Demographic Dividend or Demographic Obstacle?
How Ethnic, Religious, and Regional Fertility Differentials Keep the TFR High in Nigeria

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Abstract

As Nigeria enters a period of potentially rapid economic growth due to the increase in the working-age population, it is critical to understand why fertility remains so high there. Nigeria's total fertility rate (TFR) of 5.7 children per woman (according to the 2008 DHS) is projected to continue to decline, but questions remain about whether this decline is inevitable and whether it will continue apace. Regardless, Nigeria's population growth will continue through at least 2050 due to simple population momentum. Using the 2003 and 2008 Demographic and Health Survey (DHS) data, we find that key subgroups in the population have extremely high fertility rates: those living in the northern regions, Muslim and traditionalist populations, and rural dwellers, as well as members of particular ethnic groups. In order for the projected decline in the TFR to continue, these subgroups and areas must be highlighted, understood, and targeted with interventions.

Introduction: The Importance of Nigeria

Nigeria is Africa's demographic giant, and at the threshold of reaping the demographic dividend following the expected decline in *dependency ratio*, or the number of children and elderly (under age 15 and over age 65) divided by the number of working age adults (between ages 15-64), over this period from 83 dependents per 100 workers in 2010 to only 50 dependents per 100 workers by 2050. The median age of the total population is likewise anticipated to increase from 18.6 to 28.2 years over the 40-year period from 2010 to 2050 (United Nations 2008).

Yet, despite observed declining fertility, Nigeria's population is expected to continue to grow due to population momentum. Moreover, it has emerged that Nigeria is one of the Africa countries in which the ongoing fertility decline has been stalling. An analysis of fertility trends in countries with multiple nationally representative datasets identified about 15 African countries, including Nigeria, as experiencing a stall in fertility decline (Bongaarts 2006, 2008; Westoff & Cross 2006; Garenne 2007; Moultrie et al. 2008; Schoumaker 2008; Shapiro & Gebreselassie 2008). With the slow pace of fertility decline in many SSA countries, growing evidence of a stall at high fertility levels (more than five children per woman in a third of the countries), and several other countries remaining at pre-transition or early stage-transition levels, fertility decline in Africa is thought to have slowed considerably in the second part of the 1990s and early 2000s (Bongaarts 2008). The potential implications of these trends for the region's social and economic development have engendered new research interests, debates, and discourses, including the role of voluntary family planning as a principal policy instrument in addressing high rates of population growth in the region (Bongaarts & Sinding 2009).

In the case of Nigeria, many sources including the World Bank (2008), United Nations (2008), and the Population Reference Bureau (PRB) (2006) argue that if current trends persist, Nigeria's population will hit 200 million by 2025 and 300 million by 2050, by which time Nigeria will be the fourth most populous country in the world. The total fertility rate (TFR) for Nigeria peaked at almost 7 children per woman in the 1970s, but has since declined to 4.79 (estimate for 2010-2015). Nevertheless, it remains far above the average TFRs for sub-Saharan Africa (SSA), the less-developed regions (LDRs), and the more-developed regions (MDRs). In SSA, the current TFR is about 2.5 and it is just slightly higher in the LDRs (2.6). Both of these regions have shown steep declines from their peaks of around 6 children per woman in the 1950s. The MDRs, as is well established, are well below replacement level (2.1) at only 1.65 children per woman as of 2010. The medium variant projection by the UN Population Division projects that Nigeria's TFR will decline quite rapidly over the next 20 years, reaching 2.68 in 2030 and 2.41 by 2050. The TFR for SSA is actually projected to rise slightly to

end up at 2.84 in 2050. The LDRs overall are expected to end up below replacement level by 2050, and the MDRs will also remain below replacement.

