

PN-ABD-435

**ONDO STATE, NIGERIA  
DEMOGRAPHIC  
AND  
HEALTH SURVEY  
1986**

**PRELIMINARY  
REPORT**

**MEDICAL/PREVENTIVE HEALTH DIVISION**  
Ministry of Health, Akure, Ondo State, Nigeria

**DEMOGRAPHIC AND HEALTH SURVEYS - DHS**  
Institute for Resource Development, Westinghouse

The Demographic and Health Surveys Program (DHS) is assisting government and private agencies with the implementation of 35 surveys (1984-89) in developing countries. Funded primarily by the Agency for International Development, DHS is a program within the Institute for Resource Development, Westinghouse (IRD), with assistance from The Population Council. Project objectives are: (1) to provide decisionmakers in the survey countries with a database and analyses useful for informed policy choices; (2) to expand the international population and health database; (3) to advance survey methodologies; (4) to develop in participating countries the skills and resources necessary to conduct high-quality demographic and health surveys.

ONDO STATE OF NIGERIA DEMOGRAPHIC AND HEALTH SURVEY  
1986

PRELIMINARY REPORT

Medical/Preventive Health Division,  
Ministry of Health, Akure,  
Ondo State of Nigeria

and

Demographic and Health Surveys - DHS  
Institute for Resource Development  
Westinghouse

August 1987

## LIST OF TABLES

1.	Average Number of Children Ever-Born and Children Surviving, Percent Surviving and Age Specific Fertility Rates for All Women Aged 15-49 by Age	11
2.	Percent Distribution of Currently Married Women Aged 15-49 by Reproductive Intention by Age	12
3.	Percent of All Women and Currently Married Women Aged 15-49 Years Who Know Family Planning Methods, Who Know a Source for Methods, Who Have Ever Used and Who are Currently Using, by Method	13
4.	Percent of Currently Married Women Aged 15-49 Years Currently Using Any Method and Any Modern Method of Family Planning by Selected Characteristics	14
5.	Percent Distribution of Current Users of Modern Contraceptive Methods by Source of Method and Type of Method	15
6.	Percent Distribution of Non-Pregnant Sexually Active Non-Users of Contraception Who Would be Upset if They Became Pregnant Soon by Reason for Nonuse.	16
7.	Percent Distribution of Women Aged 15-49 by Sources of Water for Drinking and Household Use and Type of Toilet Facilities	17
8.	Percent of Children 0-59 Months Who Had Diarrhoea in the Last Two Weeks, Received Oral Rehydration Solution (ORS) for the Last Diarrhoea Episode, Had Fever in the Last Four Weeks, Had Difficult or Rapid Breathing in the Last Four Weeks by Selected Characteristics of Mothers	18
9.	Percent Distribution of Living Children Aged 12-59 Months by Immunization Status by Selected Characteristics of Mothers	19
10.	Percent of Living Children Aged 12-59 Months Receiving Specific Immunizations by Selected Characteristics of Mothers	20

## I. BACKGROUND

### A. Introduction

The Ondo State Demographic and Health Survey (DHS) was conducted in one of the twenty administrative areas of the Federation of Nigeria (nineteen States and Abuja, the Federal capital Territory). The Ondo State DHS was carried out in all the seventeen Local Government Areas of the State, partly as a follow-up to the Nigerian Fertility Survey of 1981/82.

Ondo State, with a land area of over 20,595 square kilometers and a population of about 2,729,690 (1986), is one of the seven new States created in 1976. It was carved out of the former Western State of Nigeria. With slight modifications resulting from boundary adjustments, Ondo State covers exactly the former Ondo Province.

The Ondo State DHS was carried out between September 1986 and January 1987 by the Government of Ondo State through the Medical/Preventive Health Division of the Ministry of Health, which had the major responsibility for conducting the survey. The survey was jointly financed by the Government of Ondo State and the United States Agency for International Development, while the technical assistance for the survey came through the Institute for Resource Development, Westinghouse, U.S.A. The Nigeria National Population Bureau (NPB) provided some senior project staff for technical and logistical support, and the United Nations Children's Fund (UNICEF) generously provided field vehicles for the survey.

