associated factors with inequities and protracted issues affecting the lives of children and women in the State.

The report is organised into eight sections. The introductory section provides the background, focus and profile of the State. Section two describes the characteristics and living conditions of households in the State. Section three focuses on child and maternal health including childhood mortality and access to healthcare services while section four highlights nutritional status and feeding pattern among children. Section five focuses on Water, Sanitation & Hygiene (WASH) and child education related issues dominates section six. Section seven and eight present protection and HIV/AIDS issues, respectively.

1.1 Profile of Edo State

Geography

Edo State was created from the defunct Bendel State on 27 August 1991. The name, Bendel, derived from the colonial heritage of the Benin and Delta provinces; the amalgamation of the two provinces formed Bendel. Bendel State was the former Mid-western Region of Nigeria

carved out from the western Region through a referendum on 9 August 1963. It is bounded in the North by Kogi State, in the West by Ondo State, in the South by Delta State and in the East by Anambra State. Edo State has a land mass of 19,794 square kilometres and lies between latitudes 05’ 44” N and 07’ 34” N and between longitudes 05’ 04’ E and 06’ 45’E.

Some areas in the southern fringes of Edo state are swampy mangrove forests with numerous creeks and rivers disecting the land area. The south west of the state is characterised with sandy plains, rivers and streams. This part of Benin lowlands has few hills which is drained by the Ikpoba, Orhionmwon and Osse rivers. In the North is the Esan Plateau (mainly sandstone plateau) whose heights ranges from 200 to 300 metres above sea level, which is an extention of the plateaux and ranges that are found in the far north areas of the state.

Demography

The main tribes in the State are the Binis, Esans, Owans, Etsakos and Akoko-Edos. Other tribes in the State include Igbiras, Ijaws, Urhobos and Itsekiris. The Bini speaking people occupy 7 out of the 18 Local Government Areas (LGAs) in the State. A lot of communities and indeed the ruling dynasties in all the clans trace their roots to the ancient kingdom of Benin. Cultural similarities are in the area of religious worships, folk-lore, dances, festivals, traditional modes of dressing, arts and craft. The popular festivals among these are the Igue and Ekaba festivals among the Binis and manhood initiation (age groups) in all the ethnic group in the State.

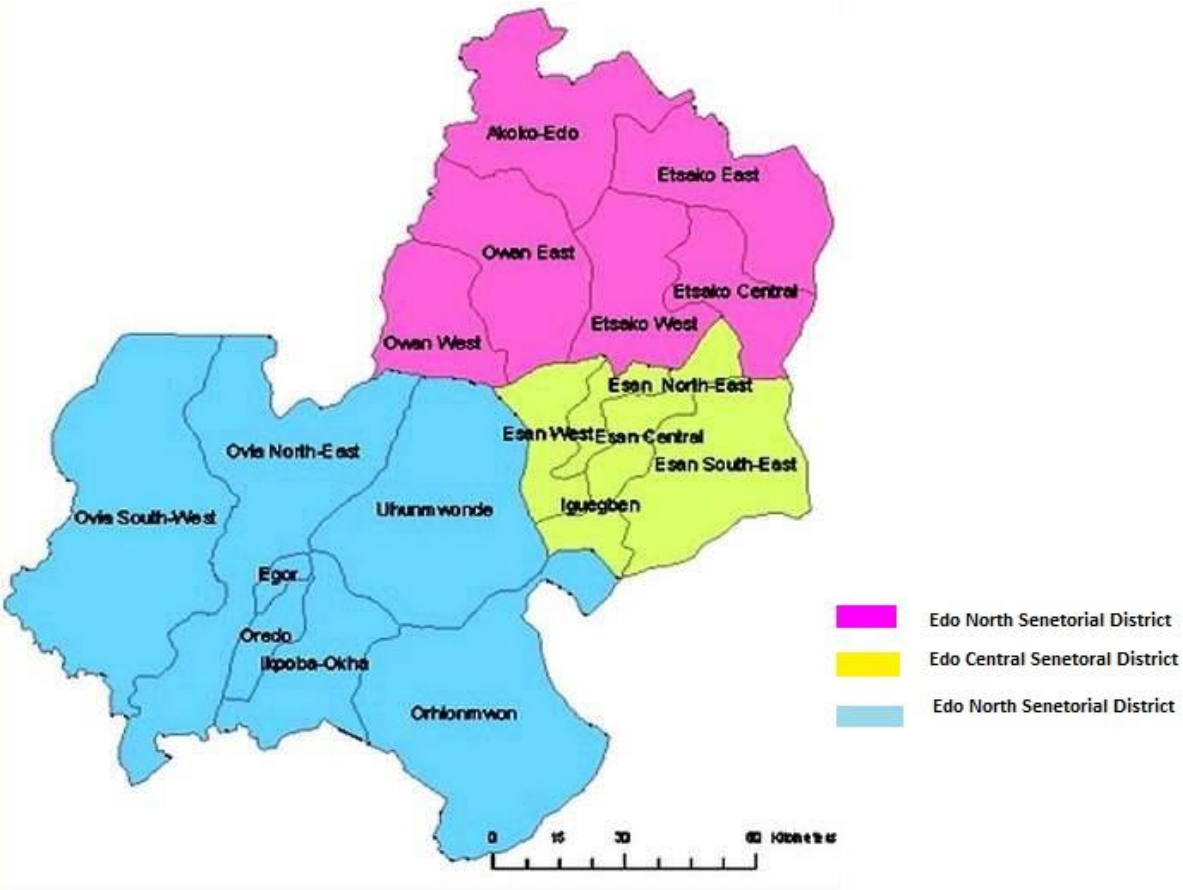


Figure 1: Map of Edo State showing the 18 LGAs

Population

According to the 2006 National Household and Housing Census, the Edo State population was 3,233,366. With the annual growth rate of 3.2%, the State population is estimated to be 4,597,550 in 2017 and projected to be around 6 million by the year 2025. The gender disaggregation shows that the male population (50.53%) is slightly higher than female (49.47%).

The age structure of the State shows that just over one-third (34.8%) of the population are in active labour force aged 25-64 years while more than a quarter (20.2%) of the population are young people (15-24 years) who are usually in school or learning a trade. A significant proportion of the population are dependents; comprising 41.8% young children aged 0-14 years and 3.2% elderly above 64 years, thereby contributing to the high dependency ratio of the State. The population pyramid shown in figure 2 indicates that the gender ratio is almost the same across all age groups, except for ages 5-9 years and 70-74 years but the difference is not significant.

See Table 1 and figure 2 for details.

Table 1: Population estimates and projections

Year	Total
2006	3,233366
2017(Estimate)	4,597,550
2025(Projection)	5,938,896

Table 1: State Population by age distribution- 2017 estimate

Age Group (years)	Male	Female	Total	% Contr.
0-4	373793	365952	739745	41.8
5-9	331048	324103	655151	
10-14	266929	261330	528259	
15-19	246485	241315	487800	20.2
20-24	222325	217661	439986	
25-29	202113	197873	399987	34.8
30-34	156580	153295	309875	
35-39	121268	118724	239992	
40-44	106632	104396	211028	
45-49	75967	74373	150340	
50-54	70391	68915	139306	
55-59	34150	33434	67584	
60-64	40422	39575	79997	
65-69	19050	18650	37700	3.2
70-74	22069	21607	43676	
75-79	9525	9325	18849	
80-84	12545	12282	24827	
85+	11848	11600	23448	
Total	2323140	2274410	4597550	100.0

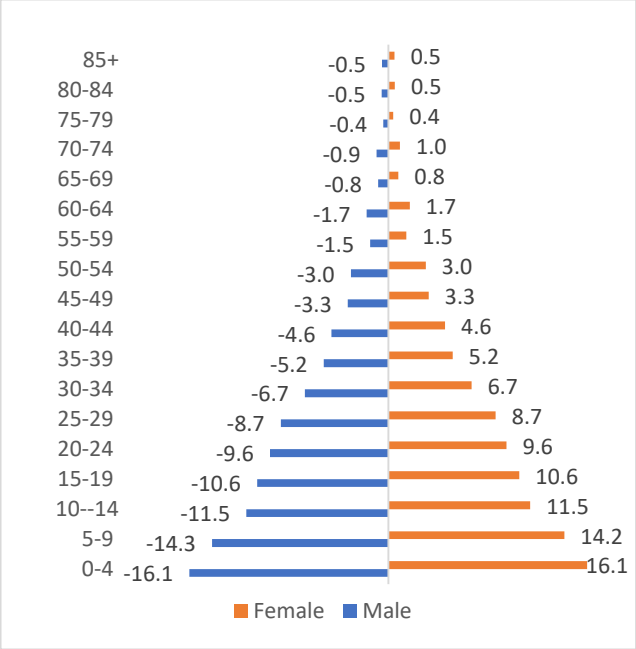


Figure 2: Age Distribution of the population

The breakdown of the population by LGAs in figure 3 shows that Igueben LGA has the least population with 99,926 people while Oredo has the highest population of 532,526 people. The three largest LGAs (Oredo, Ikpoba-Okha and Egor) are located within Edo South Senatorial District.

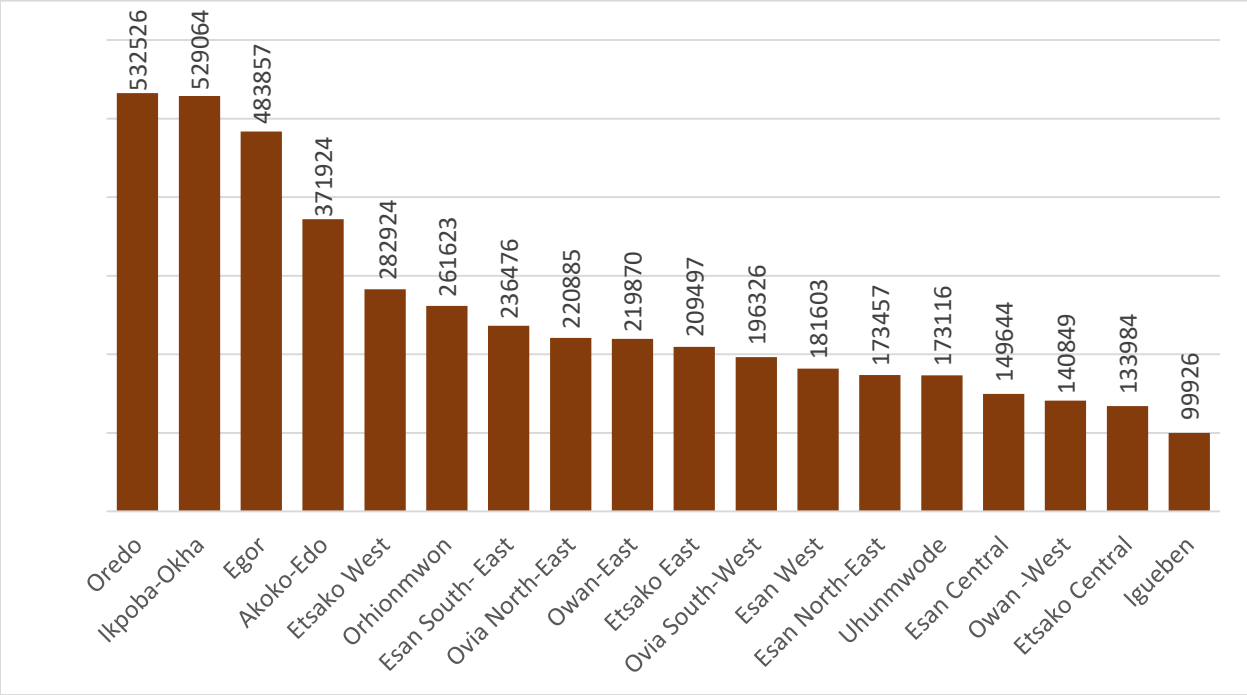


Figure 3: State Population by LGA – 2017 Estimates

Governance

The political administration of Edo State is managed by the three arms of government. The Executive arm headed by the Governor, The Judiciary headed by the Chief Judge and the Legislature headed by the Speaker. This structure ensures there is a balance of power in government. The State is also divided into three senatorial districts (Edo South, Edo North and Edo Central) to ensure adequate representation of the people at the federal level. The Oba who is the King of the Benin kingdom still play a vital role in governence and political matters of the State.

Economy

Although Edo is an oil producing State, yet agriculture still dominates economic activities. The State is very rich in agriculture and is a major food basket for the South-South zone. The common agricultural crops include cassava, rice, plantain, yam, sugar cane, cashew, groundnuts, tomatoes, cotton and tobacco, which are geared towards local and national markets. Edo State

is also one of the largest producers of oil palm in Nigeria. These products provide the incentives for agro-based industries to spring up in the State. The government of Edo State has laudable policies geared towards intense agricultural activities ostensibly as a means for reducing the looming level of youth unemployment, giving impetus to the factors that bring rapid socio-economic transformation and the provision of strong base for the take-off of industrial revolution. Edo State has one of Africa's richest heritages of artworks. Benin City is known worldwide for its famous bronze casters who continue to produce excellent works at the Igun street. Some of the leading lights in comtemporary art in Nigreria hail from the State.

The budget figures for the State have been fluctuating in the last 7 years (2011 to 2017). The highest annual budget for the State was N160.1 billion in 2014 while the lowest budget was N115.9 billion in 2016. The 2017 budget was 20.1% lower than the highest budget recorded in 2014. The State's budget implementation rate has been consistently over 70% in the 7 years, except in 2014 when it was as low as 55%. Actual expenditure for the State has varied from N118.5 billion in 2011 to 124.7 billion in 2017 when the State recorded the highest expenditure of N124.7 billion. However, the budget break-down shows that over the years, the bulk of the budget was spent on recurrent expenditure. For instance, in 2014, as much as 73% of the budget was spent on recurrent expenditure leaving only 27% for capital projects.

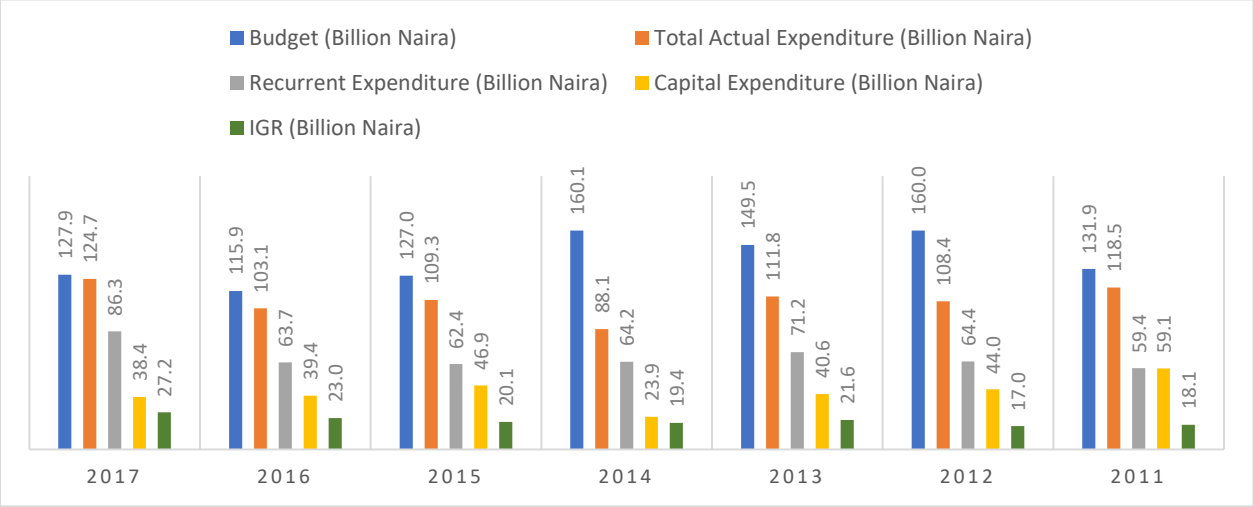


Figure 4: Edo State government budget, actual expenditure and IGR (2011-2017)

The State's Internally Generated Revenue (IGR), on the other hand, remained below 20% of the actaul expenditure until 2016 when the State recorded a marginal increase (22%) in IGR. This situation leaves the State largely dependent on the federal government allocations to fund their annual budgets. In recent times, the fluctuating oil prices have affected the federal government revenues and subsequently affecting State allocations. The State also depends on both internal and external borrowing to make up budget shortfalls as well as fund capital projects.