Despite enormous human and mineral resources, the projected population growth will not be economically sustainable and this grim prognosis is exacerbated by the country's long history of economic crisis and political and religious conflicts. Hence addressing unprecedented population growth remains at the center of both the government's and the international agencies' agenda in Nigeria's quest towards sustainable development. Nigeria can only reap the demographic dividend of its current and future population composition through proper investment in its current and future labor force, development of its oil and gas industries to produce long-term growth in both jobs and GDP, and diversification of its economy (World Bank/DFID 2005).

What is not adequately emphasized, however, in research, policy, and program agendas and discourses are the enormous intra-country differentials in Nigeria with significant implications for addressing the country's demographic and development challenges. Generally, national level fertility and reproductive health indicators conceal the enormous regional and sub-group disparities in fertility and contraceptive dynamics in the country. The country's complicated web of ethnic and religious identities and its history of chronic and seemingly intractable conflicts and instability has been linked to specific demographic behavior and outcomes, in particular fertility and its proximate determinants. In this paper, we focus attention on subgroup fertility (and related) differentials that *must be highlighted, understood, and targeted with interventions.* In particular, we examine why specific subgroups within Nigeria have experienced an increase or stagnation in their fertility levels while other subgroups continue to experience fertility declines. We also draw implications from our findings for the future of the country's population size and its population policy directions.

Diversity in Nigeria: Ethnic, Religious, and Regional Subgroups

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

Ethnic identity is the most basic and politically salient form of identity in Nigeria. In competitive and non-competitive settings, Nigerians are more likely to define themselves in terms of their ethnic

affinities than any other identity. Achebe (1984) underscored ethnic ubiquity when he wrote that a Nigerian child seeking admission to a federal school, a student seeking to enter university, a graduate seeking employment in public service, a businessman tendering for a contract, or a citizen applying for a passport, filing a report with the police, or seeking access to any of the hundred thousand avenues controlled by the state, will sooner or later fill out a form which requires him to confess his tribe (or less crudely and more hypocritically, his state of origin).

In addition to ethnicity, religious identity is also important in Nigeria; religion is usually classified as one of three categories – Christian, Muslim, or Traditional. Of the three, Christian and Muslim identities have been the mainstay of differentiation and conflict, with Nigerian Muslims much more likely to express a religious identity compared to their Christian counterparts (Lewis and Bratton 2000, in Osaghae and Suberu 2005). Closely related to the first two identities is the third, which is regional identity. This third identity evolved from the North and South regional structures created and consolidated by the colonial authorities in the process of state formation in Nigeria. These two regions were administered separately even after the two units were amalgamated in 1914. The introduction of a three- region structure (North, East, and West) in 1946, and a fourth region, the Mid-West, in 1963, added to the fray. The creation of 36 states and a federal capital territory and six nominal geopolitical zones did not alter the meaning of regional identities established around the "North for Northerners", "East for Easterners" and "West for Westerners." These identities have entrenched and strengthened a discriminatory system under which indigenous groups have routinely prevented settlers from owning land or businesses, or accessing political power, jobs and education, inevitably causing tensions (Internal Displacement Monitoring Centre, 2009).

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

the adoption of Islamic penal law by several Northern states in the Fourth Republic, has led to the generalization of ethno-religious conflicts all over the country (Osaghae and Suberu 2005).

Nigeria's complicated web of ethnic and religious identities and history of chronic and seemingly intractable conflicts and instability has been linked to specific demographic behavior and outcomes, in particular fertility and its proximate determinants. We particularly focus on the phenomenon of overlapping stratification in Nigeria for those living in the North who are Muslim or Traditionalist, and how poverty is concentrated among these groups, compounded by rural residence, agricultural employment, and low levels of education, all of which are highly correlated with high and often pre-transition fertility levels inconsistent with demographic dividend and rapid economic development. The demographic analysis is based on data from the 2003 and 2008 Demographic and Health Surveys.