The immediate and long term objectives of the survey are as follows:

#### Immediate Objectives:

- (a) To produce data on cumulative and current fertility levels, reproductive intentions of currently married women, family planning knowledge, source and use, and maternal and child health indicators that are useful to policymakers for effective and efficient planning;
- (b) To assist the country in general and the State in particular in their capacity for conducting surveys periodically to monitor changes in birth rates, health and family planning behaviour;
- (c) To provide internationally comparable data for researchers investigating topics related to fertility, health and fertility regulation.

## Long Term Objectives:

- (a) To assist the State to critically examine present policies and programmes and to formulate new programmes with improved service delivery;
- (b) To increase as well as improve the capacity for conducting Demographic and Health Surveys.

This preliminary report is designed to provide, in the interim while the main survey report is under preparation, a resume of the major findings of the Ondo State DHS. The report is based on responses made by 4213 women aged 15-49 years. Caution should be taken in interpreting the results from this report as the data file has not been thoroughly edited and analyzed. Thus, although not much difference is expected in the final results, nevertheless, the data should be regarded as provisional and subject to modifications prior to the publication of the final report.

## B. Sample Design

The main sample for the Ondo State DHS was a two-stage stratified self-weighting probability sample, representative of the entire State. In addition, there was over-sampling in Owo Local Government Area at the request of UNICEF. In total, the main sample included 90 Primary Sampling Units (Enumeration Areas or EAs) with 10 extra Primary Sampling Units in Owo Local Government Area. The total sample (i.e., the main sample plus the over sampling in Owo LGA) was expected to yield approximately 4,000 eligible respondents, that is, women aged 15-49 years, who spent the previous night in the household. Due to the over-sampling, the entire sample design cannot be referred to as self-weighting.

The sampling frame for the first sampling stage of the survey consisted of two lists of EAs: one list covering 13 of the 17 Local Government Areas of the State and the other list covering the remaining 4 Local Government Areas. The EAs in the former list were recently created as part of the Enumeration Area Demarcation Exercise being undertaken by the National Population Bureau since 1983. The EAs in the latter list were those created in preparation for the 1973 Population Census and remapped for the Ondo State survey. For the EAs selected in the first sampling stage, the field staff of the National Population Bureau conducted a household listing exercise in preparation for household selection in the second sampling stage. Within households selected at the second sampling stage, all women aged 15-49 were eligible respondents and were to be interviewed.

Within the selected households, approximately 4,482 women aged 15-49 years old were successfully interviewed, out of which 4,213 fell into the main sample. In preparing this preliminary report, data on the ten EAs that were over-sampled in Owo Local Government Area were excluded.

### C. Questionnaires

The two questionnaires used, household and individual, were adapted from the Model Questionnaire of the DHS Program. The Household Questionnaire was used to list all members of the selected households, while the Individual Questionnaire was used to record information from all women aged 15-49 who spent the night before the interview in the household, irrespective of their usual places of residence. Since only about 5-10 percent of the population in Ondo State are not native Yoruba speakers, all the questionnaires administered were in the Yoruba language. One should also note that the majority of the non-Yorubas speak Yoruba as a second language. Hence, it was not difficult to conduct the interviews in Yoruba.

The Household Questionnaire consists of a relatively simple set of questions which were to be asked for each household member and each visitor who slept in the household the preceding night: name, whether a usual resident or a visitor, sex, age and, for children 15 years and below, presence of natural parents in the household.

The Individual Questionnaire consists of eight sections covering three major topics:

- (1) Fertility, including a history of all children born in the five years before the survey; questions on desired number of children and future childbearing intentions,
- (2) Fertility regulation, including knowledge, source, use and reasons for non-use of family planning methods,
- (3) Maternal and child health, including prenatal care, breast-feeding, weaning practices, incidence of childhood diseases such as fever, diarrhoea, respiratory illness, and immunization status for children below five years of age, as well as height and weight of children aged 6-36 months.