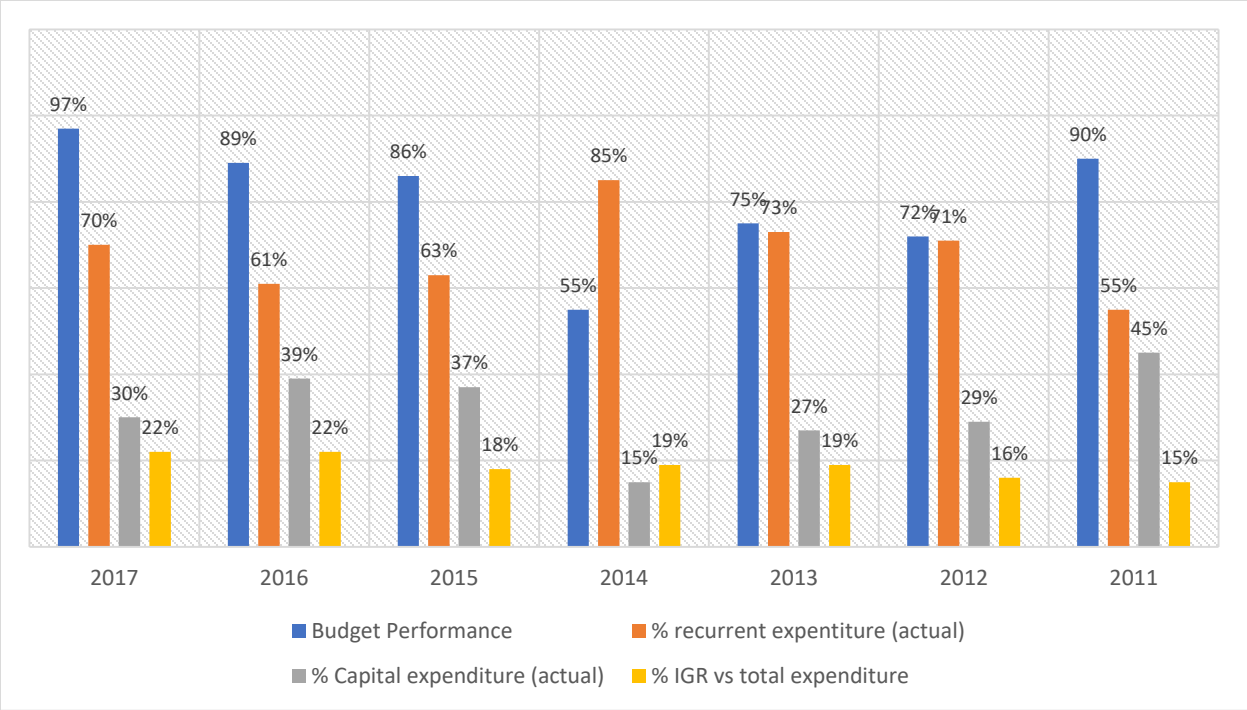


Figure 5: Budget performance, capital, recurrent and IGR as percentage of total expenditure (2011-2017)

Table 3: South-South States Federal Allocation, IGR and Debt Profile in 2017

State	Federal Allocation (N)	IGR (N)	Domestic Debt (N)	External debt ($)
Edo	36,884,999,470	25,342,829,212	68,514,312,630	232,204,508
Rivers	119,632,192,162	89,484,983,409	191,156,694,184	66,766,028
Akwa Ibom	143,614,945,782	15,956,354,035	187,277,308,914	50,523,477
Bayelsa	105,258,243,351	12,523,812,450	129,469,645,258	47,769,180
Cross Rivers	23,451,782,733	18,104,562,225	125,648,705,542	167,922,477
Delta	111,203,709,891	51,888,005,338	228,328,360,009	58,391,491

Source: NBS (March 2018): Nigerian Domestic and Foreign Debt (Q4 and Full Year 2017)

The State Debt Profiles reported by the National Bureau of Statistics shows that Edo State has a total of N68.5 billion domestic debts and $232.2 million foreign debts as at December 2017. Table 3 shows a comparative analysis of the federal allocation, IGR and debt profile among South-South states. Edo state has highest external debt and one of the lowest federal allocation among the South-South States.

1.2 Development Areas of Focus for the State Government

The current Governor Mr. Godwin Obaseki came into power in November 2016 focusing on investment areas that will help grow the Edo State economy. Some of the focus areas include agriculture, infrastructural development and job creation for the youths. The government is also focusing on revitalization of the State health centers.

"The Godwin Obaseki led-administration prioritises economic policies that will spur growth, wealth creation and prosperity fo r Edo people. These policies are targeted at reducing the rate of poverty and unemployment. The long-term economic plan of the State governor is to create wealth and prosperity for Edo people."

Picture 1: Newly constructed road at Lucky Way, Ikpoba Hill, Benin City

Picture 2: An Edo woman working on her farm in Imaguero, Benin city

SECTION TWO

HOUSEHOLD LIVING CONDITIONS

Picture 3: Typical housing setting in Benin City, the State capital

Picture 4: Central Business District, Oredo LGA

2.1 Household Characteristics

The quality of housing (including materials used for roof, wall and floor, number of rooms for sleeping, access to electricity) reflects the socioeconomic growth and has a direct bearing on the health and welfare of household members.

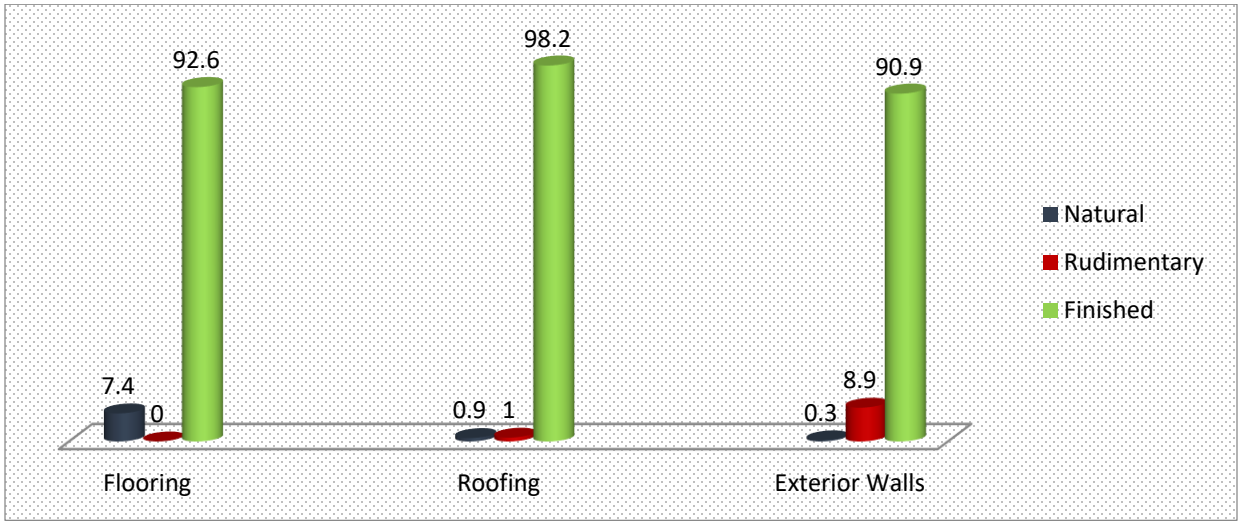
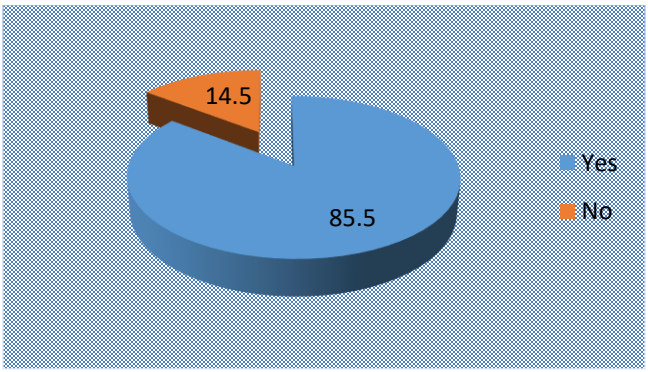


Figure 6: Household building material characteristics

- Majority of households in the Edo State have houses with finished floor (92.6%), roof (98.2%) and walls (90.9%).
- Average number of persons sleeping in one room is two.
- About 4 in ten (38.0%) of the households use solid fuels as the primary source of domestic energy for cooking.
- The use of solid fuels has reduced consistently in the recent years. In 2007 the percentage of households using solid fuels was 79.6%, it decreased to 62.5% in 2011 and to 38% in 2016/17.

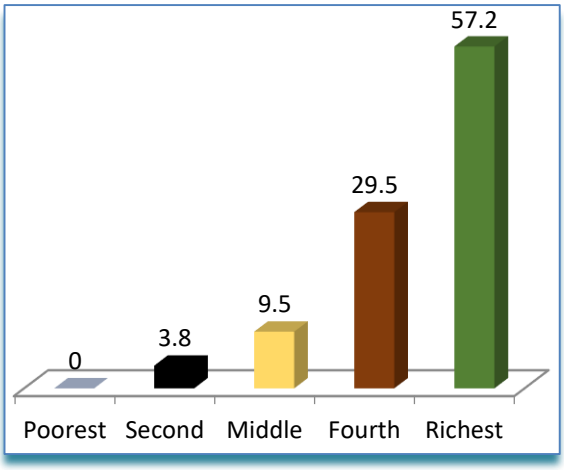


- Majority (85.5%) of households are connected to the national electricity grid while 14.5% are not connected.
- However, due to irregular power supply, majority of the households use generators as alternative source of power most of the time.

Figure 7: Households connected to electricity from the national grid

2.2 Wealth Status of the Household Population

MICS 2016/17 data shows that Edo State ranked second within the wealthest quintile in Nigeria, after Lagos State.



- More than half (57.2%) of the households are among the richest in Nigeria while 29.5% falls within fourth quintile.
- Only 9.5% are in the middle quintile.
- None of the household populations in Edo State are ranked among the poorest in Nigeria.

Wealth index quintiles were constructed by using data on housing characteristics, household and personal assets and water & sanitation through principal components analysis.

Figure 8: Household distribution by wealth quintiles

2.3 Asset Ownership

Possession of durable consumer goods is another useful indicator of a household's socioeconomic status. The possession and use of household durable goods have multiple effects and implications. For instance, a radio or a television bring household members information and new ideas, a refrigerator prolongs the wholesomeness of foods and a means of transport can increase access to many services that are beyond walking distance.

- Majority of households in the State have radio (60.7%) and television (77.7%) while about half (47.4%) have refrigerators.
- Four out of every ten households (41%) have farm land while just about 10% own livestock farm.
- Majority of household members personally owned mobile phones (86.4%) and wrist watches (81.5%).
- Access to non-mobile phone is negligible at 0.9%.
- Cars/trucks are the most commonly owned means of transportation in the State. One in five households own a car or truck while about 16% own a motorcycle.
- More than half (54.8%) of households do not own a means of transportation.
- More than three quarters (76.3%) of the household members in the State own a bank account.

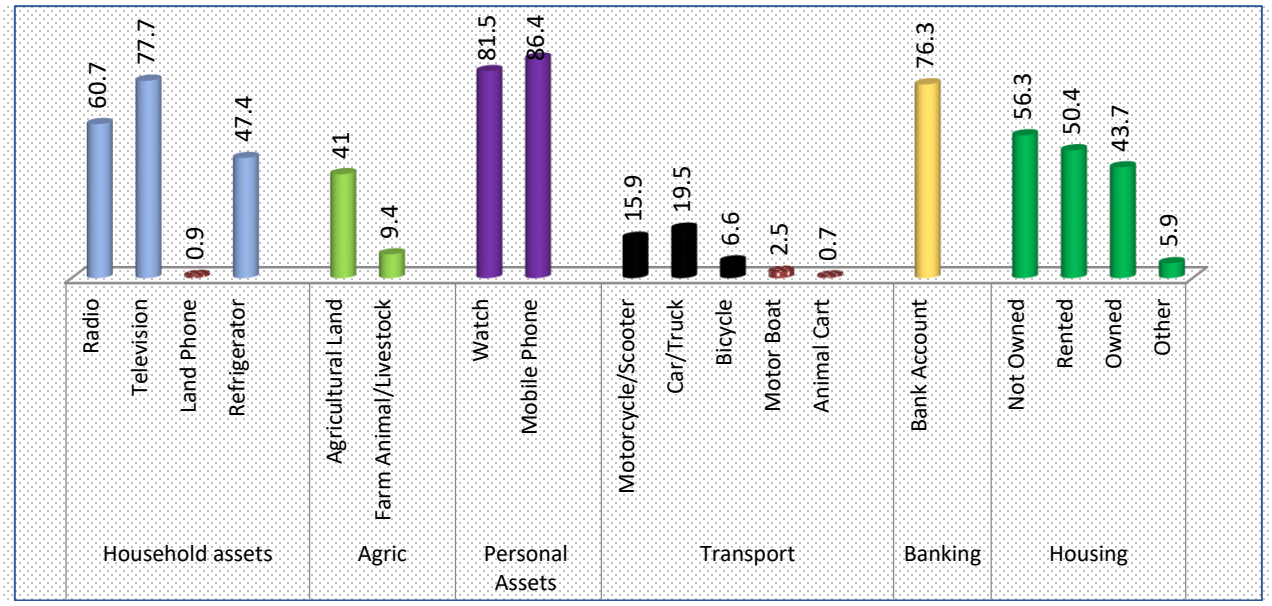


Figure 9: Ownership of household and personal assets

- More than half (56.3%) of the households live in houses not owned by them out of which 50.4% pay rent and remaining 5.9% live in the house based on other conditions.
- About 44% of the households live in their own houses.

2.4 Access to Information, Communication and Technology

- Generally, men in the State read newspapers, listen to radio and watch TV than women. Only 19.3% of women read a newspaper/magazine, listen to the radio and watch television at least once weekly compared to 38.7% of men.
- The use of internet among young people also shows that 46% of young women use the internet compared to 63.3% of young men.
- Similar to internet use, more men (49.4%) use computers compared to 22.6% of women.

SECTION THREE

CHILD AND MATERNAL HEALTH

Picture 5: A child receiving immunization during a flag off ceremony in Edo state

Picture 6: Pregnant women attending ante natal clinic (ANC) at Central Hospital, Benin City.

3.1 Health Care Facilities in the State

According to the records of the Edo State Ministry of Health, there are a total of 924 health care facilities in the State, comprising 873 (94.5%) primary, 45 (4.9%) secondary and 6 (less than 1%) tertiary hospitals. The breakdown of the health facilities by ownership showed that majority (63.1%) of the PHC are private while most of the secondary (75.6%) and tertiary (83.3%) facilities are owned by the government.

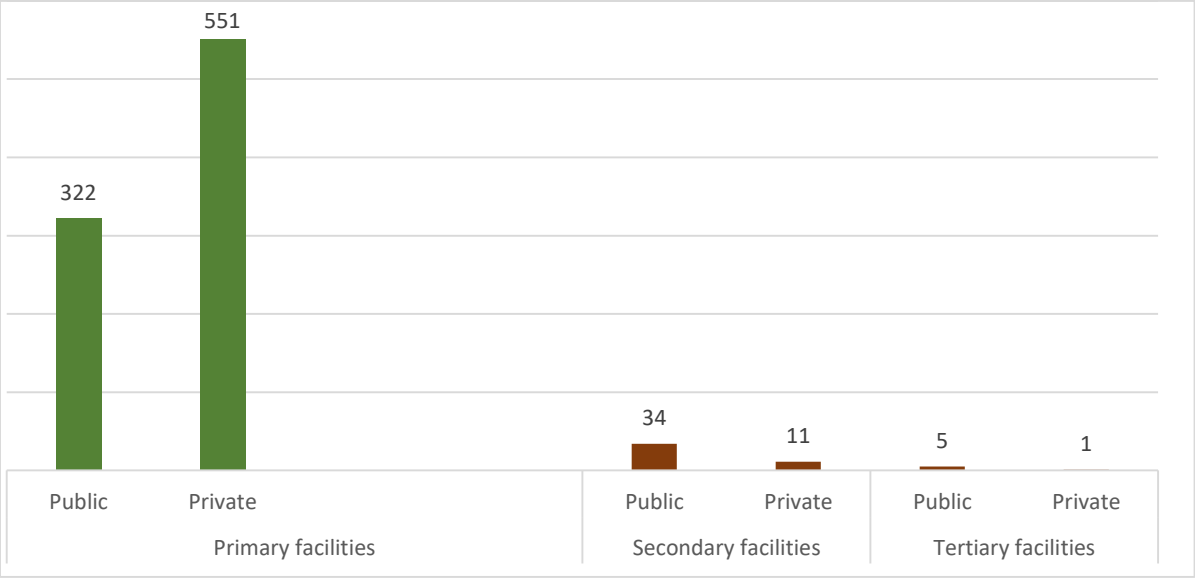


Figure 10: Distribution of health facilities by level and ownership

The distribution of the PHCs (private and public) across the LGAs shows Oredo has the highest number of 167 PHCs while Etsako central LGA has the least (18 PHCs).