Demographic and Health Surveys (DHS)

There have been four Demographic and Health Surveys (DHS) conducted in Nigeria: 1990, 1999, 2003 and 2008. (There was also a special DHS in 1986-7 conducted only in Ondo State.) The 2008 data were released in December 2009, so this paper focuses on the results of that survey and compares them to the results from the 2003 survey. The DHS surveys, primarily funded by the U.S. Agency for International Development, are generally considered to produce high-quality nationally representative data. The technical expertise of DHS survey advisors, in conjunction with local in-country statistical agencies and survey staff generally lead to a high level of data quality. In addition, DHS data are heavily edited and recoded to fix errors or impute missing values as much as possible before they are publicly released.

The DHS also evaluates the data quality of each of its surveys. The 2008 data seem to be of relatively good quality, when sampling errors and age distributions, as well as other key indicators are evaluated (National Population Commission [Nigeria] and ICF Macro 2009). Nevertheless, data analysts should be concerned that the 2008 DHS are not truly representative in terms of the rural-urban distribution of the population, because it appears that the 2008 DHS sampling frame was not updated according to the 2006 Census, but rather relied on lists of enumeration areas (EAs) from the 1991 Census combined with categorization of the EAs into "approximately" rural or urban (National Population Commission [Nigeria] and ICF Macro 2009). The basis for this classification is not discussed in the DHS final report.

Ethnicity, Religion, and Fertility

Fertility Differentials across Nigeria's Sub-populations

Persistent high fertility in sub-Saharan Africa and evidence of its potential adverse effects on the region's development efforts has been well documented. Recently, however, new concerns have emerged; some demographers believe that the slow but ongoing fertility decline in Africa has stalled in the late 1990s and early 2000s in 15 countries that were at the forefront of fertility decline in the region (Westoff and Cross 2006; Bongaarts 2006, 2008; Garenne 2007; Moultrie et al. 2008; Shapiro and Gebreselassie 2008; Schoumaker 2008). Nigeria is one of the countries where fertility decline has stalled over the last decade. Nigeria's total fertility rate (TFR) of 5.7 children per woman in 2008 falls roughly in the middle of the group of West African countries where data are available (Benin, Burkina Faso, Ghana, Guinea, Liberia, Mali, Niger, Nigeria, and Senegal); TFRs for the region range from 4.0 in Ghana to 7.0 in Niger (NPC/ICF Macro International 2009). While the country's current TFR is a drop from 6.3 in 1990, it has stalled at 5.7 since 2003. Moreover, the national rate substantially masks the disparity between socio-demographic groups and regions within the country. In general, fertility rates in the northern regions of the country, among women with less than a secondary education, among women from the poorest backgrounds, and among residents of rural areas are much higher than the national average.

Age at first sex, age at first marriage, and age at first birth for women still remain relatively low in Nigeria (17.2, 17.8, and 19.4, respectively, according to the 2008 DHS), although they have increased since 2003. Unmet need remains high. Confronting and assuaging Nigerian pronatalist attitudes, particularly among men, is potentially difficult, but also necessary. This requires investment in education for women and an overall focus on improving the status of women.

(Table 1 about here)

Table 1 shows the variations in Nigeria's TFR by geo-political zone, education, household wealth status, and place of residence. The North East and North West regions, predominantly Hausa/Fulani/Kanuri and Muslim, not only have pre-transition TFRs, but the rates increased between 2003 and 2008. On the other hand, though all three regions in the South—composed of the Yoruba, Igbo, and ethnic nationalities of the Niger Delta (Urhobo, Isoko, Edo, Ijaw, and Ibibio, among others) and predominantly Christian—are experiencing the stalled fertility decline, all three geo-political zones have a TFR between 4.5 and 4.8, about 2.5 children lower than the TFR of the two core Northern

regions. The North Central region has a TFR that is lower than the core northern regions, but which is still, on average, one child more than the TFR of the Southern regions during the inter-survey period.