Only selected topics out of those included in the Individual Questionnaire are covered in this report. The main survey report, scheduled for completion in January 1988, will present results for all topics covered by the survey.

### D. Training and Field Work

A pretest of the questionnaires was conducted from mid June to early July 1986. Twelve interviewers and two supervisors were trained for the pretest during the period 12-18 June. At the end of the training session, ten interviewers and two supervisors participated in pretesting the questionnaires from 24 June through 4 July in three areas, comprising 15 EAs.

The fieldstaff for the main fieldwork consisted of sixteen female interviewers and four female editors who were recruited mainly from among the graduates of Ondo State School of Health Technology, while the supervisors--one female and three males--were part of the experienced fieldstaff of the National Population Bureau, Akure. Working permanently with the field teams were two tutors of the School of Health Technology who were specially trained on height and weight measurement. Training for the main fieldwork lasted from 5-30 August, 1986. It consisted of two weeks of classroom work and two weeks of practicals which involved role playing, mock interviews and field practice on heights and weights.

There were altogether four teams--each made up of four interviewers, one editor, one supervisor, and a driver--each of which had one of the four vehicles provided by UNICEF during the main fieldwork. Data collection for the main fieldwork started on 4 September, 1986 and was completed on 26 January, 1987.

#### E. Data Processing

Data entry started immediately after the completion and return of questionnaires from the first Local Government Area. The data were entered onto microcomputers installed at the Ministry of Health and checked for range, skip and inconsistency errors. All the errors detected at the editing stage were corrected. Before writing the main report, further editing will be done to ensure a thoroughly cleaned dataset.

On future reproductive intentions, 23 percent of currently married women do not want to have more children, 35 percent want to space their next birth, 19 percent want another child soon, and about 23 percent either do not know when or if they want another child (Table 2). Based on their desires for future childbearing, almost three out of every five women in Ondo State are potential candidates for family planning use, either for complete abstinence from childbearing or for temporary abstinence from childbearing through spacing.

The distribution of currently married women by reproductive intentions within age groups indicates, as expected, that the proportion of women wanting to space their next child is greater among younger women while older women tend to want no more children. The proportion of women desiring no more children increases with age, teenagers recording zero percent while women in their late twenties and late thirties respectively record 2.4 percent and 19.8 percent. A little over 70 percent of women aged 45-49 state that they do not want more children.

#### B. Family Planning Knowledge, Source and Use (Tables 3-6)

A considerable amount of information was collected in the Ondo State DHS on knowledge, awareness, source, ever use, current use and problems associated with the various contraceptive methods. This information was collected for both modern and traditional methods.

Table 3 shows that about one in two women of childbearing age have knowledge of some method of family planning and that knowledge of modern methods is almost threefold that of traditional methods. In conformity with the cultural health beliefs of people in Ondo State, the injection is the most widely known method, followed by the pill, and female sterilization, while the IUD and the condom rival each other in the fourth position. About 46 percent of all women, and 49 percent of currently married women claim to know where to obtain any of the methods. Sources for injection and the pill were known to more women than sources for other methods. Both knowledge of methods and knowledge of sources are higher among currently married women than among all women.

Only 15 percent of all women and 13 percent of currently married women have ever used any method. Most of these women have used the pill or periodic abstinence.

Only nine percent of all women and six percent of currently married women were current users at the time of interview. Periodic abstinence, the pill, the condom, and injection were the most commonly used methods. Almost one third of current users use periodic abstinence while about one quarter and one fifth of married users have adopted the pill and injection respectively. Use of family planning is more prevalent among all women than currently married women. This is an interesting finding, the explanation of which must await more detailed analysis.

Table 4 shows the variation in current use of contraception by selected background characteristics for currently married women. The proportion currently using any method is somewhat higher among women 30 years and above, especially for modern methods. Similarly, the proportion of women using family planning methods increases with the number of living children they have. For example, the proportion of married women using a modern method increases from 2.2 percent for women with 0-2 living children to 5.6 percent for women with five or more children.