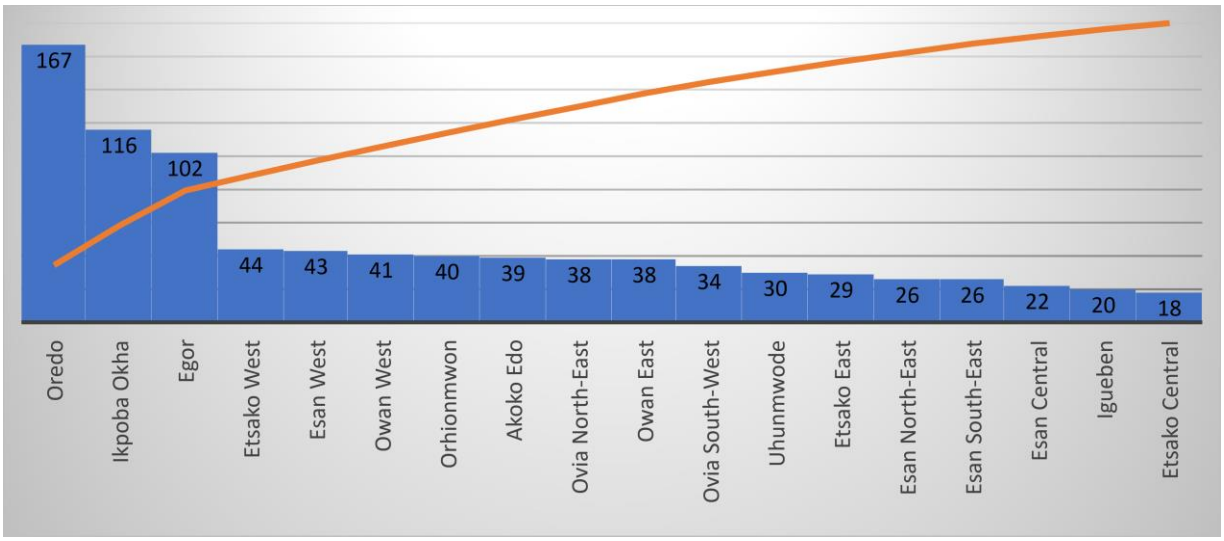


Figure 11: Distribution of primary health centres (PHCs) by LGA

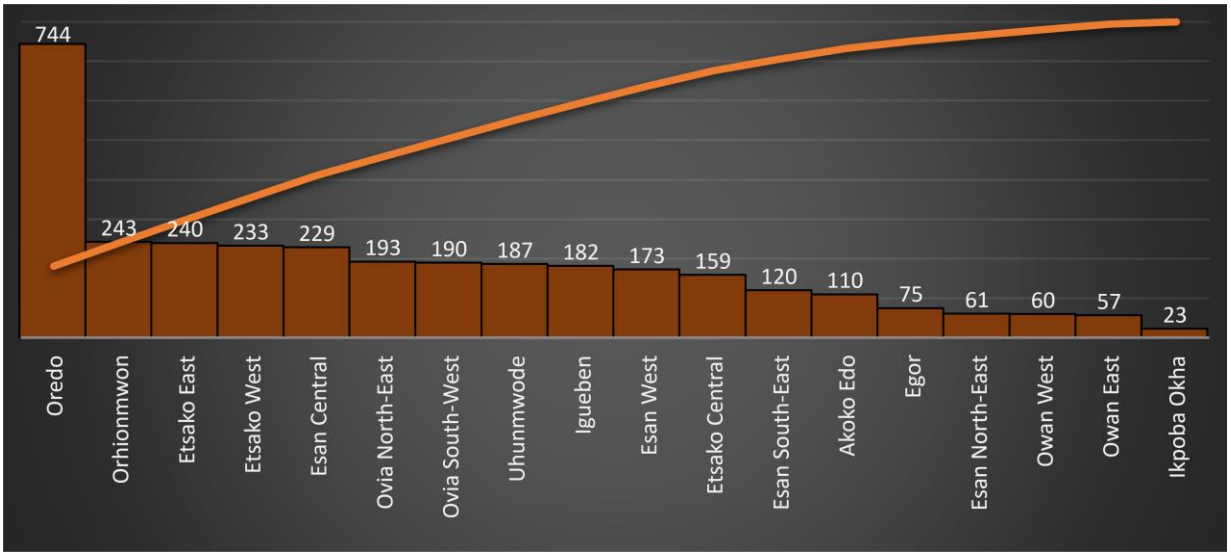


Figure 12: Number of hospital beds by LGA in public health facilities

- There is a wide difference in hospital beds distribution, with Oredo LGA having the highest number (744 beds) and Ikpoba Okha LGA having the least (23 beds)
- More than half (51.5%) of the hospital beds are concentrated in 5 LGAs- Oredo, Orhionmwon, Etsako East, Etsako West and Esan Central.

3.2 Health Care Personnel

Human resource is arguably the most important factor in ensuring optimal healthcare delivery to a population, since the performance and the benefits a health system can deliver is largely dependent on the knowledge, skills and motivation of those responsible for health service delivery.

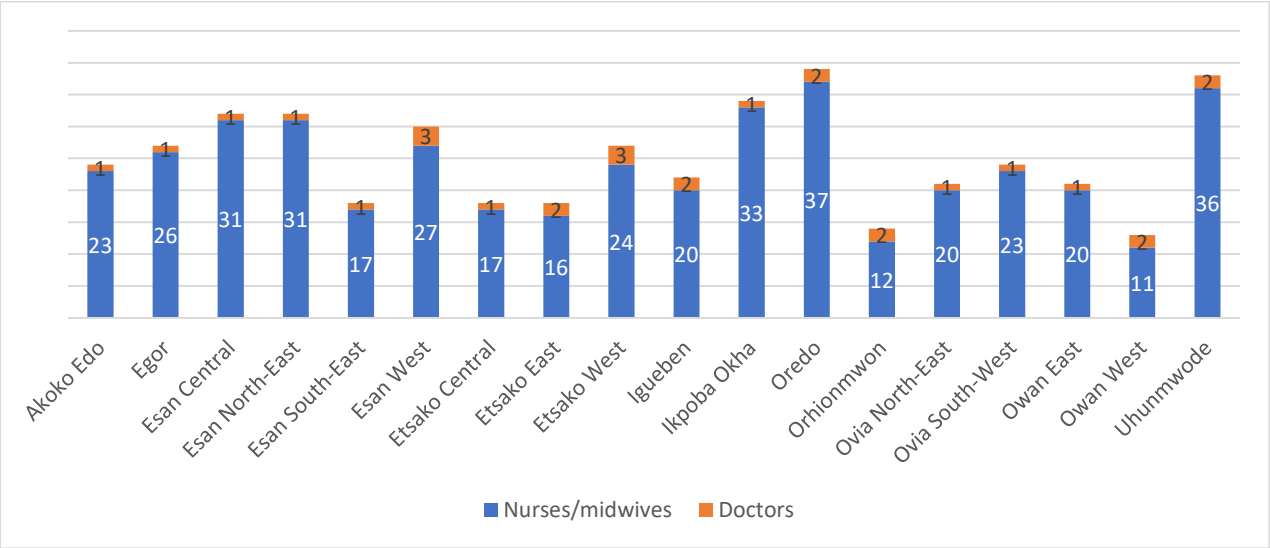


Figure 13: Distribution of doctors and nurses/midwives in public PHCs across the LGAs

- Figure 13 shows that, except for Etsako West and Esan West with 3 doctors each, all others LGAs have 1 or 2 local government employed doctors.
- There is also uneven distribution of nurses/midwives across the LGAs in the State. While Oredo and Uhunmwode have 37 and 36 nurse/midwives (respectively), Owan West and Orhionmwon have just 11 and 12.

3.3 Childhood Vaccination

Immunization saves millions of lives and is widely recognized as one of the world's most successful and cost effective health interventions. Immunization prevents illness, disability and death among children from vaccine preventable diseases including hepatitis B, measles, pertussis (whooping cough), pneumonia, polio, rotavirus diarrhoea and tetanus. Figure 14 shows the trend in vaccination coverage across different antigens between 2007 and 2016/17 in the State.

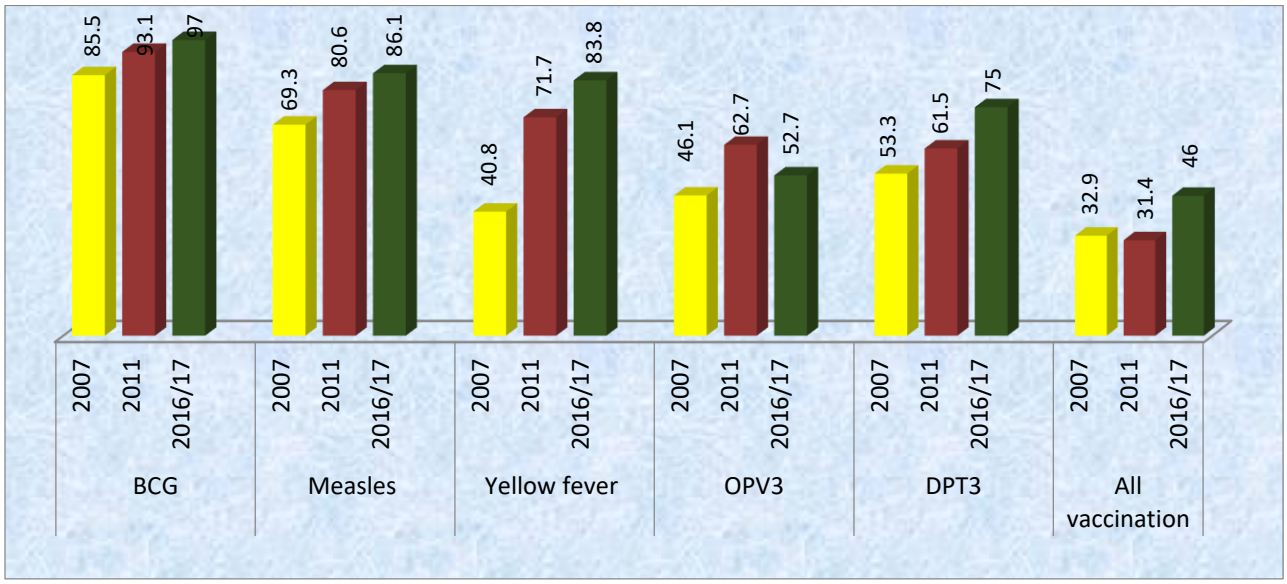


Figure 14: Vaccination coverage among children 12-23 months (MICS 2007, 2011, 2016/17)

- In Edo State, less than half (46%) of children aged 12-23 months are fully immunized against the main childhood diseases (received all vaccinations recommended in the national immunization schedule by their first birthday and measles by second birthday).
- The proportion of children fully immunized decreased from 32.9% in 2007 to 31.4% in 2011 but increased to 46% in 2016/17.
- The increased coverage for BCG, DPT3, measles and yellow fever has however been consistent in the State from 2007 to 2016/2017.
- The Oral Polio Vaccine (OPV3) coverage, on the other hand, reduced from 62.7% in 2011 to 52.7% in 2016/17.

3.4 Diarrhoea & Acute Respiratory Tract Infection (ARI) and Malaria

Diarrhoea, ARI and malaria in children are common and major causes of mortality and morbidity among under-five children. While diarrhoea is a potential cause of severe dehydration which could lead to seizures, brain damage and death; ARI if left untreated could often lead to pneumonia. The factors that have been found to increase the incidence of diarrhoea include poor sanitation, poor storage of drinking water and inadequate disposal of faeces while poor ventilation and exposure to mosquito bites are major cause of ARI and malaria, respectively.

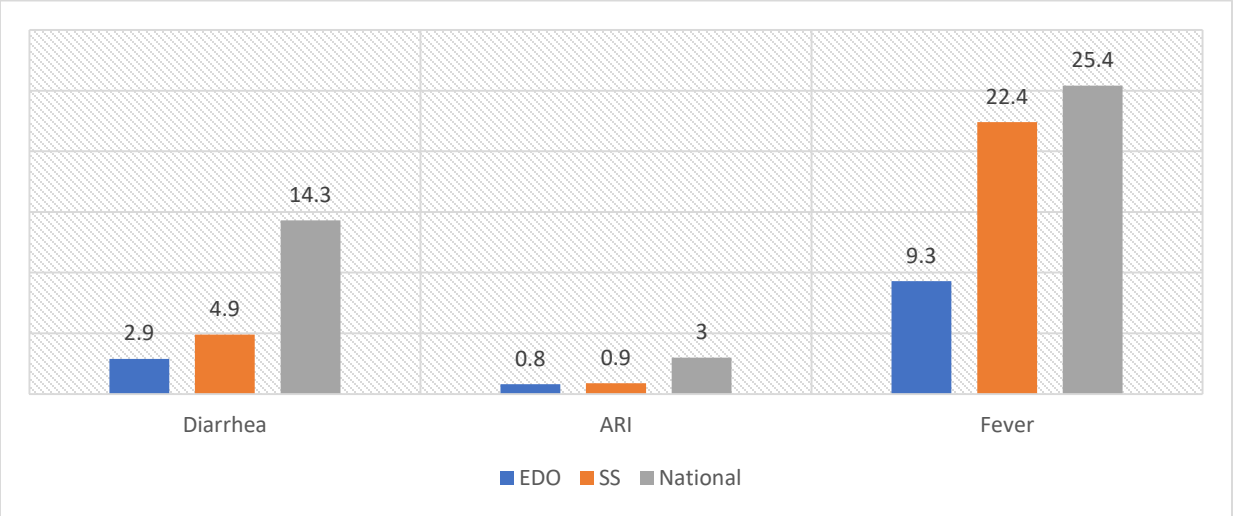


Figure 15: Percentage of under-five children who reported diarrhoea, ARI and fever (MICS 2016/17)

- Fever (symptom of malaria) is the most common sickness (9.3%) among under-five children in the State while only 2.9% of the children reported symptoms of diarrhea. The incidence of ARI is very negligible (0.8%).
- Edo State has lower prevalence of all the three common childhood diseases when compared with the South-South zonal and national averages.

3. 5 Malaria Prevention & Treatment

The use of insecticide treated nets (ITNs) and intermittent preventive treatment (IPTs) are simple preventive measures for malaria in under five children and pregnant women. The Edo State government as part of its effort towards combating malaria launched a 'Long Lasting Insecticide Treated Net (LLIN) Replacement Campaign". This programme, conducted in collaboration with development partners saw the distribution of 2.6 million LLINs across the State.

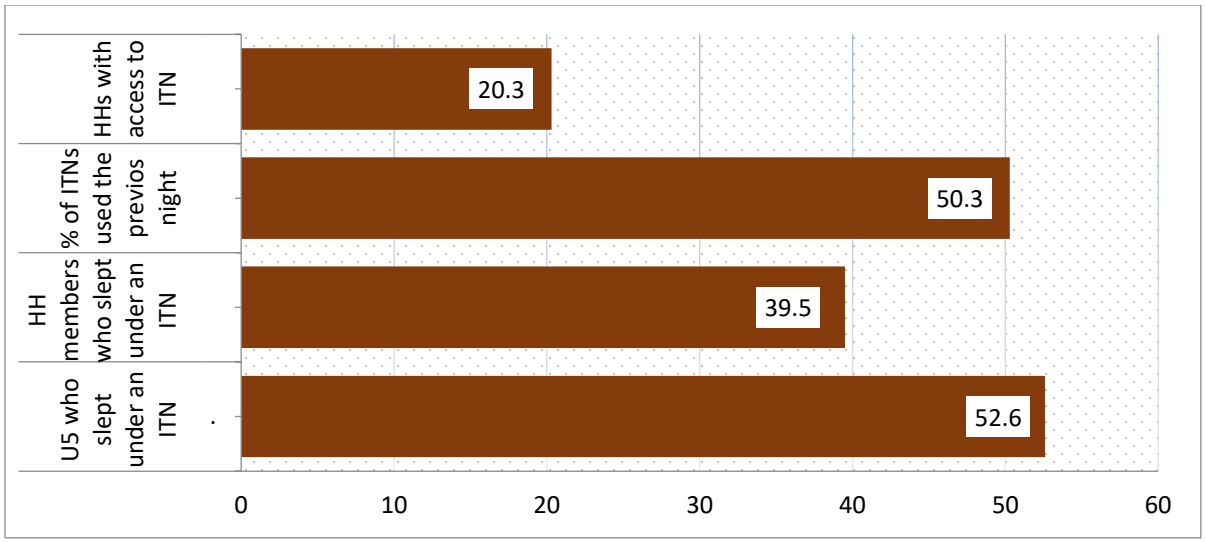


Figure 16: Percentage of under-five children and household members who have access and use ITNs (MICS 2016/17)

- MICS 2016/17 shows that about 1 in 5 households (20.3%) have access to ITN in the State and just about half (50.3%) of the available ITNs were used the previous night.
- A little more than half (52.6%) of the children under five in the State slept under an ITN the previous night while about 40% of the household members slept under an ITN the previous night.

