

# Socioeconomic Determinants of Infant Mortality among Women Attending Antenatal Care in Northern States of Nigeria

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**Abstract:** *Infant's mortality reflects a country's general medical and public health conditions, and consequently, the country's level of socioeconomic development. Its increase is, therefore, not only undesirable but also indicative of a decline in general living standards. In developing countries, mortality rates are not only influenced by socioeconomic variables but they also vary considerably across regions and districts. This study was therefore conducted to assess the socio-economic determinants on infant mortality among women attending antenatal care in Northern States of Nigeria.*

**Keywords:** Socioeconomic, Determinants, Infant, Mortality

## 1. Introduction

Mortality among infants is one of the important indicators of a country's general medical and public health conditions, and consequently, the country's level of socioeconomic development. Its increase is, therefore, not only undesirable but also indicative of a decline in general living standards (WHO, 2008). The progress and future of any country depends on how healthy children are. This is reflected in their access to basic health care, nutritious food and a protective environment, and if these are not available, the country's mortality rates would increase and economic potentials diminish (WHO, 2008). However, there are many factors that influence infant's mortality. It is necessary to identify and control such factors to reduce mortality in infants). This study therefore was conducted find out socio-economic determinants of infant mortality among women that attend antenatal care in northern states of Nigeria. It was hypothesized that there were no significant socio-economic determinants of infant mortality among women that attend antenatal care in Northern States of Nigeria. The socio-economic parameters selected for possible influence on their infant mortality were age at first delivery, Number of pregnancies, Number of dead children, age at death of child, respondents' level of education, occupation and monthly income. The population for this study comprised of women of reproductive age (age 18-49).

## 2. Methodology

For the purpose of this study, stratify sampling, simple random and proportional sampling techniques were used. The stratify sampling was used to select two (2) states from each of the (3) northern geo-political zones (North East, North West and North Central). Simple random sampling technique was used to select two (2) local government areas from all the six (6) selected states. In each of the two (2) selected local government areas, two (2) health facilities were also selected randomly from the local government area's headquarters using the following procedures

independently for each state, local government areas and health facilities

- 1) The names of all the states in the three (3) Northern Zones of Nigeria was independently written on pieces of paper squeezed and put inside three different cartons
- 2) The names of all local government areas in the states selected was also written on pieces of paper squeezed and put inside three (2) carton boxes
- 3) Using the deep-hat method, three people were assigned to pick a piece of paper from the carton box representing the zones, states, local government areas and health facilities. This was done until six (6) states and twelve (12) local government areas needed for this study were selected.

As the number of health facilities varies in all the local government areas, two (2) primary healthcare facilities were selected from the headquarters each of the selected local government area, using the following procedures.

The names of all the primary healthcare facilities in each of the local government area selected were written on a piece of paper squeezed and put inside two different carton boxes. Using the deep-hat method, two people were assigned to pick one health facility from a carton box representing health facilities. This was done until twenty four (24) health facilities needed for this study were selected.

To select the needed sample from the population of the health facilities used, all the women of child bearing age (15-49) that visited the primary health facilities only on antenatal days during the period of the research were purposively selected for this study. According to Patton (1990) purposive sampling technique is a type of non probability sampling where the researcher consciously selects particular elements or subjects for addition in a study so as to make sure that the elements will have certain characteristics pertinent to the study.

Hence, a total of 400 respondents were selected from 24 health facilities in twelve (12) selected local government areas of the six (6) states in Northern Zones of Nigeria as sample for this study.

Northern Zones	States	Local Govt. Area	Health Facilities	Respondents
North Central	Kwara	Kaima (124,164)	G/Hospital Kaima	11
			MCH Kaima	10
		Baruten (209,459)	G/Hospital Baruten	20
	Nasarawa	Nasarawa (92,664)	MCH Baruten	16
			G/Hospital Nasarawa	10
		Lafia (330,712)	MCH Nasarawa	6
North East	Maiduguri	Jere (211,204)	G/Hospital Lafia	30
			MCH Lafia	26
		Magumeri (140,231)	G/Hospital Jere	20
	Taraba	Takum (84,054)	MCH Jere	16
			G/Hospital Magumeri	14
		Wukari (241,546)	MCH Magumeri	10
North West	Jigawa	Kazaure (161,494)	G/Hospital Takum	7
			MCH Takum	7
		Roni (77,819)	G/Hospital Wukari	25
	Zamfara	Bungudu (383,162)	MCH Wukari	16
			G/Hospital Bungudu	35
		Maru (291,900)	MCH Bungudu	30
Total 2,348,409 Total				400

**Zones, States, Local Government Areas, Health facilities and Number Respondents**

Table 1: shows that there were total 400 respondents sampled from all the three northern zones of Nigeria (North Central, North East and North West). Thus the sampling technique used was stratified, simple random and proportionate sampling. The sample consisted of 400 female of reproductive age who has at least a child.