The survey indicates that there are pronounced differentials in family planning use by urban-rural residence. The proportion of current users in urban areas is twice that of rural areas. Significant variation was also observed among current users classified by educational status. The proportion of women who are using any method increases from 2.9 percent of women with no schooling, to 5.5 percent of women with some primary education, to almost 15 percent of women who have completed primary education. A similar pattern of variation by education categories exists among users of modern methods.

The pattern of current use by reproductive intentions appears plausible, with the highest rate of use among women who want no more children. The proportion using is intermediate for women who want to space their next birth, lower among women who want their next child soon, and lowest among women who do not know when they want their next child. Interestingly, the use rate among women who do not know whether they want another child is relatively high.

The major sources from which current users of modern contraception obtain their methods (Table 5) are government hospitals (40 percent) and pharmacy/shops (27 percent), followed by doctor's offices (13 percent). The percentages reported for other sources were negligible. For the very few users of clinical methods (sterilization and the IUD), the major source of supply is the government hospital.

All women who were not pregnant, not currently using a method, and who were sexually active were asked if they would mind if they became pregnant in the next few weeks. Those who answered affirmatively were then asked why they were not using a method to avoid pregnancy. It can be observed from Table 6 that about one-quarter (27 percent) of these women are worried about the side effects of contraceptives. Other significant reasons were lack of knowledge or lack of source of supply (16 percent) while opposition to family planning by either the women or their partners (8 and 5 percent respectively) was also another important reason.

### C. Sanitation (Table 7)

Questions on source of water and toilet facilities used by the household were asked in the Ondo State DHS. The former questions were included to assess the cleanliness of water used for both drinking and cooking, since this is directly related to the incidence of infectious diseases, while type of toilet facilities is a measure of the sanitation level.

Statistics on sources of water and toilet facilities available to respondents in the survey are shown in Table 7. It was observed that about one half of the respondents (52 percent) obtain their drinking water from a river, spring or other surface water, while 31 percent use pipe-borne water and one tenth (10 percent) depend on well water. Much the same pattern emerges when one examines the sources of water for household use, except that there is greater dependence on well water and less dependence on public taps for this purpose. For both drinking and household use, at least one out of every two women relies on an unwholesome source of water supply.

One half (49 percent) of those interviewed have no toilet facilities, that is, they go into the bush to ease themselves. Forty-three percent of the women use pit latrines, while only eight percent have flush toilets.

D. Health Problems (Table 8)

In the Ondo State DHS, information was collected on the incidence of common ailments, such as diarrhoea, fever and respiratory diseases, among children under five years old. The reference period for diarrhoea was two weeks preceeding the survey, while for fever and respiratory disease it was four weeks.

Table 8 presents the responses by some background characteristics of the mother such as age, type of residence, and educational status. The incidence of diarrhoea is remarkably low, with only five percent of children under age five reported as having had the illness in the two weeks preceeding the survey. About one in five children under age five suffered from fever in the four weeks before the survey, while only seven percent had some sort of respiratory ailment in that time period.

There are almost no significant differentials in the occurrence of these illnesses by background characteristics of the mother. Diarrhoea and fever are only slightly more prevalent among children of women 30 years and above, than those below 30 years. Similarly, there is virtually no difference in occurrence of any of the three ailments between rural and urban children, and differences by education status of the mother are also very small.

Almost one out of every four children who had diarrhoea in the two weeks before the interview was treated with some kind of oral rehydration solution (ORS), whether homemade or from a ready-made packet. There is some evidence that children whose mothers are younger, urban and better educated are more likely to receive ORS treatment.