3.6 Malaria Diagnosis & Treatment

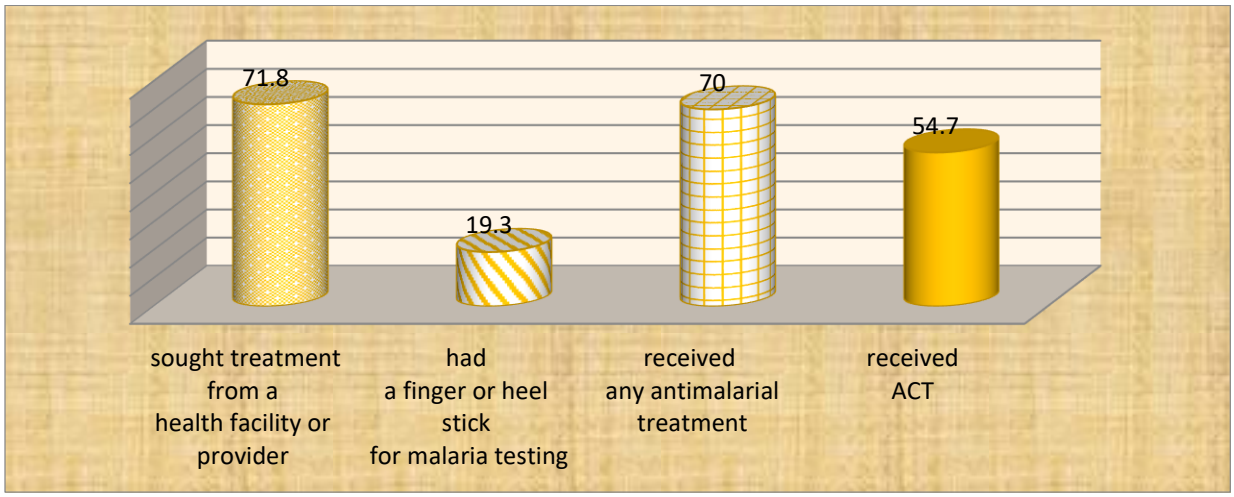


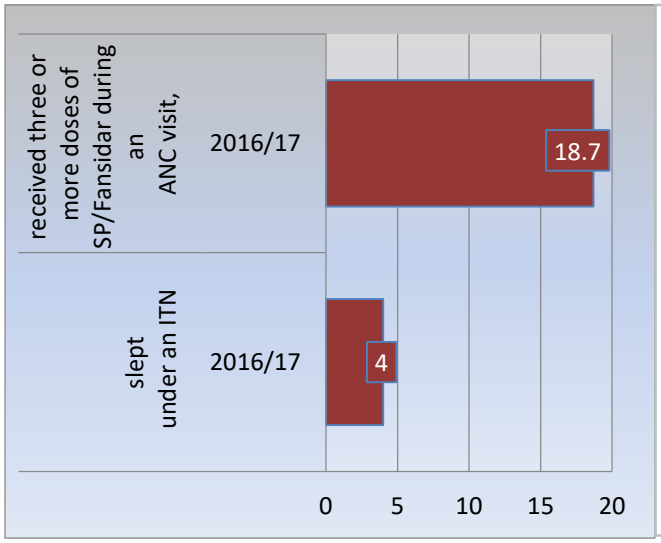
Figure 17: Malaria diagnosis and treatment of children under five years

- As much as 71.8% of children under five years who reported fever sought advice or treatment from a health facility or health provider two weeks preceding the MICS

2016/17 survey. This implies that about 30% of children with fever in the State still do not seek treatment in a health facility/provider.

- About 70% of the children who reported malaria received any anti-malaria treatment, out of which more than half (54.7%) were treated with Artemisinin-based Combination Therapy (ACT) but only 19.3% of the children had malaria diagnosis using a finger or heel stick test.

3.7 Malaria Prevention for pregnant women



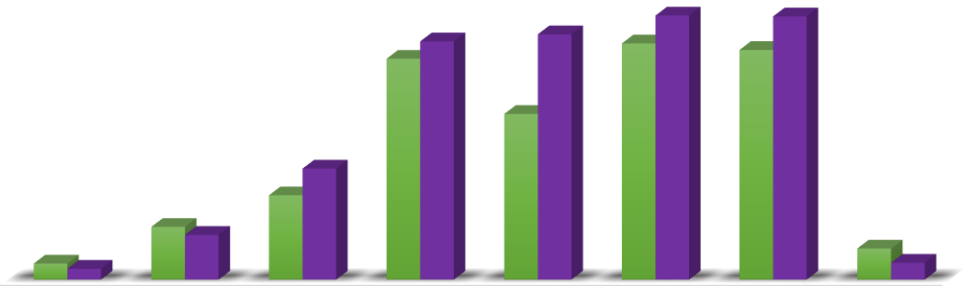
- Only 4% of pregnant women slept under an ITN the previous night. This implies that 96% of pregnant women still do not sleep under an ITN.
- However, there's been a consistent increase in the percentage of pregnant women receiving SP/Fansidar. Pregnant women who received three or more doses of SP/Fansidar increased from 01.3% in 2007 to 14% in 2011 and to 18.7% in 2016/17.

Figure 18: Pregnant women receiving anti malaria treatment (MICS 2016/17)

3.8 Tetanus Toxoid Vaccine

- Figure 18 shows that at least 4 in every 5 women (81.7%) with a live birth in the last two years were given two doses of tetanus toxoid vaccine within the appropriate interval.
- The tetanus toxoid coverage decreased between 2007 and 2011 from 74.8% to 72.4% but increased in 2016/17 to 81.7%.
- This implies that about 20% of mothers and children in the State are still not protected against neonatal tetanus.

3.9 Maternal and Reproductive Health



	Total fertility rate	Contraceptive use	Unmet need	ANC attendance	ANC content	Delivery by skilled health personnel	Delivery in a health facility	Assited delivery by Caesarean section
2011	5.6	18.5	29.6	77.6	58.2	83	80.7	10.9
2016/17	3.8	15.7	39	83.7	86.2	92.8	92.5	5.9

Figure 19: Fertility rate, contraceptive use, ANC attendance and delivery services among women of childbearing age

- The current average number of children a woman will have in her lifetime in Edo State is between three and four.
- The total fertility rate (TFR) in the State dropped from 5.3 in 2011 to 3.8 in 2016/17.
- The current TFR of the State is lower than the South-South zonal average of 4.27.

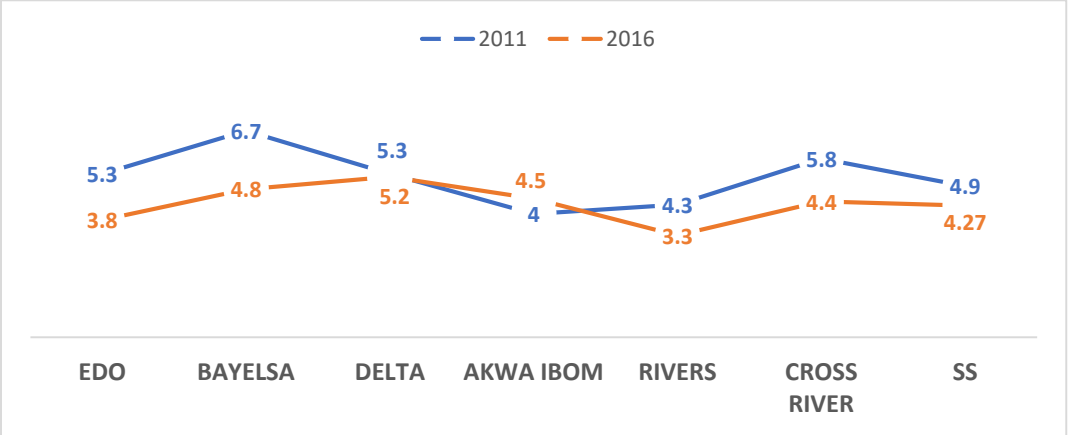


Figure 20: Fertility rate among women aged 15-49 years

- Currently, only 15.7% of women in the State use a contraceptive method, a drop from the 2011 data of 18.5%.

- The percentage of women with unmet contraceptive need increased from 29.6% in 2011 to 39% in 2016/17.
- Majority (91.5%) of women who had a live birth in the past two years had four antenatal care visits with any provider.
- More than four in every five (86.2%) women had the three basic medical exams during pregnancy – blood pressure, urine sample and blood sample.
- Delivery by skilled health personnel increased from 83% in 2011 to 92.5% in 2016/17.
- Similarly, the use of health facilities has been on the rise from 80.7% in 2011 to 92.5% in 2016/17.
- However, assisted delivery by caesarean section declined from 10.9% in 2011 to 5.9% in 2016/17.

3.10 HIV Testing and counselling during ANC

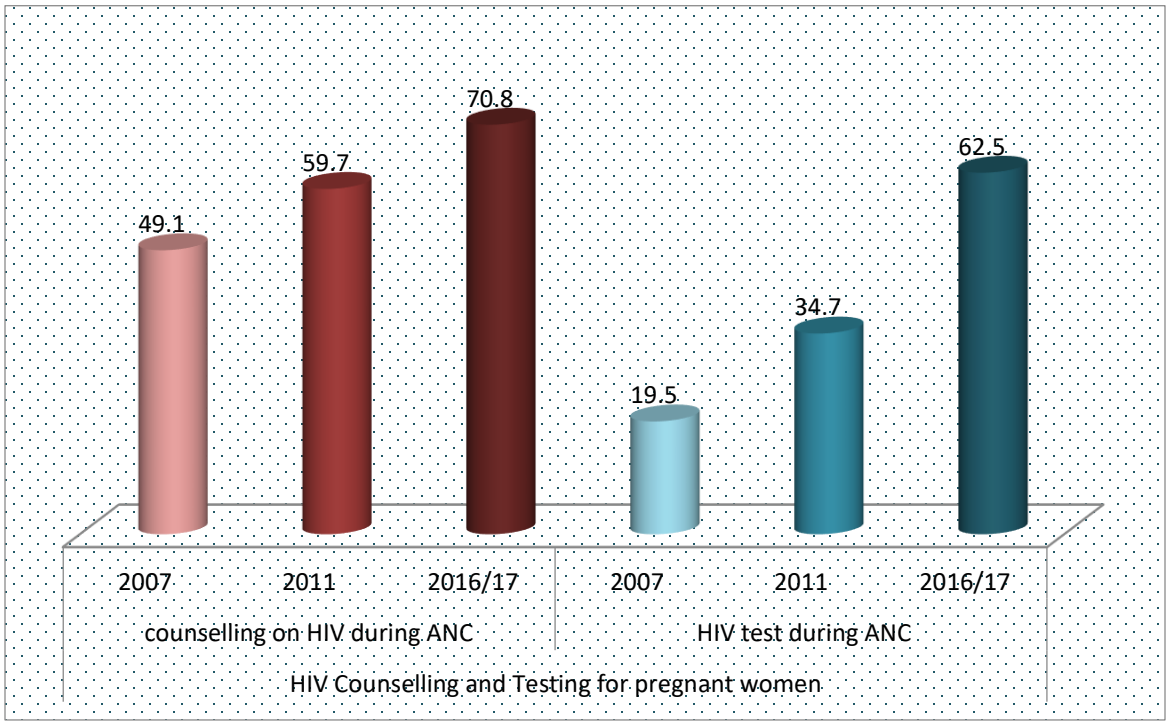


Figure 21: HIV counselling and testing during ANC

- Seven in every ten (70.8%) women who attended ANC got counselling while about two thirds (62.5%) got tested.
- There was a consistent rise in both counselling and testing during ANC over the last decade. Counselling during ANC increased from 49.1% in 2007 to 70.8% in 2016/17 while testing went from 19.5% in 2007 to 62.5% in 2016/17.

3.11 Post-natal health checks

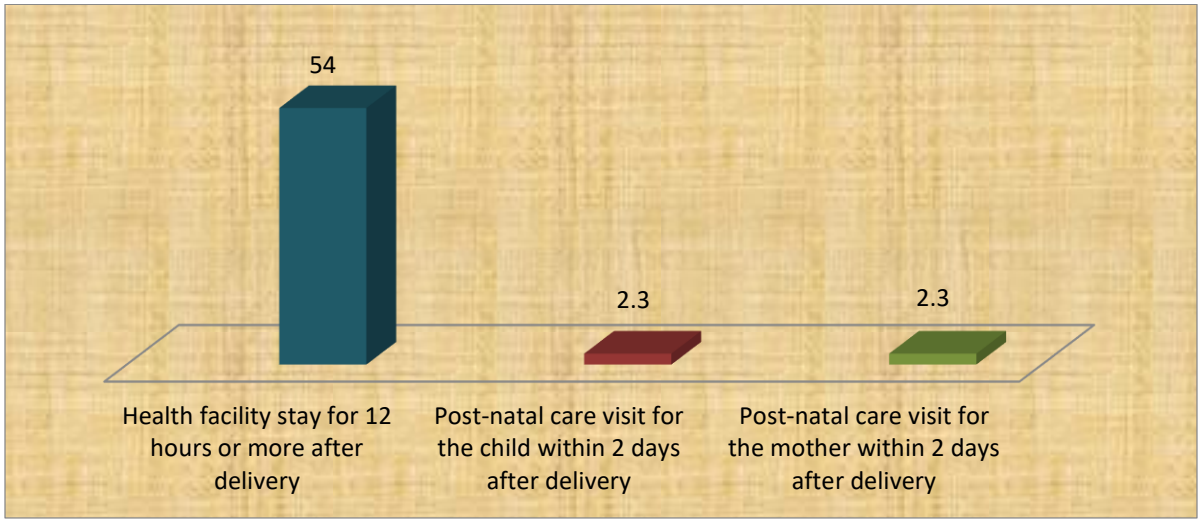
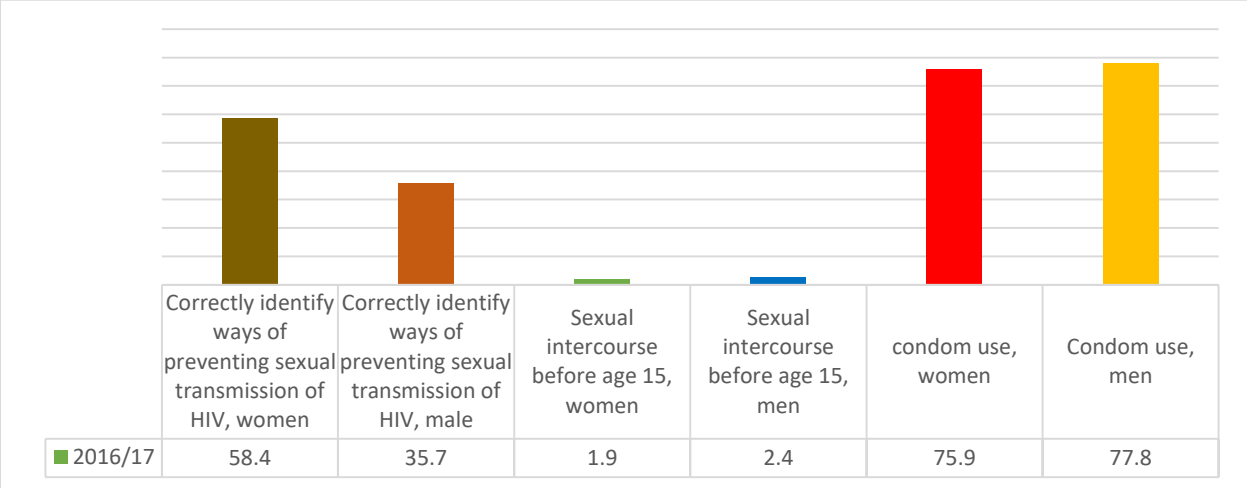


Figure 22: Postnatal health checks for mothers and children

- More than half (54%) of the women who had a life birth (in the last two years) stayed in the health facility for 12 or more hours after delivery.
- Very few (2.3%) of live births (newborn) had a health check while in the facility or at home following delivery or during post-natal care visit within 2 days after delivery.
- Similarly, only (2.3%) of women who had a live birth in the last two years had post-natal care visit or health checks 2 days following delivery.

3.12 Adolescent and Young People's Reproductive Health



	Correctly identify ways of preventing sexual transmission of HIV, women	Correctly identify ways of preventing sexual transmission of HIV, male	Sexual intercourse before age 15, women	Sexual intercourse before age 15, men	condom use, women	Condom use, men
2016/17	58.4	35.7	1.9	2.4	75.9	77.8

Figure 23: Knowledge of HIV, onset of sexual intercourse and condom use among young people age 15-24 years

- Knowledge of HIV transmission among young women in Edo State is relatively high compared with the men. Close to 6 in every 10 (58.4%) of young women have knowledge of HIV transmission compared with 35.7% of young men.
- Onset of sexual intercourse is low for both men and women in the State. Just 1.9% of young women and 2.4% of young men had their first sexual intercourse before age 15 years.
- Condom use among young people who had sex with multiple partners was more than two-third (75.9% and 77.8%) among women and men respectively.