**3. Result**

The purpose of the study was to find out the socio-economic determinants of infant mortality among women attending antenatal care in northern states of Nigeria. To achieve this purpose, the data collected in this study were statistically analyzed; out of the 400 questionnaire 398 were found valid for the study. The result of which are presented and discussed according to hypothesis.

Before the results are presented according to hypothesis, the demographic characteristics of respondents are presented. Table 2

**Table 2: Demographic Characteristics of the Respondents**

Variable	Variable options	Frequency	Percent
Mother age at first delivery	<15years	61	15.3
	15 - 16years	63	15.8
	16 - 17years	65	16.3
	17 - 18years	129	32.4
	>18years	80	20.1
Number of pregnancy	1pregnacy	77	19.3
	2pregnacies	101	25.4
	3pregnacies	78	19.6
	4pregnacies	59	14.8
	>4pregnacies	83	20.9
Number of dead children	None	55	13.8
	1child	202	50.8
	2children	62	15.6
	3children	29	7.3
	4children	13	3.3
	>4children	37	9.3
Child age at death	None	55	13.8
	First day of birth	56	14.1
	Within 7days of birth	59	14.8
	Within 28days of birth	43	10.8
	Within 1year of birth	62	15.6
	At labor	55	13.8
	> one death	68	17.1
Mother level of education	No formal education	106	26.6
	Quran education	100	25.1
	Primary	64	16.1
	Secondary	85	21.4
Mother occupation	Tertiary	43	10.8
	Civil servant	63	15.8
	Trading	101	25.4
	Farming	44	11.1
Mother's monthly income	Fulltime housewife	190	47.7
	No income	195	49.0
	₦5,000.00 - ₦9,000.00	82	20.6
	₦10,000.00 - ₦19,000.00	36	9.0
₦20000.00 - ₦29,000.00	43	10.8	
>29000.00	42	10.6	

Table 2: revealed that 61 or 15.2% of the respondents had their first delivery at age of less than 15years while 63 had their first delivery between 15 and 16years. Those who had their first delivery between 16 and 17years were 65 or 16.3% while 129 or 32.4% of the total had their first delivery between 17 and 18years. Only 80 or 20.1% of the respondents said they had their first delivery when they were above 18years. Going by the adult age in the country, it could be said that half of the respondents have their first delivery before attaining adulthood while half had theirs after. This factor is considered along in the assessment of their infant mortality in this study.

As indicated in the table, 77 or 19.3% have had one pregnancy each as at the survey and 101 or 25.4% have two pregnancies while 78 or 19.6% have had three pregnancies. Those who had four pregnancies were 59 or 14.8% of the total respondents. Only 83 or 20.9% had more than 4 pregnancies at the time of the survey. The number of pregnancies was examined in the study as a possible factor of infant mortality experienced by the mothers.

In the table, only 55 or 13.8% of the respondents have no experience of infant mortality. Two hundred and two or 50.8% of them have lost one child each while 62 or 15.6%

lost two children each. Those who lost up to three children were 29 or 7.3% while 13 or 3.3% said they lost up to four children. Only 37 or 9.3% of the total respondents said they have lost more than 4 children. As to the time of death of the children, 56 or 14.1% lost their children on the first day of birth while 59 lost their own within the first seven days of birth and 43 or 10.8% lost their own within 28 days of their births. Respondents who experienced the death of more than one child were 68 or 17.1% of the total and 55 or 13.8% lost their child at time of delivery (labour) while 62 or 15.6% lost their children with one year of birth. This constituted the dependent variable used for the child mortality in the study.