E. Immunization of Children (Tables 9 and 10)

In the Ondo State DHS, women whose children were five years of age or younger were asked if such children had immunization cards. If their answers were affirmative, dates of all immunizations were copied from the cards onto the questionnaire by the interviewers. In cases where a child had no card or the card was not available, the mother was asked if the child had received a vaccination, without obtaining further information on specific vaccinations. At the data processing stage, a lot of consistency errors were detected for this section which is not unusual, as issues requiring dates are generally subject to errors in many surveys in the developing countries. Several points need to be noted when interpreting the data on immunization. Among these are:

- (a) Only children whose mothers are eligible for interview are reported on and hence cannot be regarded as representing all children in Ondo State. Children whose mothers are not alive or do not reside within Ondo State are not represented in the data on immunization,
- (b) Data on immunizations reported in Table 9 are only for children who are twelve to fifty-nine months, as young infants are less likely to have received significant immunizations.

Table 9 shows that 20 percent of the children 12-59 months had immunization cards which their mothers could show to the interviewer. Fifty-one percent of the children either had a card which could not be shown, or did not have a card, but their mothers reported that they had received at least one vaccination. For the remaining 28 percent of children, immunization cards were also unavailable, and their mothers reported that they had not received any vaccinations. A higher proportion of children whose mothers are younger, urban, and better educated have been immunized than children whose mothers are older, rural, and poorly educated.

In analyzing the data on the proportion of children who had received specific immunizations (See Table 10), one should note that the numerators of the percentages are based on only those children who have cards, while the denominators represent all children 12-59 months in that category. Thus, the data presented underestimate the extent of coverage of the various types of vaccinations, since only about one fifth of all living children 12-59 months had cards at the time of interview.

That notwithstanding, only 20 percent of the children had received BCG and about the same proportion had taken the first doses of the DPT and Polio. The proportion dropped consistently from the first to the third doses of both DPT and Polio. A much smaller proportion had received measles vaccination compared with other types of antigen. There is no appreciable difference by age of mother, however, urban children and children of more educated women are more likely to have been immunized.

## F. Summary and Conclusions

The data collected from the Ondo State DHS on 4213 women aged 15-49 years show that the level of fertility was high in the past. Though declining slowly, it is still relatively high by African standards. The average number of children ever born to women who have reached the end of their reproductive life is 7.3, whereas the current fertility measured by the total fertility rate is 6.2. This indicates that present fertility is relatively lower than what was in the past. Furthermore, 58.3 percent of married women either do not want any more children or want to space the next birth. The proportion of spacers is higher among younger women who can be regarded as potential users of family planning, than among older women.

Infant and childhood mortality is rather high. About 20% of all children born to these women had died by the time of interview.

Use of family planning techniques as depicted by ever-use and current use was very low. Only 15 percent of all women interviewed have ever used while only nine percent are current users. Likewise, only 13 percent of the currently married have ever used any method and six percent are current users. Such levels of current use of family planning is not likely to exert as much influence on fertility.

Comparison of users of contraceptives by varying background characteristics shows that a greater proportion of older women (30 years and above) are current users. Likewise, the proportion of users is higher among those who live in urban areas, those who have more children, and those who are better educated.

Among nonusers of contraception who are sexually active and want to avoid pregnancy in the near future, the major reasons for nonuse is fear of health hazards resulting from side effects. Also significant on the list are: lack of knowledge of methods, lack of source of supply, and opposition to family planning by women and their partners.

As for the sanitary conditions in the household, over 50 percent of women depend on an unhygienic source of water supply, while about one third use pipe-borne water. Likewise, almost one in every two women interviewed have no toilet facilities, while two out of every five use pit latrines, and less than one in every ten used flush toilets.

The incidence of some ailments, such as diarrhoea and respiratory diseases in children in the State is not very high. Of those children who were reported as having diarrhoea, about one-quarter had been treated with ORS. Only 20% of living children aged 12-59 months had immunization cards which could be produced during the interview. Almost all those for whom cards were presented had the BCG and first doses of DPT and polio vaccinations while the proportion diminished consistently with the second and third DPT and polio vaccinations.