SECTION FOUR

CHILD NUTRITION

Picture 7: Edo women breastfeeding their babies

Picture 8: A woman feeding her baby with complementary food

Picture 9: A well nourished baby

4.0 Nutrition

Children's nutritional status is a reflection of their overall health. Breastfeeding for the first few years of life provides an ideal source of nutrients protects children from infection and is economical and safe. When children have access to an adequate food supply, are not exposed to repeated illness, and are well cared for, they reach their growth potential and are considered well nourished. Under nutrition is associated with more than half of all child deaths worldwide. Undernourished children are more likely to die from common childhood ailments, and for those who survive, have recurring sicknesses and faltering growth.

4.1 Breastfeeding Practices

UNICEF and WHO recommend that infants be breastfed within one hour of birth, breastfed exclusively for the first six months of life and continue to be breastfed up to 2 years of age and beyond.

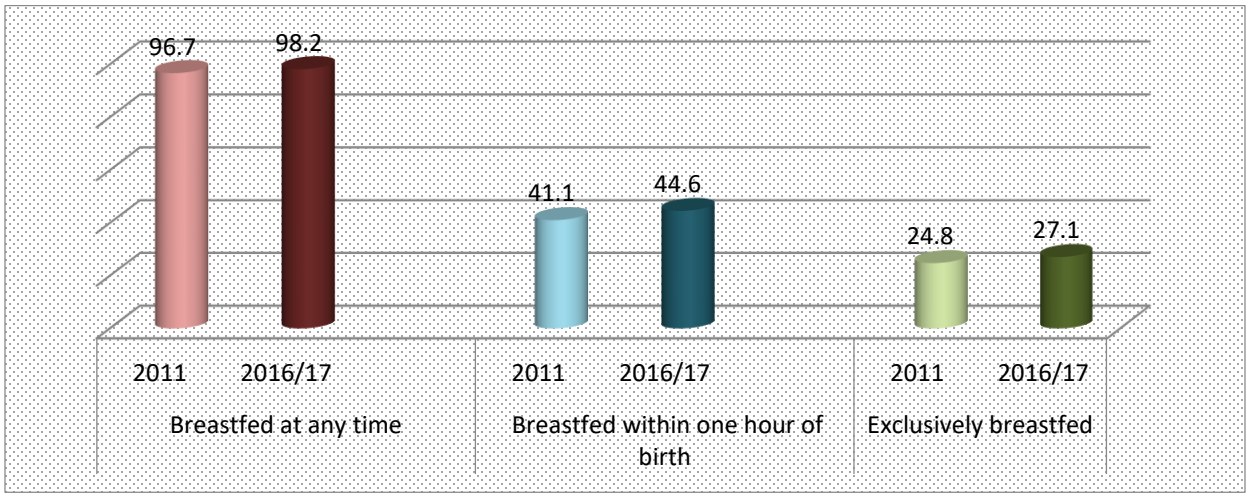


Figure 24: Breastfeeding practices

- Breast feeding at any anytime among women in Edo State has remained consistently high (close to 100%) over the last five years.
- However, just a little more than one-quarter (27.1%) of the children under 6 months were exclusively breastfed.
- On the other hand, less than half (44.6%) of the children in the State are breastfed within one hour of birth.
- Exclusive breast feeding and breastfeeding within one hour of birth recorded marginal increase from 24.8% and 41.1% in 2011 to 27.1% and 44.6% in 2016/17, respectively.

4.2 Infant and Young Child Feeding

Starting at 6 months, breastfeeding should be combined with safe, age-appropriate feeding of solid, semi-solid and soft foods. A child is considered appropriately fed if he/she receives exclusive breastfeeding from 0 to 6 months, two or more meals of solid, semi-solid or soft foods from 6 to 8 months and three or more meals from 9 to 23months.

Feeding frequency is used as proxy for energy intake, requiring children to receive a minimum number of meals/snacks (and milk feeds for non-breast-fed children) for their age. Dietary diversity is used to ascertain the adequacy of nutrient content of food (not including iron) consumed. For dietary diversity, seven food groups were created for which a child consuming at least four of these is considered to have a better-quality diet.

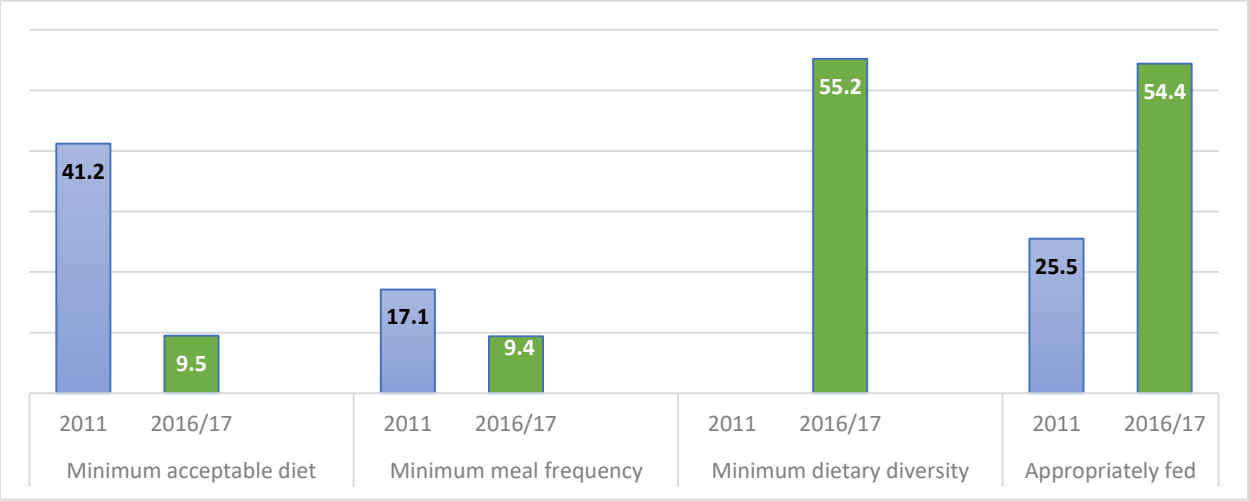


Figure 25: Infant and Young Child Feeding Practices

- Less than 10% of the children receive minimum acceptable diet and minimum meal frequency.
- More than half (55.2%) of the children are receiving minimum dietary diversity and almost the same proportion (54.4%) of the children are appropriately fed.
- The proportion of children receiving minimum acceptable diet and minimum meal frequency reduced significantly between 2011 and 2016/17.
- However, more women are adopting appropriate feeding practices for their children in the State with an increase from 25.5% in 2011 to 54.4% in 2016/17.

4.3 Nutritional Status of under- five Children

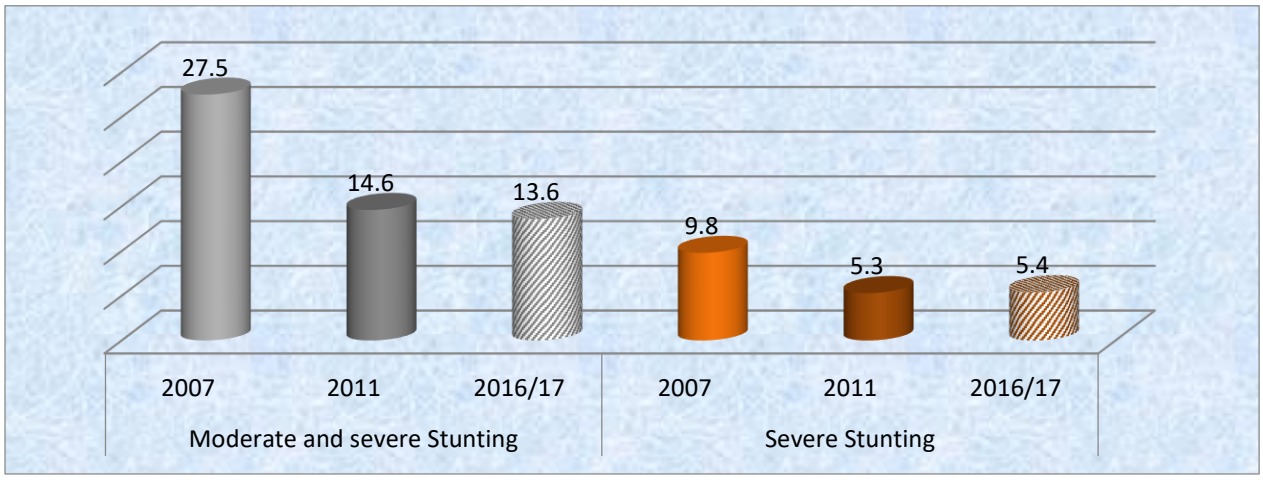


Figure 26: Prevalence of stunting among children under-five years

- The prevalence of stunting prevalence has been on the decline in the State in the recent years. The percentage of children who are moderately stunted reduced from 27.5% in 2007 to 13.6% in 2016/17.
- Similarly, severe stunting among under five children reduced from 9.8% in 2007 to 5.4% in 2016/17.

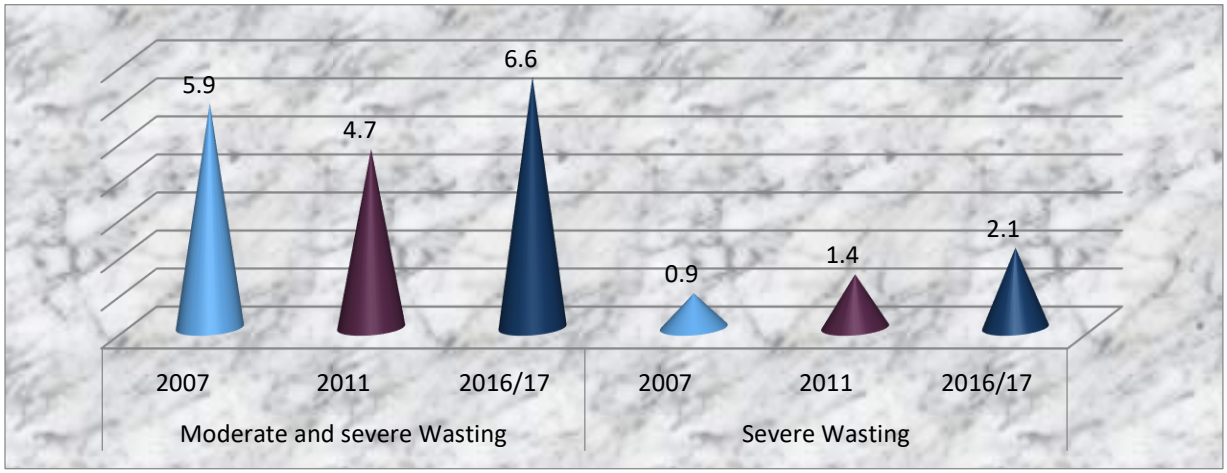


Figure 27: Prevalence of wasting among children under-five years

- The prevalence of moderate and severe wasting has been on the rise in the decade.
- Recent data shows that prevalence of moderate wasting increased form 4.7% in 2011 to 6.6 in 2016/17 while severe wasting increased from 1.4% 2011 to 2.1% 2016/17.

SECTION FIVE

WATER, SANITATION AND HYGIENE

Picture 10: School girls fetching water from a water source

Picture 11: A girl washing her hands after using a toilet in a rural community

5.1 Access to Safe Drinking Water

Access to safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant determinant of diseases such as cholera, typhoid, and schistosomiasis. Poor access to clean water is directly linked to incidences of diarrhoea which contribute to high child mortality and morbidity. Drinking water can also be contaminated with chemical and physical contaminants with harmful effects on human health.

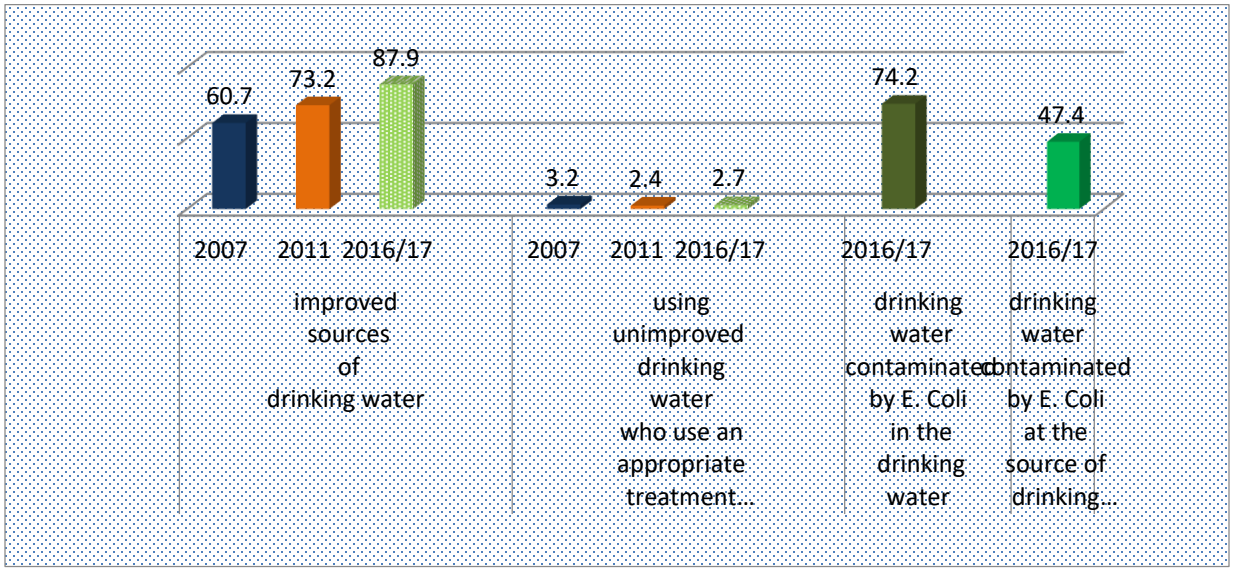


Figure 28: Water sources, treatment practices and drinking water quality in households

- Majority (87.9%) of households in the State have access to "improved sources" for drinking water while a few (2.7%) adopted appropriate treatment methods to make their water from unimproved sources safe for drinking.
- Improved sources of water include: piped water, borehole, protected well, rain water collection, bottled water and sachet water.
- The proportion of households having access to improved water sources increased from 73.2% in 2011 to 87.9% in 2016/17.
- However, improved water sources do not guarantee absence of contamination as the results of water quality tests during the MICS 2016/17 showed that water from the "improved sources" was contaminated by e.coli in most cases and in some cases water got contaminated through unsafe household handling practices.
- Majority (74.2%) of the household members were drinking water contaminated by e.coli either from the source or in the process of fetching, transporting, storage and serving-result of the water quality test at the point of consumption in the households.

- Water quality test results showed that 47.4% of the household members in the State were drinking water contaminated by e.coli at the sources- result of the water quality test at the source.

5.2 Access to sanitation Facilities

Proper sanitation practice is having access to facilities for safe disposal of human waste (feaces) as well as maintaining hygienic conditions through services such as garbage collection, industrial/hazardous waste management and waste water treatment and disposal. It is also the effective use of tools and actions that keep the environment healthy. These tools and actions include latrines/toilets, washing stations, effective drainage systems, hygienic food handling and preparation, and other mechanisms.

Unsafe management/disposal of human excreta and poor hygiene are associated with a range of diseases including diarrhoeal diseases, cholera, typhoid, hepatitis, polio and contributes to stunting among children under five years.