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

These indicators are consistent with the gloomy demographic and socioeconomic features of Northern Nigeria, corresponding with the region's worse poverty, literacy, family planning, and reproductive health indicators and outcomes compared to the rest of the country, combined with the highest rates of early marriage in the world (Olurode 2000; USAID 2003; Population Council 2005). The gap between the northern regions and the rest of the country has persisted over time so that, for key indicators, the northern average distorts national trends and contributes to the widening political, socio-cultural, and development gulf in the country (APHRC 2008). For example, the TFR in the North has been over two children per woman higher than that of the South in both 2003 and 2008. Likewise, the mean number of children ever born (a measure of past fertility) was 3.1 in 2003 for Nigeria as whole, but a difference of over one child per woman was observed between the North and South. Similar variation remains between the two regions in the 2008 DHS survey. While there is general evidence of a stalled fertility decline for Nigeria, the regions of the North are stalling at higher fertility levels relative to the regions in the South, as demonstrated by Table 2.

(Table 2 about here)

These fertility differentials are directly related to differences in levels of contraceptive use and other markers of reproductive health. The prevalence of modern contraceptive use among married women was 5.3% in the North and 12.5% in the South, and the maternal mortality ratio was about 1,287 per 100,000 live births in the North compared to about 225 per 100,000 live births in the South (NPC/UNICEF Nigeria 2001). The 2008 NDHS report recorded an even higher disparity in contraceptive prevalence between the two regions of the country. While the average contraceptive prevalence for any method for currently married women age 15-49 was 6.6% for all three Northern geopolitical zones (2.8% for North East, 4.0% for North West, and 13.0% for North Central), the average for the three Southern geopolitical zones was 27.1% (23.4% for South East, 26.2% for South South, and 31.7% for the South West) (NPC/ICF Macro International 2009).

Several researchers in Nigeria have examined the high and unchanging fertility levels in the North and the use of contraceptives among women and identified key explanations. Both qualitative and quantitative studies have identified ethnicity and religion as significant determinants of reproductive behavior and fertility outcomes, particularly in Northern Nigeria. A recent qualitative study (2007-8) implemented in Kano and Jigawa States using in-depth interviews (IDIs) and focus group discussions (FGDs) found that fertility is a key socio-political, cultural, and economic resource in the region and identified several factors that contribute to the continued high fertility levels there. The Koranic inheritance doctrine (which engenders childbearing competition among co-wives in mostly polygynous households), the framing of contraceptives as an American/Christian strategy to reduce the population of Nigerian Muslims, and the pervasive depiction of contraceptives as un-Islamic and extremely injurious to women's health in dominant local religious and cultural discourses are among the major drivers of fertility behavior in northern Nigeria (Izugbara et al. 2009). The study found that fertility and family planning are framed in local preaching by imams in terms of power and population, and are articulated in broader political ideologies of the region's supremacy and destiny as leader over the rest of the country. Fertility is depicted as a way to honor God, so that having many children is a way of 'helping the religion'. People who 'help the religion' by having many children acquire religious merit. Also according to this perspective, Allah, as the giver of children, will also cater for them; anxiety about how one's children will survive is to question the creator's capacity to provide and care for what he has created.