TABLE 1

AVERAGE NUMBER OF CHILDREN EVER BORN AND CHILDREN SURVIVING, PERCENT SURVIVING,  
AND AGE-SPECIFIC FERTILITY RATES, FOR ALL WOMEN AGED 15-49 BY AGE,  
ONDO STATE, 1986

Age Group	Children Ever Born	Children Surviving	Percent Surviving	Age-Specific Fertility Rates*	Number of Women
15-19	0.08	0.07	92	61	1111
20-24	0.82	0.72	87	236	563
25-29	2.65	2.31	87	303	559
30-34	4.67	3.86	83	290	547
35-39	5.87	4.79	82	196	478
40-44	6.55	5.08	78	109	479
45-49	7.28	5.29	73	43	476
All Ages	3.32	2.64	80	-	4213
Total Fertility Rate	-	-	-	6.19	-

\*Based on births in the five years preceding the survey.

TABLE 2  
 PERCENT DISTRIBUTION OF CURRENTLY MARRIED WOMEN AGED 15-49  
 BY REPRODUCTIVE INTENTIONS, BY AGE,  
 ONDO STATE, 1986

Age Group	Want No More Children	Want To Space*	Want Next Child Soon*	Want, Undecided When	Do Not Know If Want	Total Percent	No. of Women
15-19	0.0	53.8	17.1	26.5	2.6	100.0	117
20-24	0.9	54.8	23.1	20.9	0.3	100.0	325
25-29	2.4	54.6	21.5	16.0	5.5	100.0	507
30-34	9.1	43.5	21.9	12.8	12.6	100.0	538
35-39	19.8	32.8	19.0	9.1	19.2	100.0	464
40-44	44.0	13.1	10.8	6.3	19.7	100.0	457
45-49	71.7	6.6	9.0	2.6	10.1	100.0	424
All Ages	23.3	35.0	18.5	11.7	11.4	100.0	2832

\*"Want to space" means next child 2 years or more from now; "want next child soon" means want next child within next 24 months.

TABLE 3

PERCENT OF ALL WOMEN AND CURRENTLY MARRIED WOMEN AGED 15-49 WHO KNOW FAMILY PLANNING METHODS, WHO KNOW A SOURCE FOR METHODS, WHO HAVE EVER USED AND WHO ARE CURRENTLY USING, BY METHOD, ONDO STATE, 1986

Method	Percent Who Know Method		Percent Who Know Source*		Percent Who Ever Used		Percent Currently Using	
	AW	CMW	AW	CMW	AW	CMW	AW	CMW
Any Method	48.3	51.1	46.1	49.0	14.9	13.0	9.1	6.1
Any Modern Method	47.1	50.0	45.5	48.5	10.8	9.3	5.7	3.8
Pill	34.5	36.7	32.9	35.1	6.2	5.0	2.7	1.4
IUD	19.8	24.0	19.2	23.4	1.1	1.6	0.5	0.7
Injection	36.0	40.9	34.5	39.2	2.2	2.5	0.9	1.2
Vaginal Method	7.7	8.7	7.4	8.4	0.4	0.4	0.1	0.0
Condom	19.1	18.2	18.0	17.2	4.4	2.9	1.5	0.4
Female Sterilization	21.9	24.5	20.7	23.2	0.1	0.1	0.1	0.1
Male Sterilization	4.8	5.4	4.7	5.2	0.0	0.0	0.0	0.0
Any Traditional Method	17.8	16.9	11.9	10.6	7.2	5.9	3.4	2.3
Periodic Abstinence*	12.4	11.0	11.8	10.5	5.0	4.0	2.8	1.9
Withdrawal	10.9	10.2	-	-	3.1	2.4	0.4	0.2
Other Method	3.7	4.6	-	-	0.5	0.6	0.2	0.2

AW - All women - 4213

CMW - Currently Married women - 2832

\*For periodic abstinence, this refers to a source of information for the method.

TABLE 4

PERCENT OF CURRENTLY MARRIED WOMEN AGED 15-49 WHO ARE CURRENTLY USING ANY METHOD AND ANY MODERN METHOD OF FAMILY PLANNING BY SELECTED CHARACTERISTICS, ONDO STATE, 1986.

