

Infant and Child Mortality in Nigeria: How Far From The Millennium Development Goals?

Introduction

Reduction of mortality rate among children under-five by two-thirds is one of the Millennium Development Goals. The progress of any country depends on how healthy the children are. Such children should have access to basic health care, nutritious food and a protective environment. When these are not available, the country's mortality rates would increase and economic potentials diminish. In developing countries, under-five mortality ranges between 25 deaths per 1000 live births in Turkey to 274 per 1000 in Niger (WHO, 2008). In Sub-Saharan Africa, only 3 out of 29 countries studied have under-five mortality rates below 100 per 1000. Globally, there has been a 14% reduction in under-five mortality with 3 million fewer deaths from 1990 to 2000. Although, more than sixty countries have reached the goal of reducing under-five mortality rate by one-third, under-five mortality rates have increased in 14 countries (nine of them in Sub-Saharan Africa).

Infant and child mortality are caused by different factors. In less developed nations, the causes include dehydration and chronic diarrhea, acute respiratory infections, infectious diseases and malnutrition. In contrast, the leading causes of under-five deaths in industrialized nations are birth defects, Sudden Infant Death Syndrome (SIDS), pre-term birth/low birth weight and complications during pregnancy. HIV/AIDS is also a contributory factor. Cultural factors also affect infant and child mortality. Society's beliefs about diseases may result in taboos or ritualistic treatments whose therapeutic effects are not supported by modern medicine. Studies have also shown that children of women who have births in quick succession, at young ages or at high birth orders, have poorer child survival outcomes. Male births and multiple births are also at increased biological risks. Maternal education has been observed to have a strong impact on child survival.

Aim and Objective

This study examines infant and child mortality rates among mothers of reproductive age in Nigeria. It also examines the effect of factors such as level of

education, medical maternity care and residence on infant and child mortality. Pattern of mortality among infant and children in different regions of the country have also been considered. Above all, the paper evaluates Nigeria's efforts on infant and child mortality reduction with a view to revealing how far the country is from achieving the Millennium Development Goals.

Methodology

This study made use of NDHS data of 1990, 1999 and 2003. The surveys were designed to provide estimates for key indicators such as fertility, contraceptive use, infant and child mortality, immunization levels, use of family planning, maternal and child health, use of mosquito nets, and awareness and behaviours regarding AIDS, among others.

The sample considered is to provide estimates of population and health indicators (including fertility and mortality rates) for Nigeria as a whole and the regions. The interview covered women aged 15-49 who were either permanent residents or visitors present in the household on the night before the survey. In addition, all men aged 15-59 were also considered if they were either permanent residents or visitors present in the household on the night before the survey. Three categories of questionnaires were used in the surveys: the household questionnaire, the Women's questionnaire and the Men's questionnaire. In short, the surveys which covered more than 7000 households provide up-to-date information on the population and health situation in the country.

Results

Infant mortality increased by 29% between 1990 and 2003 among women who have no education. For those who have primary education, the increase is 27%. In contrast, infant mortality fell among women who have secondary or higher education. Percentage increase in childhood mortality among women with primary education is 5 while that of women who have secondary or higher education decreased by 13%. Childhood mortality increased by 31% among mothers with no education. The study further shows that infant mortality is highest among women who received neither antenatal nor delivery care. While it decreased by 15% among those who either received antenatal or delivery care, it dropped by 22% among mothers who received both antenatal

and delivery care. Mortality by residence indicates that in 1990, infant mortality rate was about 76 per 1000 live births in the urban centre compared to 96 per 1000 in the rural area. Also, childhood mortality was 124 per 1000 live births in the rural area as against 59 per 1000 in the urban area. Between 1990 and 2003, infant mortality increased by 7% in the urban area while in the rural area it increased by 26%. The region with the highest infant mortality in 1990 and 2003 is Northwest. In 1990, Southeast had the lowest rate of infant mortality but in 2003 Southwest became the region with the least rate of infant mortality.

Conclusion

As at 2003, infant and child mortality rates in Nigeria were 109 and 121 respectively. This indicates that in order to meet the Millennium Development Goals, infant mortality has to drop to 36 per 1000 live births. Also, child mortality would come to 40 per 1000 live births. If we look at it by region, there is no close association between this and that of any region. In addition, infant mortality grew by 19% from 1990 to 2003. Child mortality also grew by 10%. This simply means that as far as infant and child mortality is concerned, Nigeria is still far from the Millennium Development Goal. However, the country can be moved close to the goal if these points are considered. Since there is a significant relationship between education and infant and child mortality, efforts should be made to improve women education. This is achieved by increasing the proportion of females in school. At the same time, efforts should be made to improve infrastructural and health facilities in both the northern and rural areas. The immunization programme should be extended to remote parts of the country, though current priorities in the health sector are in the area of childhood immunization and prevention of HIV/AIDS. Finally, enlightenment programmes on health issues relating to infant and children should be embarked upon both in the rural and urban areas.