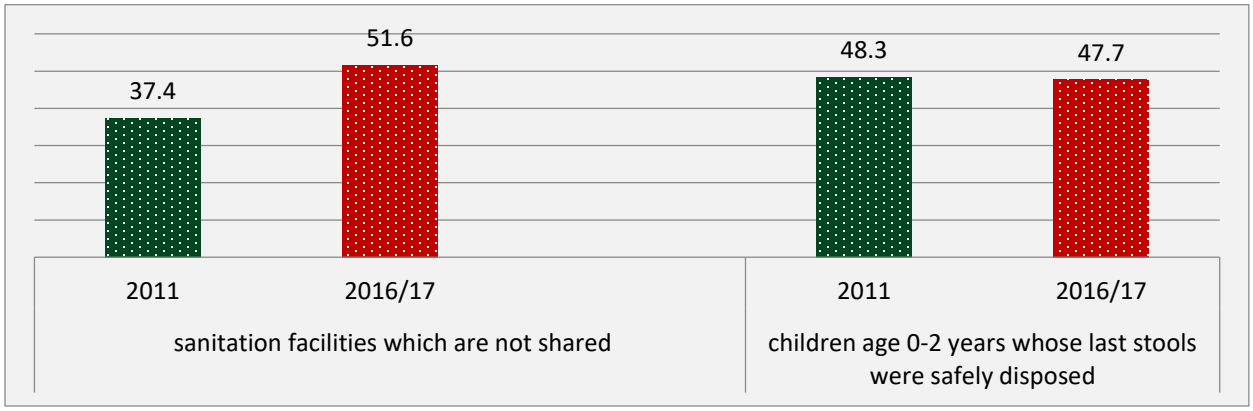


Figure 29: Percentage of *household adopting appropriate sanitation practices*

- Slightly over half (51.6%) of household members have access to improved sanitation facilities that are not shared with another household. “Improved sanitation facilities” include: flush water cistern toilet, ventilated improved pit latrine and pit latrine with slab.
- This implies that about one in five (49.4%) household members are using unimproved sanitation facilities including pit latrine without slab, hanging toilet and open defecation.
- Access to improved sanitation facilities not shared increased marginally from 37.4% in 2011 to 51.6% in 2016/17

- Less than half (47.7%) of the household members dispose faeces of their children 0-2years safely, which implies that as much as 42.3% do not dispose their children's faeces properly.
- The proportion of household members disposing their children's faeces properly decreased from 48.3% in 2011 to 47.7% in 2016/17.

5.3 Hygiene Practices

Hand washing with water and soap is the most cost-effective health intervention to reduce the incidence of diarrhoeal diseases in children under five. It is most effective when done using water and soap after visiting a toilet or cleaning a child, before eating or handling food and before feeding a child.

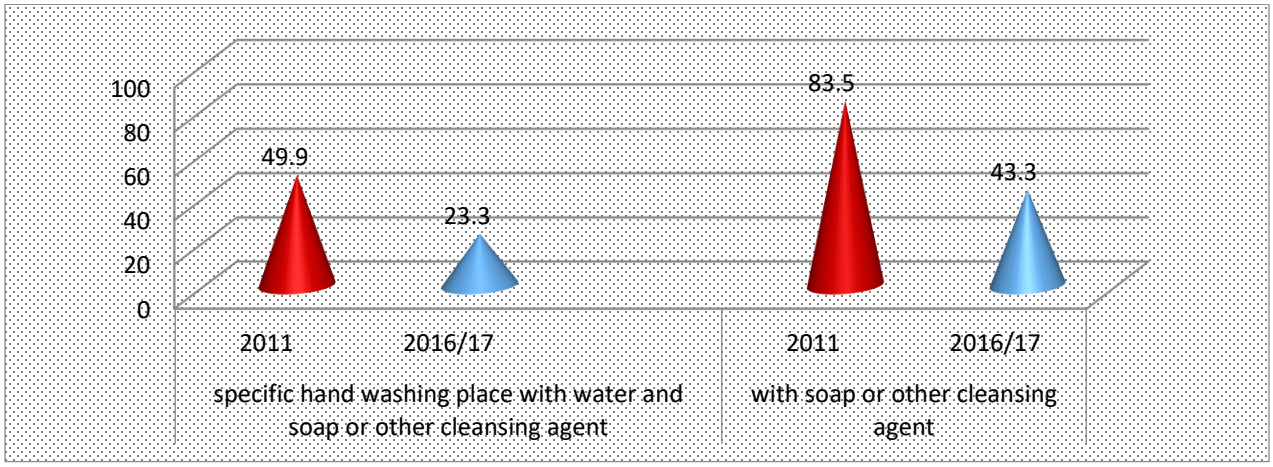


Figure 30: Percentage of households having hand washing facilities

- Less than a quarter (23.3%) of the households in the State had a specific hand washing place with water and soap or other cleansing agent. This is more than a 100% drop from 2011 figure of 49.9%.
- Similarly, the percentage of households with soap or other cleansing agent dropped from 83.5% in 2011 to 43.8% in 2016/17.

SECTION SIX

BASIC EDUCATION

Picture 12: Pupils in learning mood at Ivbiotor primary school, Benin City

Picture 13: Pupils on asssembly ground at Ivbiotor primary school, Benin City.

6.1 Early Childhood Education

Readiness of children for primary school can be improved through attendance to early childhood education programs or through pre-school attendance. Early childhood education programs include programs for children that have organized learning components as opposed to baby-sitting and day-care which do not typically have organized education and learning. Exposure to books during early childhood education provides the child with greater understanding of the nature of print as well as enhances later school performance and IQ scores.

6.2 Developmental Status and ECD to Primary Transition

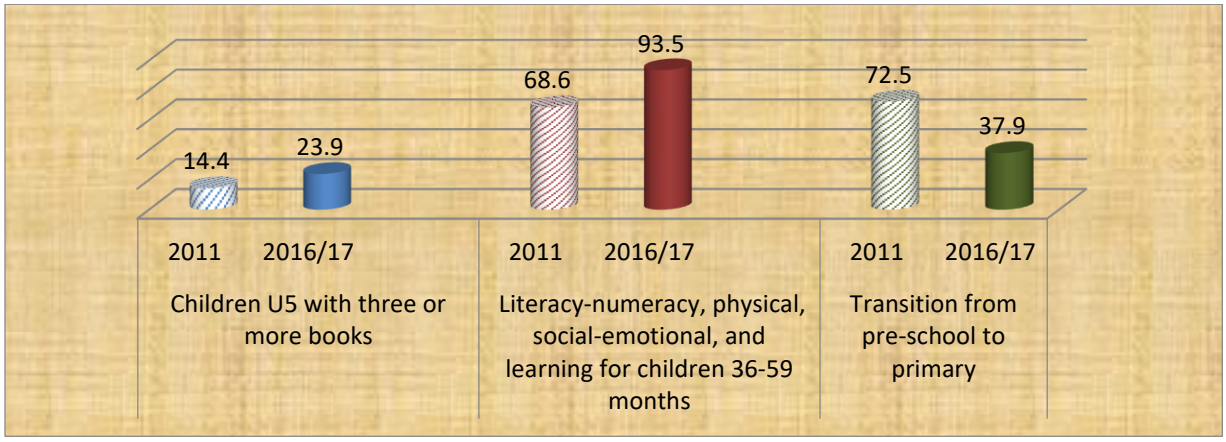


Figure 31: Children 36-59 months whose development status on track and pre-primary school attendance

- Less than one in five (23.9%) of children aged 36-59 months have three or more books to aid learning. This shows an increase from 2011 figure of 14.4%.
- Similarly, the percentage of children age 36-58 months whose development status is on track increased from 68.6% in 2011 to 93.5% in 2016/17.
- However, transition from pre-school to primary school decreased significantly from 72.5% in 2011 to 37.9% in 2016/17.
- The transition from ECE to primary school in the State is lower that the South-South zonal average of 59.4%.

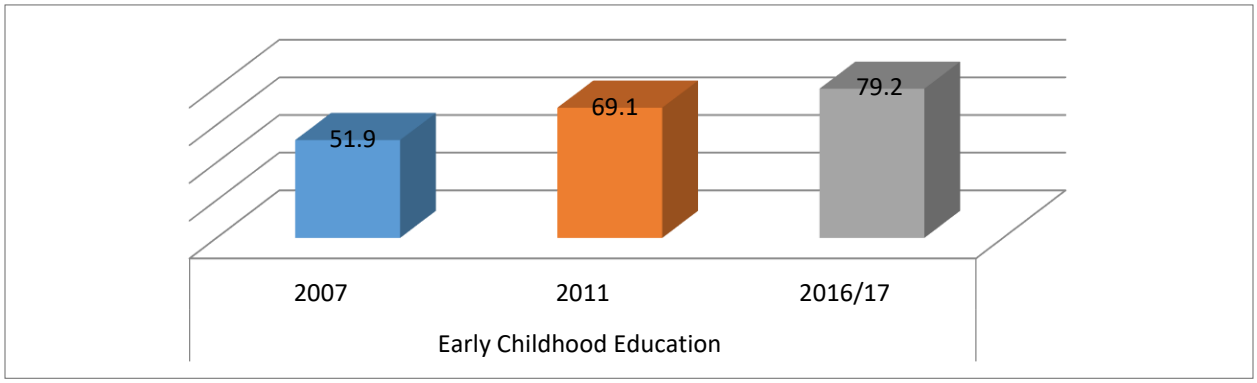


Figure 32: Early childhood enrolment rates

- The early childhood enrolment rate has increased consistently from 51.9% in 2007 to 69.1 in 2011 and 79.2% in 2016/17.
- However, the current ECE enrolment rate in the State is lower than the South-South zonal average of 78.0%.

6.3 Primary Education

The April 2018 Edo State Education Statistics report shows that there are 1,750 primary schools in Edo State comprising 1,112 (64%) public and 638 (36%) private. The total number of pupils enrolled in primary schools in Edo State as at 2017 session was 417,672 of out of which 295,160 (70.7%) are enrolled in public schools.

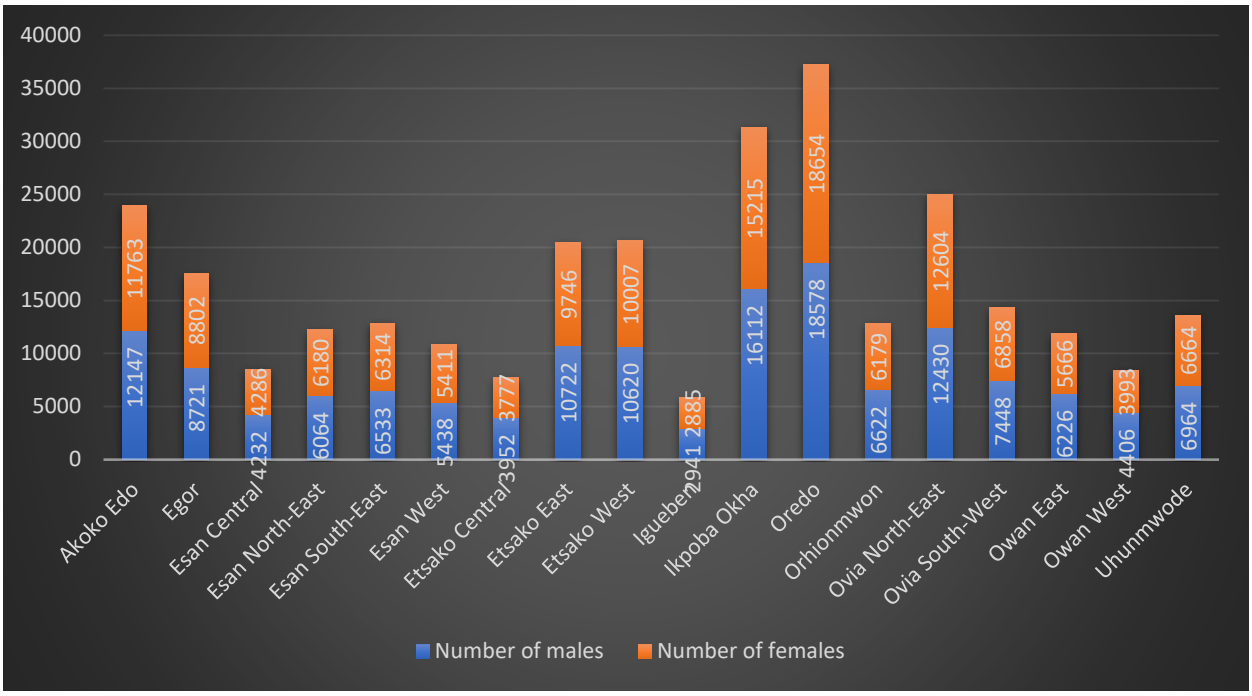
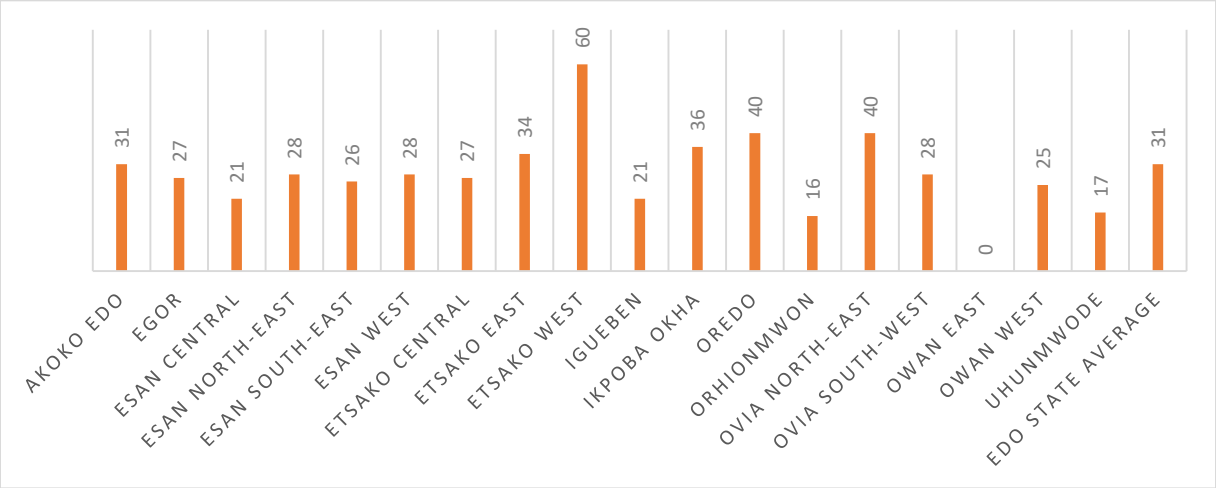


Figure 33: Number of children enrolled in primary schools in 2017 session (Public)

- The distribution of public primary school enrolment across LGAs shows that Oredo LGA has the highest enrolment rate with 37,232 pupils (18,578 males and 18,654 females) while Igueben LGA has the lowest enrolment with only 5,826 pupils.
- There is no significant difference in enrolment rates between boys and girls across all LGAs.

6.4 Teacher/Pupil Ratio in Public Primary Schools



Picture 34: Teacher/Pupil ratio in public primary schools by LGAs

- The 2018 Edo State Education Statistics report further showed that the average primary school teacher/pupil ratio in Edo State was 1:31.
- Etsako West LGA has the highest ratio of one teacher to 60 pupils while Orhionmwon LGA has the least with only 16 pupils to a teacher.
- The figures on the number of teachers in Owan East was not available for the analysis

6.4 School Attendance and Out of School Rates

MICS reports also showed the trend in the proportion of school age children enrolled in primary and secondary schools and those who are out of school in the State.

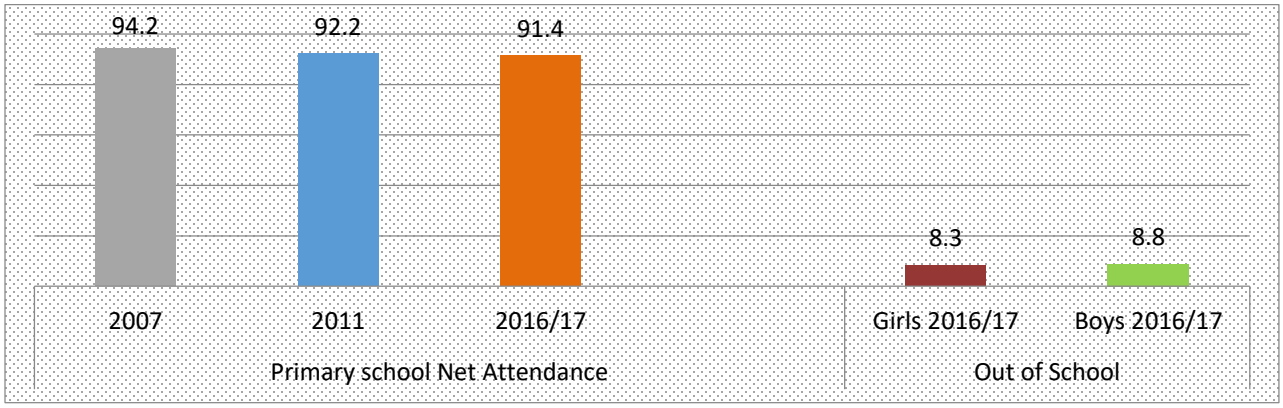


Figure 35: Primary school attendance and out of school rates (MICS 2007, 2011 and 2016/17)

- Net primary school attendance in the State has plateaued around 92% over the years but showed marginal decrease in the recent years.
- Close to one in ten of primary school age children are out of school in Edo State. Almost same proportion of boys (8.8%) and girls (8.3%) are out of school.