Characteristic	Using Any Method	Using Any Modern Method*	Number of Women
<u>Age</u>			
Less than 30	5.8	2.5	949
30 and over	6.1	4.5	1883
<u>No. of Living Children</u>			
0-2	4.7	2.2	894
3-4	5.3	3.1	827
5+	7.5	5.6	1110
<u>Urban-Rural Residence</u>			
Urban	8.8	5.3	1144
Rural	4.0	2.8	1688
<u>Educational Status</u>			
No schooling	2.9	1.9	1454
Some primary	5.5	3.6	823
Primary completed	14.8	9.0	553
<u>Reproductive Intentions</u>			
Wants no more	9.1	6.7	661
Wants to space	5.1	3.0	992
Wants next soon	4.8	2.7	525
Wants, don't know when	2.1	0.9	331
Don't know if wants	7.8	5.0	322
Total	6.0	3.8	2832

\*Modern methods: Pill, IUD, injection, vaginal methods, condom, female sterilization, male sterilization.

TABLE 5

PERCENT DISTRIBUTION OF CURRENT USERS OF MODERN CONTRACEPTIVE METHODS  
 BY SOURCE OF METHOD AND TYPE OF METHOD,  
 ONDO STATE, 1986.

Source	Supply Methods*	Clinical Methods**	All Methods
Doctor's Office	14.2	4.3	13.2
Government Hospital	35.6	8.7	40.5
Government Health Centre	7.8	4.3	7.4
Private Hospital	3.7	4.3	3.7
Pharmacy	30.6	0.0	27.7
Field Worker	2.3	0.0	2.1
Other	5.9	0.0	5.4
Total Percent	100.0	100.0	100.0
Number of Current Users	219	23	242

\*Supply methods include pills, injections, vaginal methods, and condoms.

\*\*Clinical methods include IUD, male sterilization and female sterilization.

TABLE 6

PERCENT DISTRIBUTION OF NON-PREGNANT SEXUALLY ACTIVE NON-USERS OF CONTRACEPTION WHO WOULD BE UPSET IF THEY BECAME PREGNANT SOON BY REASON FOR NON-USE, ONDO STATE, 1986.

Reason for Nonuse	Percent
Lack of Knowledge or Source	16.2
Opposed to Family Planning	8.3
Partner disapproves	5.2
Infrequent sex	3.0
Postpartum/breastfeeding	0.9
Menopause/subfecund	3.0
Health concerns	27.1
Access/availability	0.9
Cost too much	1.3
Fatalistic	1.3
Religion	4.4
Inconvenient to use	4.4
Other	11.3
Don't know	12.7
Total percentage	100.0
No. of non-users	229

TABLE 7

PERCENT DISTRIBUTION OF WOMEN AGED 15-49 BY SOURCE OF WATER FOR  
 DRINKING AND HOUSEHOLD USE AND TYPE OF TOILET FACILITIES,  
 ONDO STATE, 1986

Type of Facilities	Percent
<u>Source of Drinking Water</u>	
Piped into residence	5.3
Public tap	31.4
Well	9.9
River/spring or other surface water	51.7
Tanker truck or other vendor	1.6
Rainwater	0.2
Total	100.0
<u>Source of Water for Household Use</u>	
Piped into residence	5.2
Public tap	22.3
Well	16.4
River/spring or other surface water	54.9
Tanker truck or other vendor	1.2
Rainwater	0.1
Total	100.0
<u>Toilet Facilities</u>	
Flush	8.2
Pit	42.7
Other	0.2
No facility	48.8
Total	100.0
No. of women	4213

TABLE 8

PERCENT OF CHILDREN 0--59 MONTHS WHO HAD DIARRHOEA IN THE LAST TWO WEEKS, RECEIVED ORAL REHYDRATION SOLUTION (ORS) FOR THE LAST DIARRHOEA EPISODE, HAD A FEVER IN THE LAST FOUR WEEKS, HAD DIFFICULT OR RAPID BREATHING IN THE LAST FOUR WEEKS, BY BACKGROUND CHARACTERISTICS OF MOTHERS, ONDO STATE, 1986