For levels of educational attainment, 100 or 25.1% of the respondents only have Quranic education while 64 or 16.1% said they have primary school education. Those who had secondary education were 85 or 21.4% of the total respondents and 43 or 10.8% of the respondents have tertiary education. But 106 or 26.6% of the total respondents have no formal education. Thus in terms of educational qualification the respondents could not be said to be generally adequate. This factor is assessed in association with their infant mortality in the study.

The classification of the respondents by their occupation shows that 190 or 47.7% were full time housewives. Apart from being house wives 44 or 11.1% said they were farmers while 101 or 25.4% were involved in trading. Only 63 or 15.8% of the total respondents were civil servants. This tally with the income categorization in the table where 82 or 20.6% of them have between ₦5,000.00 and ₦9,000.00 per month while 36 or 9.0% earn between ₦10,000.00 and ₦19,000.00 and 43 or 10.8% of them earn between ₦20,000.00 and ₦29,000.00 only 42 or 10.6% of them earn more than ₦29,000.00 per month. And 195 or 49.0% have no monthly income. This figure tally relatively well with the expressed occupations of the respondents in the table. These two variables were assessed as part of the socio-economic factors in the infant mortality experienced by the respondents.

**Table 3: Mean scores of the Respondent on Infant Mortality Attributable to Social Determinants**

Sn	Mortality due to social factors	Mean	S. D.
1	I sought for traditional medicine while my child was ill which eventually led to his/her death	2.28	0.997
2	I gave birth under unskilled birth attendant this led to prolonged labor and death of my child	2.54	1.139
3	I lacked knowledge of nutrition which caused loss of weight and death of my child	2.33	0.909
4	I had problem of access to emergency health care services because of long distance to health care facilities and caused death of my child	2.36	0.983
5	I married too early this caused the preterm delivery and health of my child	2.20	0.969
6	I did not comply with scheduled immunizations against the six killer diseases and this led to infection and my child's death	2.17	0.944
7	Feeding was inadequate in my family which caused malnutrition and my child death	2.08	0.864
8	My low level of education affected my child health care and his/her death	2.40	1.106
9	There was no hospital in my place which led to poor access to health care service and my child death	2.16	0.965

10	I lacked adequate prenatal care therefore led to poor access to complications during pregnancy and my child death	2.27	0.992
11	I lacked access to good drinking water and this led me to drinking contaminated water which caused diseases and my child death	2.26	0.976
12	I did not have adequate birth spacing between my children, and this affected my health and caused the death of my child	2.21	1.042
Aggregate mean score		2.27	0.611

The table revealed that social determinants were not really major determinants of the respondents' infant mortality. However this conclusion does not include the personal social parameters examined independently in association with the respondents ratings. In the table one social outstanding factor is the problem of unskilled birth attendant who attend to some of the respondents during child delivery. This was rated as often leads to prolonged labor and death of the child. Apart from this factor, there was no other social factor so rated and from the aggregate mean score of 2.27 it could be concluded that infant mortality due to exogenous factor in the society was not a major factor of the respondents' child death. Table 4.3 shows the rated infant mortality associated with economic factors in the society.

**Table 4: Mean scores of the respondent on infant mortality attributable to economic determinants**

Sn	Mortality due to economic determinants	Mean	S. D.
1	My poor health seeking behavior due to poverty caused my child death	2.36	0.920
2	I have less risk of death of children because I could afford medical care to the family	2.52	0.944
3	I labored on the farm therefore earned very low income which affected the welfare of child and led to his/her death	2.21	0.934
4	I lived in the rural area where good health care facilities and services were not available which caused my child's death	2.27	0.944
5	I was not aware of health care services available in my area and how best to access them, this cause my child's death	2.16	0.873
6	I was not enrolled in to school because I believed that formal education is not a requirement for fitting into the way of life. This affected my health seeking decision and caused my child's death	2.43	1.110
7	I lived in the urban area where good health care facilities and services are located therefore had no risk of child death	2.43	0.996
8	I lived in overcrowded house, this promoted disease and caused my child's death	2.15	0.880
9	The accessible health care facility in my area was poorly equipped and led to poor services and my child's death	2.33	0.966
10	My income affect the ability to access a health care service to the family and this led to the death of my child	2.53	1.119
11	I did not use treated mosquito nets therefore children and i had malaria attack which cause my child's death	2.25	1.030
12	I experienced more child death because of my inability to afford good health care service	2.03	0.953
Aggregate mean score		2.31	0.542

The aggregate mean score of 2.31 obtained for the table did not show that the infant mortality rating by the respondents could be said to be prevailing economic factors of the

society. Though most of the respondents agreed that their income affected the ability to access a health care service by their family and this led to the death of the respective child but the aggregate mean (2.31) did not quite associated such mortality rating to the prevailing economic factors of the society. This means that the respondents' individual variables call for examination. This leads to the specific objectives of determining possible differences in the socio-economic parameters of the individual respondents.