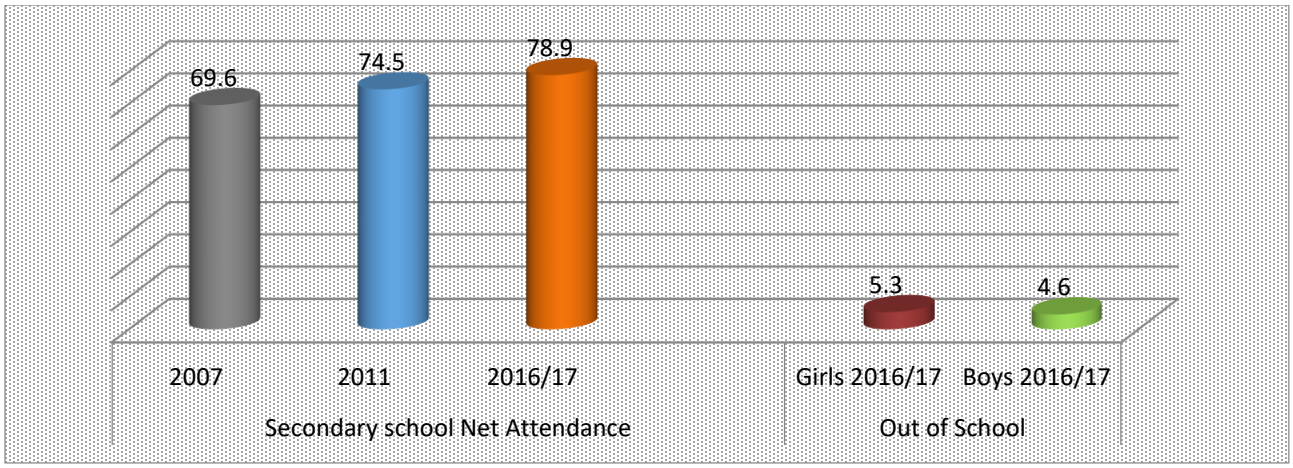


Figure 36: Secondary school attendance and out of school rates (MICS 2007, 2011 and 2016/17)

- The Secondary school net attendance is much lower than primary at current rate of 78.9%.
- However, the net attendance among secondary school age children showed marginal increase from 74.5% in 2011 to 78.9% in 2016/17.
- Ironically, out of school rate among secondary age children are much lower than primary. About 5.3% of girls and 4.6% of boys of secondary school ages are out of school.

6.5 Primary School Completion and Transition Rate

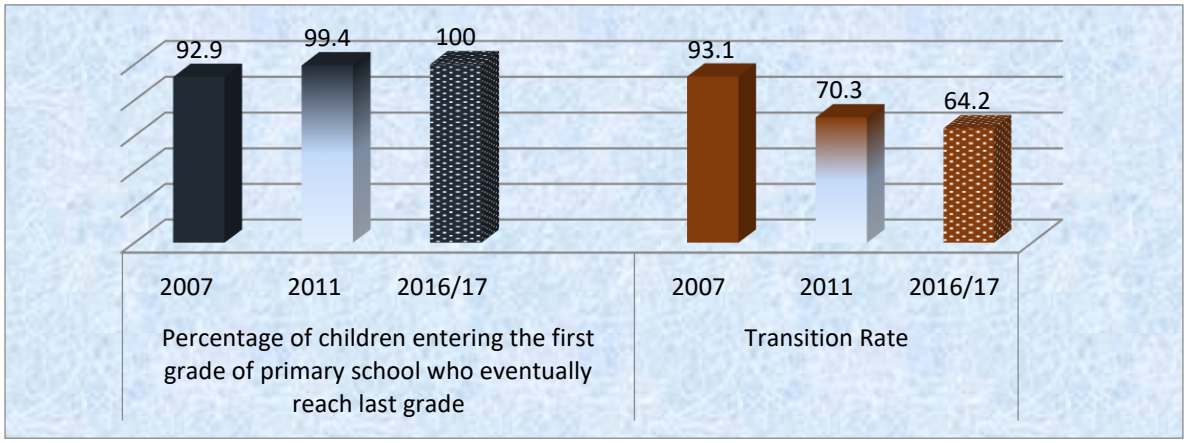
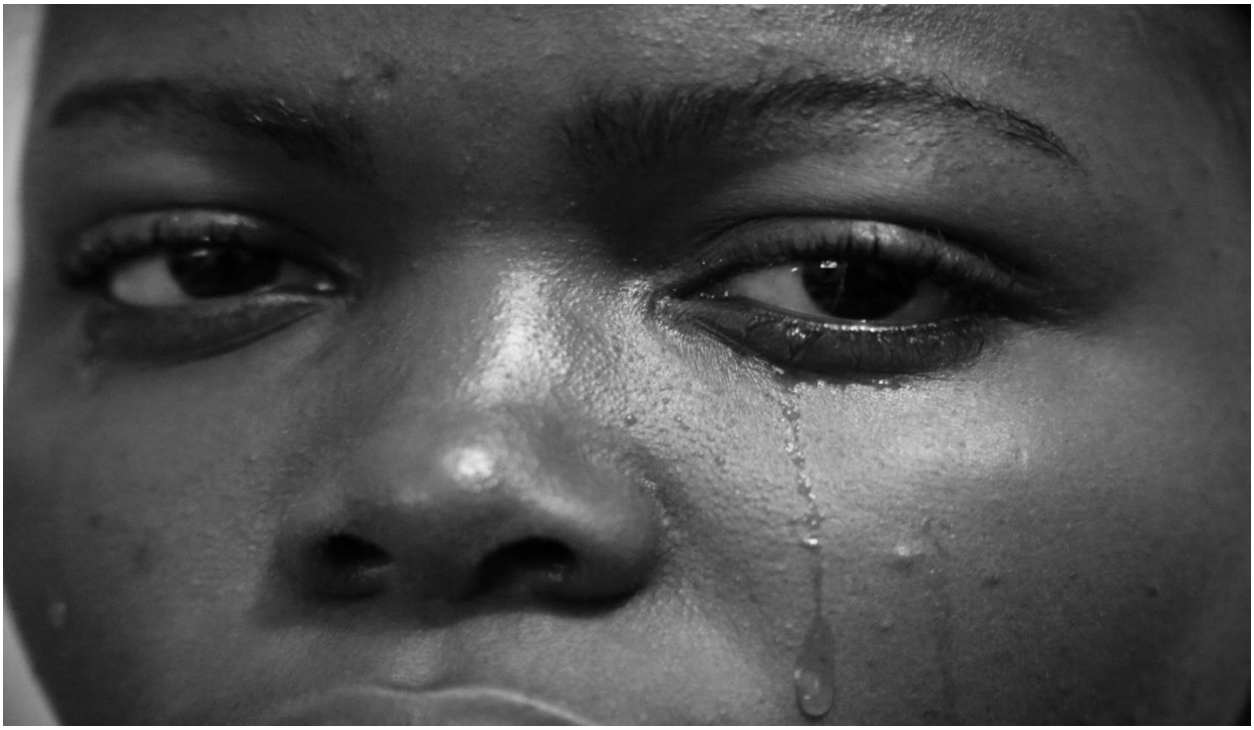


Figure 37: Primary school completion and transition rate

- Almost all children who started the first grade of primary school reach last grade of primary school. Primary school completion rate is consistently between 93-100%.
- However, the transition rate has been on the decline in the last decade in the State, dropping from 93.1% in 2007 to 64.2% in 2016/17.

SECTION SEVEN

CHILD PROTECTION



Picture 14: A child crying

Picture 15: A child hawking in a market in Benin City

7.1 Birth Registration

Birth registration is the first point of child protection. It ensures the child has an identity and the fundamental for securing the child's rights. Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed.

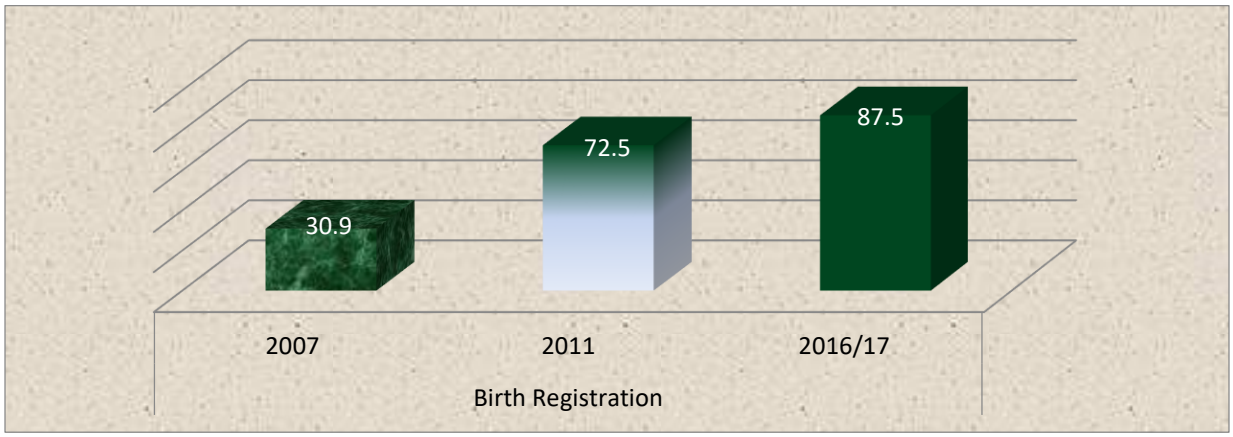


Figure 38: Percentage of children whose birth were registered

- Birth registration is the first point of child protection. It ensures the child has an identity and the fundamental for securing the child's rights.
- Birth registration has been increasing consistently over that last ten years from 30.9% in 2007 to 87.5% in 2016/17 and better than the SS average of 64.6% (MICS 5).

7.2 Child Labour

The Convention on the rights of the Child mandates States to recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education or harmful to the child's health or physical, mental, spiritual, moral or social development. In MICS 2016/17, child labour was calculated for children age 5-17 based on the type of work a child does (including paid or unpaid work for someone who is not a member of the household, work for a family farm or business, household chores such as cooking, cleaning or caring for children, as well as collecting firewood or fetching water and hazardous working conditions) and the number of hours he or she is engaged in it.

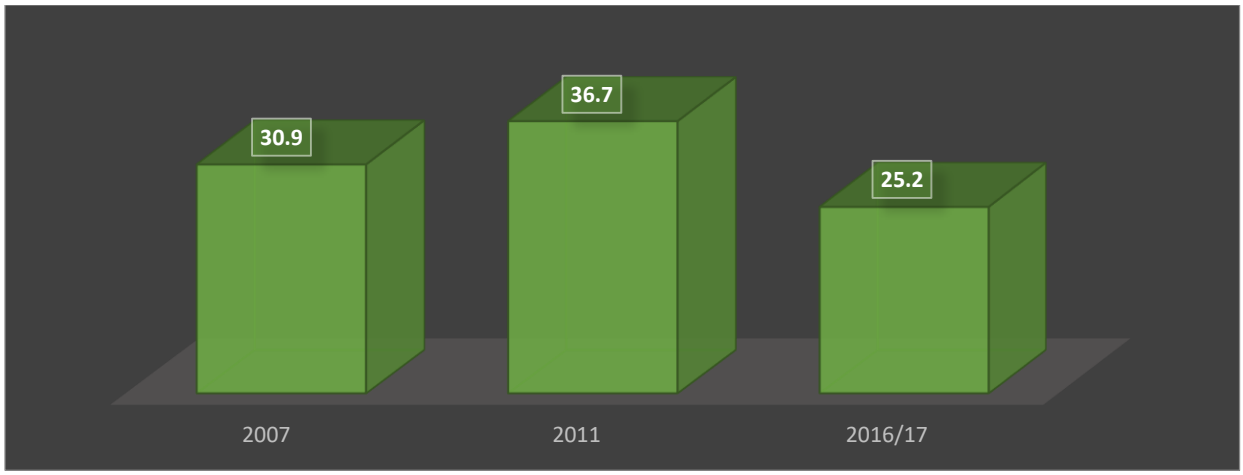


Figure 39: Percentage of children (5-17years) involved in child labour

- MICS reports show that about one-quarter (25.2%) of children aged 5-17 years in the State are involved in child labour.
- The percentage of children involved in child labour reduced from 36.7% in 2011 to 25.2% in 2016/17.

7.3 Child Discipline

Similar to child labour, the use of physical force or verbal intimidation to discipline a child has harmful consequences. Exposing children to violent discipline hampers children's development, learning abilities and school performance. It inhibits positive relationships, provokes low self-esteem, emotional distress and depression, which may lead to risk taking and self-harm.

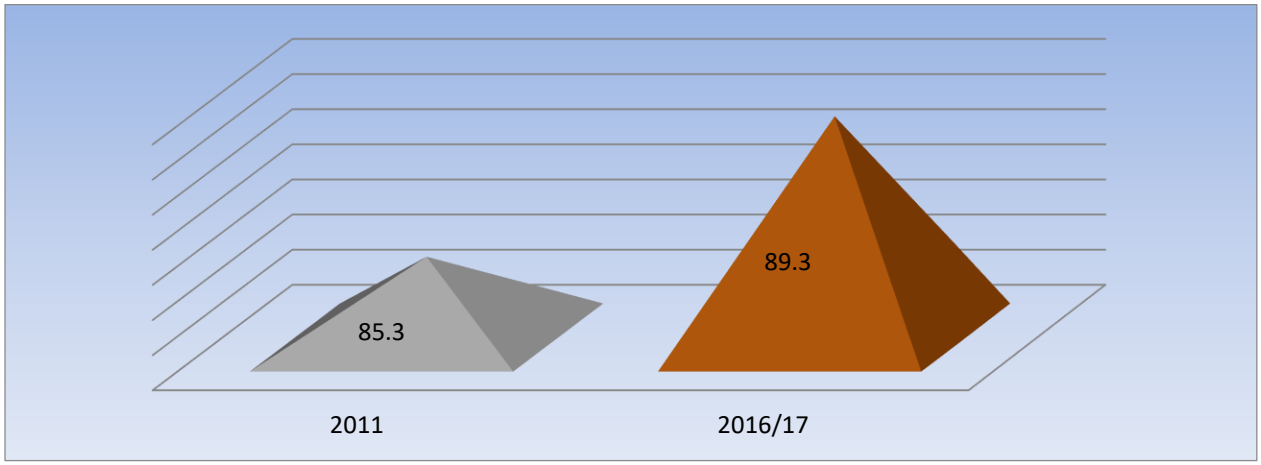


Figure 40: Percentage of children who are psychologically and physically abused

- Incidents of psychological aggression and physical punishment among children are very rampant in the State and seem to be on increase in the recent years.
- The percentage of children who have experienced psychological aggression or physical punishment in the State increased from 85.3% in 2011 to 89.3% in 2016/17.

7.4 Early Marriage

Closely related to the issue of early marriage is the age at which girls become sexually active. Women who are married before the age of 18 years tend to have more children than those who marry later in life. Pregnancy related deaths are known to be a leading cause of mortality for both married and unmarried girls between the ages of 15 and 19, particularly among the youngest of the cohort. There is evidence to suggest that girls who marry at young ages are more likely to marry older men which puts them at increased risk of HIV infection because of the power imbalance which does not allow them negotiate condom use.

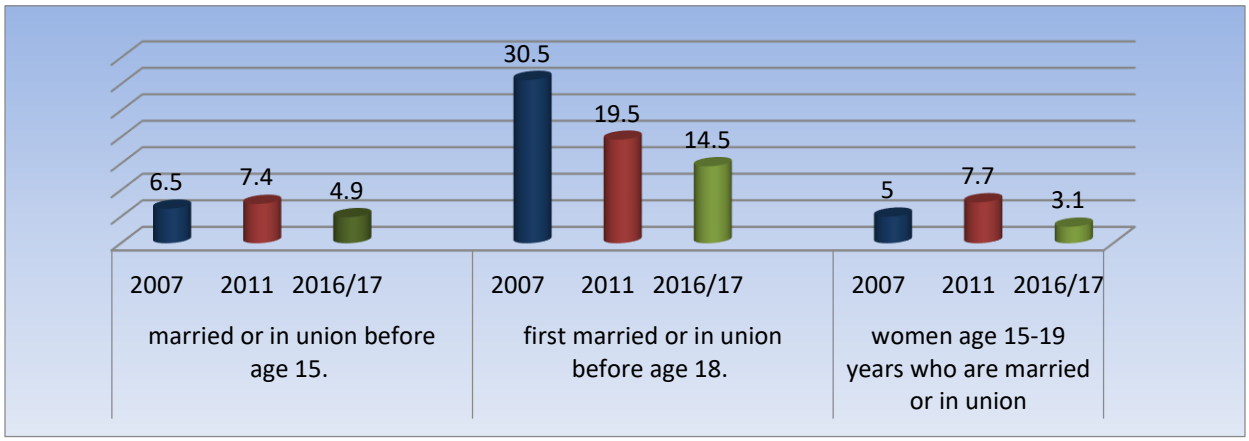


Figure 41: Prevalence of early marriage among women

- The percentage of women involved in early marriage across the different age groups has decreased in the recent years.
- The proportion of women who first married and in a union before 15 years decreased from 7.4% in 2011 to 4.9% in 2016/17 while marriage before age 18 years also decreased from 19.5% to 14.5% within the same period.
- Similarly, the percentage of women 15-19 currently married or in a union reduced from 7.7% in 2011 to 3.1% in 2016/17.