Characteristic of Mother	Diarrhoea in Last 2 wks.	Received ORS for Last Episode of Diarrhoea*	Fever in Last 4 wks.	Difficult Breathing in Last 4 wks.	Number of Children
<u>Age</u>					
Less than 30	4.8	27.8	19.6	7.0	1131
30 and above	5.2	21.6	23.4	6.6	1881
<u>Urban-Rural Residence</u>					
Urban	4.7	28.3	22.2	6.6	1266
Rural	5.2	20.9	21.9	6.9	1746
<u>Educational Status</u>					
No Schooling	4.8	15.2	20.6	7.1	1371
Some Primary	6.2	25.4	24.4	7.1	1018
Completed Primary	3.4	47.6	21.2	5.5	623
Total	5.0	23.8	22.0	6.8	3012

\* Percent of those who had diarrhoea in the two weeks before interview who were treated with either an ORS packet or a homemade sugar, salt solution.

TABLE 9

PERCENT DISTRIBUTION OF LIVING CHILDREN AGED 12-59 MONTHS BY  
IMMUNIZATION STATUS BY SELECTED CHARACTERISTICS OF MOTHER,  
ONDC STATE, 1986

Characteristic of Mother	Immunization Card Seen	Immunization Card Not Seen But Has Had Vaccination	Immunization Card Not Seen Has Not Had Vaccination	Total Percent	Number of Children
<u>Age</u>					
Under 30	21.8	51.2	26.9	100.0	817
30 and above	19.5	51.3	29.1	100.0	1537
<u>Urban-Rural</u>					
Urban	25.8	56.0	18.2	100.0	997
Rural	16.3	47.8	35.8	100.0	1357
<u>Education</u>					
No schooling	15.7	46.9	37.3	100.0	1101
Some primary	22.2	52.1	25.7	100.0	801
Completed primary	28.4	60.5	11.1	100.0	452
Total	20.4	51.2	28.4	100.0	2354

TABLE 10

PERCENT OF LIVING CHILDREN AGED 12-59 MONTHS RECEIVING SPECIFIC  
IMMUNIZATIONS BY SELECTED CHARACTERISTICS OF MOTHER,  
ONDO STATE, 1986.

Characteristic of Mother	BCG	DPT			Polio			Mea- sles	Number of Children
		1	2	3	1	2	3		
<u>Age</u>									
Under 30	21.3	21.2	18.7	14.8	21.2	18.8	14.7	16.6	817
30 and above	19.3	19.1	17.0	14.5	19.3	17.2	14.6	15.7	1537
<u>Urban-Rural Residence</u>									
Urban	25.6	25.0	22.3	18.8	25.2	22.6	18.7	20.3	907
Rural	15.9	16.0	14.2	11.6	16.1	14.2	11.6	12.9	1357
<u>Educational Status</u>									
No schooling	15.3	15.3	13.4	10.5	15.2	13.6	10.5	12.0	1101
Some primary	22.0	21.5	18.5	15.1	21.8	18.5	15.0	16.7	801
Completed primary	27.9	27.9	26.4	23.7	28.2	26.6	23.9	24.6	452
Total	20.0	19.8	17.6	14.6	19.9	17.8	14.6	16.0	2354

PRELIMINARY REPORTS OF THE  
DEMOGRAPHIC AND HEALTH SURVEYS PROGRAM

El Salvador	December 1985
Brazil	December 1986
Senegal	January 1987
Dominican Republic	February 1987
Liberia	March 1987
Colombia	March 1987
Peru	March 1987
Ecuador	July 1987
Sri Lanka	July 1987
Ondo State, Nigeria	August 1987

Distribution of DHS Preliminary Reports

DHS preliminary reports are distributed to a limited number of recipients needing early access to survey findings and are not available for general distribution. The national implementing agency is responsible for in-country distribution and DHS is responsible for external distribution. Publication of DHS final survey reports, which are meant for general distribution, is expected 9 to 12 months following the preliminary report.