**Table 5:** Multinomial Logistic regression estimates for influence of maternal socio-economic variables on their infant mortality in states of Northern Nigeria

Maternal socio-economic variables	Model Fitting Criteria	Likelihood Ratio Tests		
	-2 Log Likelihood of Reduced Model	Chi-Square	DF	Sig.
Intercept	766.956(a)	.000	0	.
Mother age at first delivery	790.642	23.686	20	.256
Number of pregnancies	840.285	73.329	20	.000
Mother level of education	814.161	47.204	20	.001
Mother occupation	795.644	28.688	15	.018
Mother's monthly income	802.748	35.792	20	.016

The test revealed that the selected maternal socio-economic variables have significant influence on the respondents' infant mortality rate. The observed pseudo coefficient of determination ( $R^2$ ) were Cox and Snell = 0.371, Nagelkerke = 0.393 and McFadden = 0.162 respectively. The likelihood chi-square was 184.349 at 95 degree of freedom with a probability level of 0.000 ( $P < 0.05$ ). On influence of the individual variables, maternal age at first delivery was not found to have a significant influence on the infant mortality. The chi-square value obtained (23.686) at 20 degree of freedom and the obtained probability level (0.256) were not significant ( $P > 0.05$ ). For Number of maternal pregnancies, the chi-square obtained was 73.329 at 20 degree of freedom and the observed level of significance is 0.000 ( $P < 0.05$ ). Maternal monthly income was found to have significant influence with chi-square of 35.792 and a level of significance (0.016) obtains 20 degree of freedom. Maternal educational level's influence was highly significant with a chi-square of 47.204 at 20 degree of freedom and a probability level of 0.001 ( $P < 0.05$ ). The occupation of the respondents was significant with a chi-square of 26.688 at 15 degree of freedom and a probability level of 0.018 ( $P < 0.05$ ). Apart from maternal age at first delivery which could be due to the overcrowding influence of other independent variables involved in the model, all the variables were found to have significant influence on the respondents' infant mortality. With these observations, there is enough evidence to reject the null hypothesis. The null hypothesis that there is no significant influence of socioeconomic determinants of maternal age at first delivery, education, occupation, income and number of pregnancies on infant mortality in Northern States of Nigeria is therefore rejected.

#### 4. Discussions of the findings

This study assessed the influence of socio-economic determinants on infant mortality among women attending Antenatal Care in Northern States of Nigeria. Apart from influence of the general socioeconomic exogenous variables

within the society, the main personal variables of the respondents whose influence on infant mortality were assessed were age at first delivery, education, occupation, monthly income and number of pregnancies. One major hypothesis and five sub-hypotheses were tested along the objectives and research questions of the study.

The major research question and hypothesis investigated the influence of the respondents' socio-economic variables on their infant mortality rate in the states. A multivariate approach was used in the test with multinomial logistic regression model. The result revealed that the selected independent variables significantly influence infant mortality among the respondents. On individual influence, maternal age at first delivery was the only personal variable found not to have a significant influence on their infant mortality. Maternal education, occupation, monthly income and number of pregnancies were found to have significant influence in the model. This null hypothesis was therefore rejected. The finding are is consistent with Lucas and Gilles, (2003) who reported that infant mortality rate reflect the socio-economic status of their parents. The finding agrees with Ogbe, (2008) where infant mortality in Nigeria was associated with its environmental determinants such as rural and urban influence on infant mortality, demographic factors such vaccination and immunization determinants.