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

Teenage Pregnancy and Childbearing

Early childbearing, particularly among teenagers, has been linked to negative demographic, socioeconomic, and socio-cultural consequences. Teenage mothers are more likely to suffer from severe complications during labor and delivery, which leads to higher morbidity and mortality for them and their children. In addition, the socio-economic advancement of teenage mothers in terms of educational attainment and job opportunities may be curtailed (NPC/ORC Macro International 2004; NPC/ICF Macro International 2009). Table 3 shows the percentage of women ages 15-19 who are mothers or pregnant with their first child by background characteristics. One in five (21%) teenage women in Nigeria was a mother and another 4 percent were pregnant with their first child in 2003. This contrasts with 18 percent who were mothers and 5 percent who were pregnant with their first child by 2008. Clearly, early motherhood and pregnancy is more of a rural phenomenon, with 25 and 23 percent of rural women ages 15-19 already mothers, compared with 14 and 9 percent of urban women, in 2003 and 2008, respectively. Similarly, adolescent pregnancy is higher and increasing more rapidly in rural than in urban Nigeria between 2003 and 2008. A similar pattern of pregnancy and childbearing outcomes follow the educational attainment gradient; adolescents who have the lowest levels of schooling also have the highest levels of motherhood and pregnancy. Table 3 also shows that teenagers with no education were twice as likely to be mothers as those with primary education (44.5% versus 20.5% in 2003, and 44% versus 21% in 2008). This sharply contrasts with only 8 percent in 2003 and 7 percent in 2008 of teenagers with secondary education who have become mothers. The proportion is even smaller among those with higher education. Similar patterns are observed by household wealth status, with adolescents from the poor and the poorest households having the highest levels of motherhood and pregnancy over the same period.

(Table 3 about here)

A comparison of the geo-political zones within Nigeria shows that adolescent motherhood and pregnancy are lowest in the South West and South East regions in 2003. In 2008, while motherhood was lowest in both regions as in 2003, pregnancy was lowest in the South South. In contrast, 38 percent and 37 percent of adolescents aged 15-19 in the North East and North West were mothers in 2003, the highest level in the country. In 2008, despite a marginal decline, the proportion of motherhood remained highest in both geo-political zones (31% in the North East and 35% in the North West). Similarly, Table 3 shows very profound variation in terms of adolescent pregnancy across the regions of the North and the South over the same time period. One significant point to note in the adolescent motherhood and

pregnancy outcomes in northern Nigeria is that this region has the highest rates of early marriage in the world (Population Council 2005).

NOTE: Further work, including multivariate analyses, will be included in the final paper.

Summary and Conclusions

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

Nigeria's total fertility rate (TFR) remains quite high compared to the rest of the less developed countries (over 5 children per woman) and although it is projected to continue to decline, there are questions about whether this decline is inevitable and whether it will continue apace. There is some evidence of decline from the 2003 and 2008 DHS data, however. Regardless of how the fertility rate changes, Nigeria's population growth will continue through 2050 due to simple population momentum.

Age at first sex, age at first marriage, and age at first birth for women still remain low in Nigeria (17.2, 17.8, and 19.4, respectively, according to the 2008 DHS), although they have increased since 2003. Policies must be implemented that raise these average ages to reduce fertility overall. Unmet need remains high and the public health infrastructure – particularly the family planning and reproductive health infrastructure – is in great need of reform and improvement (Blattner et al. 2008). Confronting and assuaging Nigerian pronatalist attitudes, particularly among men, is potentially difficult, but also necessary. This requires investment in education for women and an overall focus on improving the status of women. But investment in education, particularly for women, does not make sense without a benefit in terms of employment and economic mobility.

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

like simple prescriptions, but of course they are not. Nevertheless, time is passing quickly and unless these investments are made now, the demographic dividend and its golden opportunity will pass Nigeria by.

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TABLE 1. TOTAL FERTILITY RATE (TFR) BY BACKGROUND CHARACTERISTICS, NIGERIA, 2003 AND 2008

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

Source: Demographic and Health Surveys, 2003 and 2008.

TABLE 2. MEAN NUMBER OF CHILDREN EVER BORN (CEB) BY REGION, NIGERIA, 2003 AND 2008

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

Source: Demographic and Health Surveys, 2003 and 2008

TABLE 3. PERCENTAGE OF FEMALE ADOLESCENTS (AGES 15-19) WHO ARE MOTHERS OR PREGNANT WITH THEIR FIRST CHILD, BY BACKGROUND CHARACTERISTICS, NIGERIA, 2003 AND 2008

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

**Fewer than 25 cases; suppressed*
Source: Demographic and Health Surveys, 2003 and 2008