

Inequality in under-five mortality in Nigeria: Do Ethnic Values and Cultural Practices Matter?

Extended Abstract

In spite of the significant improvements in the health of children worldwide in the last century, under-five mortality rates remain unacceptably high in Nigeria as in other sub-Saharan Africa. Specifically, Nigeria's under-five mortality rate of 157 per 1000 live birth (NPC & ICF Macro) is among the highest in the world. Worse still, increased risk of child deaths is reported in some regions in Nigeria (Antai, 2011). However, there are huge regional variations in under-five mortality rate in Nigeria, with some regions having as high as 222 deaths per 1000 live births while the rate is as low as 89 per 1000 live births in some other regions in the country. While the former scenario is found among the Hausa/Fulani in the northern region of the country, the latter scenario is reminiscent of the Igbo and Yoruba ethnic groups in the south. Each ethnic group has peculiar socio-cultural values and practices that can either positively or negatively impact on child survival.

Addressing poor infant/child health outcomes requires scientific evidence on such contextual characteristics like ethnic values and cultural practices. However, the influence of these important characteristics on child mortality has received less attention in Nigeria. Meanwhile, public health literature shows that knowledge about the determinants of child mortality at the individual level is insufficient to address the problem (Antai, 2011; Omariba et al, 2007; Harttgen & Misselhorn, 2006; Whitworth & Stephenson, 2004; Sastry, 1996). This is because the characteristics of ethnic group or community where a child is raised tend to affect his/her survival chances. Antai (2011) asserts that more studies on community-levels determinants are needed in Nigeria. It is against this background that this study seeks to explore the relationship between ethnic values/cultural practices and under-five mortality in Nigeria. Thus, we hypothesize that (1) ethnicity is a significant predictor of under-five mortality and (2) cultural values and practices are significantly associated with under-five mortality.

Methods: This study draws on 2008 Nigeria Demographic and Health Survey. The survey elicited information on demographic and health indicators at the national, regional and states levels. The primary sampling unit (PSU) which was regarded as a cluster for the 2008 NDHS is defined on the basis of Enumeration Areas (EAs). Sample for the survey was selected using stratified two-stage cluster design consisting of 888 clusters (NPC and ICF, 2009). In all, a nationally representative sample of 36,800 households was selected for the survey. Data were gathered from 33,385 women aged 15-49 women and 15,486 men aged 15-59. The dependent variable is defined in this study as risk of dying before the fifth birthday (i.e. under-five mortality). The independent variables of interest are ethnic values and cultural practices like female genital cutting, sex preferences, fertility preference, early marriage, parity, gender-based violence, family size, women's autonomy, literacy, contraceptive use, and norms regarding place of delivery. Also, independent variables include ethnicity, region of residence and place of residence.

Three levels of analysis (univariate, bivariate and multivariate) are employed in the study. At the univariate level, percentage distribution of respondents is presented. At the bivariate level, chi-square test is employed to examine relationship between variables. At the multivariate level, logistic regression is employed to explore relationship between the dichotomous dependent variable and a set of selected independent variables. Thus, the study documents inequality in under-five mortality by ethnicity, place of residence and cultural

practices using descriptive statistics. Also, multivariate analysis is performed to examine the effect of ethnic values and cultural practices on the risk of under-five mortality, while controlling for the effects of covariates like educational level, religion, age

Results: Preliminary findings indicate that ethnicity is a significant predictor of under-five mortality ($p < 0.01$). About one-third under-five death was reported among Hausa/Fulani while about 1 in 10 is reported among the Yoruba ethnic group ($p < 0.001$). Also, cultural norms such as fertility preference and parity showed statistical significance for increased risk of under-five mortality ($p < 0.001$). In addition, respondents who had never used contraceptives are more likely to report under-five death than their counterparts who used contraceptives ($p < 0.001$).

Conclusion: The findings of this study suggest the need to focus attention on addressing ethnic belief systems and cultural practices which negatively impact on child health outcomes. Policies and programmes aimed at improving child health outcomes must include such strategies that address negative cultural values and practices peculiar to various ethnic groups in the country.