7.5 Female Genital Mutilation/Cutting (FGM/C)

FGM/C is a fundamental violation of human rights. It subjects girls and women to health risks and has life-threatening consequences including excruciating pain, shock, urine retention, ulceration of the genitals and injury to adjacent tissue. Other complications include septicemia, infertility and obstructed labour which sometimes lead to death.

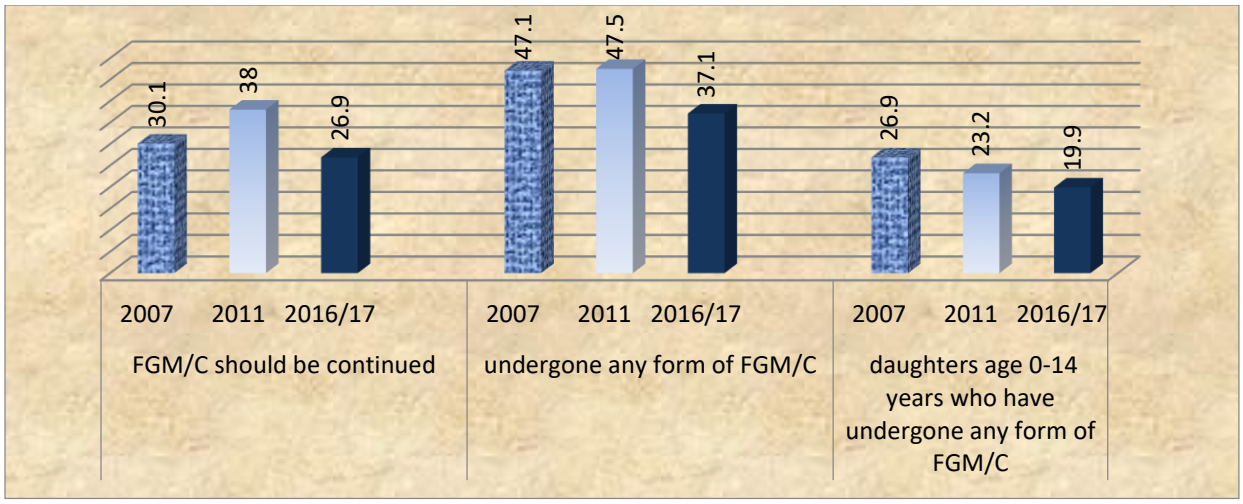


Figure 42: Practice of female genital mutilation/cutting among women 15-49 years and girls (0-14 years)

- In Edo State, more than one quarter (26.9%) of the women still think that FGM/C should continue.
- More than one third (37.1%) of women age 15-49 years have undergone any form of FGM/C while about one in five (19.9%) of girls age 0-14 years have experienced any form of FGM/C.
- The approval and practice of FGM/C among women and girls are reducing in the State. The approval rate reduced from 38% in 2011 to 26.9% in 2016/17 while percentage of women and girls that have undergone FGM/C reduced from 47.5% and 23.2% in 2011 to 37.1% and 19.9% in 2016/17, respectively.

SECTION EIGHT

HIV AND AIDS

8.1 HIV/AIDS Knowledge and Awareness amongst Men and Women

One of the key factors to reduce the rate of HIV infection is the accurate knowledge of the transmission of the virus. Correct knowledge provides both men and women a tool for protecting themselves against the infection.

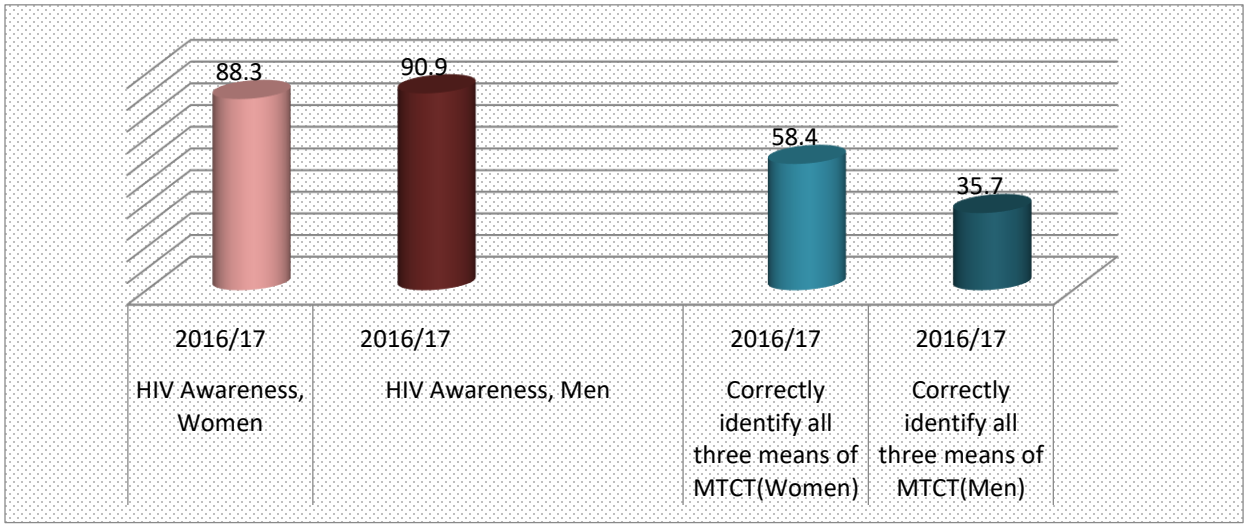


Figure 43: HIV awareness and knowledge of HIV transmission among w*omen and men*

- Figure 43 shows that HIV awareness is generally high in the State. Majority (90.9%) of men and (88.3%) of women have heard about HIV/AIDS.
- However, just more than one third (35.7%) of men and 58.4% of women correctly identified all three means of preventing mother-to-child transmission of HIV.

8.2 HIV Testing and Receiving Results

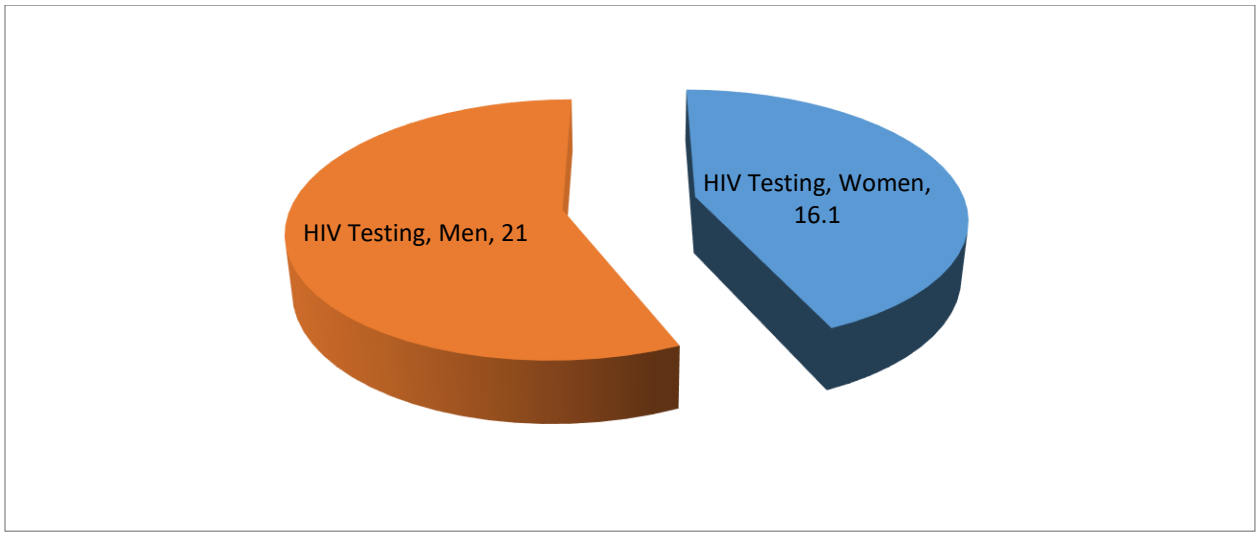


Figure 44: Women and men who are tested for HIV and received their results

- Despite the high rate of HIV awareness, HIV testing and receiving results is very low among men and women in the state.
- Surprisingly, men are more likely to be tested and receive their test results than women in the State. Only 16.1% of women and about one in five (21%) of men have been tested and received their results.

ANNEX: SUMMARY TABLE OF INDICATORS

	Health	2007	2011	2016/17
Early childhood mortality	Probability of dying within the first month of life (Neonatal Mortality)			
	Probability of dying between birth and the first birthday (Infant mortality)		69.0	
	Difference between infant and neonatal mortality rates (Post Neonatal Mortality)			
	Probability of dying between the first and the fifth birthdays (Child Mortality)			
	Probability of dying between birth and the fifth birthday (Under five mortality)		107.0	
Vaccinations	Percentage of children age 12-23 months who received BCG vaccine by their first birthday	85.5	93.1	96.7
	Percentage of children age 12-23 months who received the third dose of OPV vaccine (OPV3) by their first birthday	46.1	62.7	52.7
	Percentage of children age 12-23 months who received the third dose of Pentavalent (DPT3) by their first birthday	53.3	61.5	74.5
	Percentage of children age 12-23 months who received measles vaccine by their first birthday	69.3	80.6	86.1
	Percentage of children age 12-23 months who received yellow fever vaccine by their first birthday	56.8	71.7	83.8
	Percentage of children age 12-23 months who received all vaccinations recommended in the national immunization schedule by their first birthday (measles by second birthday)	32.9	31.4	45.7
Tetanus toxoid	Percentage of women age 15-49 years with a live birth in the last 2 years who were given at least two doses of tetanus toxoid vaccine within the appropriate interval prior to the most recent birth	70.4	68.9	81.7
Diarrhoea	Percentage of children under age 5 with diarrhoea in the last 2 weeks	6.3		2.9
Acute Respiratory Infection	Percentage of children under age 5 with ARI symptoms in the last 2 weeks			0.8
Malaria	% of children U5 who slept under an ITN the previous night	3.9	4.0	21.0
	% of HH members who slept under an ITN the previous night			12.2
	% of children U5 with fever in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	8.9	11.0	71.8
	% of children U5 with fever in the last 2 weeks who had a finger or heel stick for malaria testing		27.8	19.3

	% of children under age 5 with fever in the last 2 weeks who received any antimalarial treatment	70.6	48.4	70.0
	% of children U5 with fever in the last 2 weeks who received ACT (or other first-line treatment according to national policy) among children who received anti-malarial treatment			54.7
	% of pregnant women who slept under an ITN the previous night			4.0
	% of women age 15-49 years who received three or more doses of SP/Fansidar, at least one of which was received during an ANC visit, to prevent malaria during their last pregnancy that led to a live birth in the last 2 years	20.8	70.0	18.7
Reproductive Health and Contraception	Total fertility rate for women age 15-49 years		5.6	3.8
	Age-specific fertility rate for women age 15-19 years		5.3	42.0
	Percentage of women age 20-24 years who had at least one live birth before age 18		5.7	8.4
	Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method	17.7	18.5	15.7
	Percentage of women age 15-49 years who are currently married or in union who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	22.6	29.6	39
Maternal and newborn health	Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth. (at least four times by any provider)	88.7	77.6	83.7
	Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth		58.2	86.2
	Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth	76.1	83.0	92.8
	Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered in a health facility	73.6	80.7	92.5
	Percentage of women age 15-49 years whose most recent live birth in the last 2 years was delivered by caesarean section		10.9	5.9
Post-natal health checks	Percentage of women age 15-49 years who stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 2 years			54.0
	Percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery			2.3

	Percentage of women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the last 2 years			2.3
	Nutrition	2007	2011	2016/17
Underweight prevalence	Percentage of children under age 5 who fall below minus two standard deviations (moderate and severe) of the median weight for age of the WHO standard	12.4	7.9	10.2
	Percentage of children under age 5 who fall below minus three standard deviations (severe) of the median weight for age of the WHO standard	1.5	1.8	2.1
Stunting prevalence	Percentage of children under age 5 who fall below minus two standard deviations (moderate and severe) of the median height for age of the WHO standard	27.5	14.6	13.6
	Percentage of children under age 5 who fall below minus three standard deviations (severe) of the median height for age of the WHO standard	9.8	5.3	5.4
Wasting prevalence	Percentage of children under age 5 who fall below minus two standard deviations (moderate and severe) of the median weight for height of the WHO standard	5.9	4.7	6.6
	Percentage of children under age 5 who fall below minus three standard deviations (severe) of the median weight for height of the WHO standard	0.9	1.4	2.1
Overweight prevalence	Percentage of children under age 5 who are above two standard deviations of the median weight for height of the WHO standard	3.0	1.9	1.4
Breast feeding	Percentage of women with a live birth in the last 2 years who breastfed their last live-born child at any time		96.7	98.2
	Percentage of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth	40.3	41.1	44.6
	Percentage of infants under 6 months of age who are exclusively breastfed	11.9	24.8	27.1
	Percentage of children age 0-23 months appropriately fed during the previous day	22.0	25.5	54.4
	WASH	2007	2011	2016/17
Water	Percentage of household members using improved sources of drinking water	60.7	73.2	87.9
	Percentage of household members in households using unimproved drinking water who use an appropriate treatment method	3.2	2.4	2.7
Sanitation	Percentage of household members using improved sanitation facilities which are not shared		37.4	51.6
	Percentage of children age 0-2 years whose last stools were disposed of safely	44.4	48.3	47.7

Hygiene	Percentage of households with a specific place for hand washing where water and soap or other cleansing agent are present		49.9	23.3
	Percentage of households with soap or other cleansing agent		83.5	43.3
Water quality	Percentage of household members drinking water contaminated by E. Coli in the drinking water of the household			31.0
	Percentage of household members drinking water contaminated by E. Coli at the source of drinking water			25.7
	Education	2007	2011	2016/17
Early childhood education	Percentage of children age 36-59 months who are attending an early childhood education programme	51.9	69.1	79.2
	Percentage of children age 36-59 months with whom an adult has engaged in four or more activities to promote learning and school readiness in the last 3 days	64.4	78.6	93.1
	Percentage of children age 36-59 months whose biological father has engaged in four or more activities to promote learning and school readiness in the last 3 days	56.3	31.7	18.5
	Percentage of children age 36-59 months who are developmentally on track in at least three of the following four domains: literacy-numeracy, physical, social-emotional, and learning		68.6	93.5
	Percentage of children of primary school age currently attending primary or secondary school	94.2	92.2	91.4
	Percentage of children of secondary school age currently attending secondary school or higher	69.6	74.5	78.9
	Percentage of children entering the first grade of primary school who eventually reach last grade	92.9	99.4	100.0
	Number of children attending the last grade of primary school during the previous school year who are in the first grade of secondary school during the current school year divided by number of children attending the last grade of primary school during the previous school year	100	73.5	66.7
	Percentage of children under age 5 whose births are reported registered	30.9	72.5	87.5
	Percentage of children age 5-17 years who are involved in child labour	30.9	36.7	25.2
	Percentage of children age 1-14 years who experienced psychological aggression or physical punishment during the last one month		85.3	89.3
	Percentage of Women age 15-49 years who were first married or in union before age 15.	6.5	7.4	4.9
	Percentage of Women age 20-49 years who were first married or in union before age 18.	30.5	19.5	14.5
	Percentage of young Women age 15-19 years who are married or in union	5.0	7.7	3.1
	Percentage of women age 15-49 years who State that FGM/C should be continued	30.1	38	26.9

	Percentage of women age 15-49 years who report to have undergone any form of FGM/C	47.1	47.5	37.1
	Percentage of daughters age 0-14 years who have undergone any form of FGM/C, as reported by mothers age 15-49 years	26.9	23.2	19.9
HIV/AIDS	**HIV/AIDS**	2007	2011	2016/17
	Percentage of people age 15-49 years who have heard of AIDS. (a) Women	88.0	92.7	88.3
	Percentage of people age 15-49 years who have heard of AIDS. (b) Men			90.9
	Percentage of young people age 15-24 years who correctly identify ways of preventing the sexual transmission of HIV, and who reject major misconceptions about HIV transmission. (a) Women	75.5	55.2	58.4
	Percentage of people age 15-49 years who have been tested for HIV in the last 12 months and who know their results. (a) Women	69.4	18	16.1
	Percentage of people age 15-49 years who have been tested for HIV in the last 12 months and who know their results. (b) Men			21.0