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**High level of Child Mortality**

Child mortality refers to the mortality of children under the age of five. The child mortality rate also ‘under- five mortality rate’, refers to the probability of dying between birth and exactly five years of age expressed per 1,000 live births. It encompasses neonatal mortality and infant mortality.

Child mortality is a fundamental measurement of a country’s level of socio-economic and demographic development and quality of life especially of families. Reports from Nigeria have revealed that mortality experiences ranging from neonatal mortality, infant mortality to maternal mortality are still high. Nigeria still has high prevalence of mortalities reflected in infants and children amongst others.

The Yoruba ethnic group is predominantly found in the south-western part of Nigeria. Our analysis indicates that this the region with the lowest rate of under-five mortality in the country. Results also indicate the Yoruba as highly educated tribe. Besides, high-fertility-related culture is becoming less fashionable among them. For instance, only a small proportion of the Yoruba children were from high-parity households. Also, the culture of postponement of marriage and childbearing has been well ingrained among the Yoruba, as only a small proportion of the women had given births before the age of 18. Further, majority of the children of Yoruba tribe were born after the preceding birth interval of two or more years and only small proportion belonged to birth order 5 or higher. In addition, the culture of seeking medical attention and having hospital delivery seemed well entrenched among the Yoruba, majority of the children were delivered at a health facility.

In contrast, the Hausa/Fulani/Kanuri tribes are the tribes with the highest proportion of under-five mortality in Nigeria. These tribes predominantly live in the north-east and north-western region of the country. Apart from the multivariate results discussed, the bivariate results indicate Hausa/Fulani/Kanuri tribes mostly uneducated, mostly unemployed, mostly found in the poorest wealth quintile, relatively young mothers at the birth of the first child and mostly found in the rural areas. As earlier reported (wall 1998), our results showed that Hausa/Fulani/Kanuri tribes were mostly practicing cultural practices such as early motherhood (many had first born earlier than 18 years), too many births (high parity) and too close births (high proportion of the children had preceding birth interval of less than 24 months). In addition, culture of having many children still persists among the Hausa/Fulani/Kanuri tribes as many children were of higher-order births. Besides, polygamous family structure is still a predominant practice among the Hausa/Fulani/Kanuri tribes as a high proportion of the children were from polygynous family.

The study established that the regional inequalities in under-five mortality in Nigeria are mostly driven by the childhood mortality levels among Hausa/Fulani/Kanuri – the tribes that still mostly practice the culture of early motherhood, high fertility, too close births and the minority ethnic groups still practice some of these risky practices, results suggest that these practices are already becoming less fashionable among them. This may not be unconnected to the effect of education people was high among Igbo, Yoruba and minority ethnic groups, a lot still needs to be done to ensure the attainment of millennium development goal 2 (achieve universal primary education) among the Hausa/Fulani/Kanuri tribes. Also, to ensure the attainment of millennium development goal 4 (reduction in under-five mortality rate) in Nigeria, there is need to address regional inequalities in under-five mortality in Nigeria, strategies are needed to address such ethnic values and practices that negatively impact on child health and survival among various ethnic groups in the country. The inequalities in under-five mortality in the country could be substantially reduced if the widely held norms and cultural practices inimical to child health and survival are dropped.

The findings suggest that age, region, residence, education, wealth index, age at first birth and religion of fathers and mothers are prominent factors associated with childhood mortality. The association between childhood mortality and fathers’ and mothers’ ages was found to increase the incidence of the outcome for every unit increase in age. The converse was however true for age at the first birth which was also statistically significant.

**Causes of child mortality**

1. Preterm births

2. Complications

3. Acute respiratory injections

4. Intrapartum-related complications

5. Congenital anomalies

6. Diarrhea

**Risk factors**

1. Low birth weight

2. Malnutrition

3. Non-breastfed children

4. Overcrowded conditions

5. Unsafe drinking water and food

6. Poor hygiene

**Prevention**

1. Antenatal care units for mothers

2. Adequate nutrition

3. Exclusive breastfeeding

4. Reduction of household air pollution

5. Safe water and food

6. Vaccination

**Treatment**

1. Appropriate care by a trained health provider

2. Antibiotics

3. Oxygen for severe illness

4. Low Osmolarity oral rehydration salts (ORS)

5. Zinc supplements

Some strategies to reduce the risk of childhood mortality in the country should involve more investments on parents’ empowerment programs in terms of education and economic opportunities, which could reduce poor health outcomes of their children. The implication of this study is that policy makers and stakeholders in health care will be exceedingly optimistic about the ability of health campaigns to solely encourage utilization of appropriate living standards to improve life expectancy.