Sub-hypothesis I and research question two investigated the influence of maternal age at first delivery on their infant mortality rate. The test was conducted on a bivariate basis with the chi-square procedure. From the result obtained in the test, maternal age at first delivery's influence on the respondents' infant mortality rate was not statistically significant. The null hypothesis was therefore retained. The finding this study contradicts the reports of Alade, (2001), Lucas and Gilles, (2003); Insel, and Roth, (2006), where it was reported that age of the mother have some effects on the growing baby, for instance, certain defects like mongolism, congenital heart diseases, premature deliveries, still birth and infant deaths are all associated with old age and teenage pregnancies. The finding here contradicts Ayengbara and Olorunmaye (2012) who revealed from their study that the age of the expectant mother i.e. teenage pregnancy significantly caused infant mortality.

Sub-hypothesis II and research question two investigated the influence of maternal education on the respondents' infant mortality rate. The test which was conducted with chi-square procedure revealed that levels of maternal education have significant influence on their infant mortality rate. The null hypothesis was therefore rejected. From the related data examined in relation to the research question, it was found that respondents with no formal education and those with only Quranic education have relatively higher infant mortality rate than those with tertiary education. The finding of this study strongly support the report of, Uzma and Muhammad (2000) investigation of socioeconomic determinants of child mortality in Pakistan where it was reported that that mother's feeding and mother's education is strongly related to the neonatal mortality, infant mortality as well as child mortality through improved child care practices as well as other proximate determinants as parental care, income and environmental contamination. The finding here

is consistent with Black, (2003) where it was pointed out that the high infant mortality rate in Nigeria is systemic and endemic stemming from exposure of certain environmental risk determinants in contextual sites (household and community levels) in which mothers are forced to give birth and raise their children and Bishai, Opuni, and Poon, (2007) where it was reported that infant mortality takes away society's potential physical, social, and human capital due to avoidable factors.

Sub-hypothesis III and research question tested the influence of maternal occupation on the infant mortality rate among the respondents. The result did not reveal that the level of influence exacted by occupation on their infant mortality was statistically significant. The null hypothesis was therefore retained. From the related data for the research question, it was observed that some of the respondents were fulltime house wives which may imply that occupation could not play a major role in the mortality rate of their infants. The finding here support the report of Hisham and Clifford (2008) study in which they concluded that in urban areas the child survival depends on mother's education and maternal awareness while in rural it depends whether they are in occupation and giving time to child or not, also the fertility factor and most importantly breast feeding is found as major determinant of child health leading to mortality along with family planning programs in Kenya.

Sub-hypothesis IV and research question four investigated the influence of maternal monthly income on their infant mortality rate. The result of the test conducted with chi-square procedure did not reveal significant association between the two variables. The null hypothesis was therefore retained. From the related data, the income level obtained among the respondents may not necessarily determine the role of income in the family since some were not even earning income and does not imply that they have no means of livelihood. The finding here contradicts the report of Inseland Roth (2006) who asserted that about half of all cases of low birth weight (LBW) babies are related to teenage pregnancies which may cause infant mortality. Ignorance and poverty, which are common among teenage mothers and the Primigravidas are responsible for LBW babies, who are more likely than normal-birth-weight infants to die

Sub-hypothesis V and the related research question tested the influence of maternal number of pregnancies on their infant mortality rate. The result of the test revealed that the number of pregnancies has significant influence on the infant mortality rate among the respondents. The null hypothesis was therefore rejected. The finding of this study supported Rowley, (1996) affirmation that there is high infant mortality rate of about two or four times with the babies born one year of a previous birth, as against the babies born at both ends of the intervals. The report further stated that a short interval does not give the mother sufficient time to recuperate from the birth and to replenish her stores of nutrient used during pregnancy, especially in conditions of malnutrition. This finding is consistent with the report of Hodges, (2001) in which it was stated that frequent pregnancies are common among the polygamists in Nigeria, where women compete in child bearing, with some

women having up to 13 children and Ayengbara and Olorunmaye (2012) from a study on the causes of infant mortality in Nigeria. It was found in the report that too frequent pregnancies significantly caused infant mortality.

## 5. Conclusion

Based on the findings of this study, the researcher wish to conclude as follows:

- 1) Socio-economic determinants not within the personal environment of child bearing women do not have significant influence on their infant mortality rate in Northern states of Nigeria.
- 2) The group of maternal education, occupation, income level, and number of pregnancies are major and significant determinants of infant mortality among child bearing mothers in Northern States of Nigeria.

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