

Mothers Economic Resources and Under-Five Mortality in Ibadan, Southwest Nigeria

¹CHUKWUDEH Stephen Okechukwu &²Adewole LAWAL

Postgraduate Students, Department of Sociology, Faculty of the Social Sciences, University of Ibadan, Ibadan, Nigeria.

For Correspondence: E-mail: okechukwuchukwudeh@yahoo.com

ABSTRACT

Background: Under-five mortality is a serious health challenge in Nigeria. The Nigerian government has made concerted effort to reduce the number of children who die before age five years by adopting some global health initiatives, yet the number of children who die before age five in the country is still high in Nigeria. **Objective:** The study investigates the association between mothers' economic resources and under-five mortality in Ibadan, Southwest Nigeria. **Material and methods:** this study was conducted at Akinyele, Ibadan North East, and Ibadan North local government areas in Ibadan, Southwest Nigeria. The Oscar Lewis culture of poverty theory served as the basis of its theoretical underpinning and quantitative primary data was collected through survey technique with the use of questionnaire. A total of 800 mothers were sampled using multi-stage sampling technique. First, stratified sampling technique was used to divide Ibadan into three homogenous groups based on the housing structure and population density of the city. The second stage was the use of simple random sampling technique to select one local government area based on each homogenous group. The third stage was the use of simple random sampling technique to select one locality in each local government areas that has been selected. The last stage was the use of purposive sampling technique to select 800 mothers at the 3 local government areas in Ibadan. **Result:** The result revealed that mothers economic resources, sources of income, financial support from husband, failure of husband to support their wife, and mothers occupation significantly influence under-five mortality in Ibadan, Southwest Nigeria. However, the prevalence of financial support received from husbands has insignificant influence on under-five mortality in Ibadan, Southwest Nigeria. **Conclusion:** the data acquired in this study may be used in developing interventions to improve mother's economic resources and thus contributes to reduction of under-five mortality in Nigeria.

Key words: Economic; Child Mortality; Poverty; Socialization; Unemployment

1. INTRODUCTION

Under-five mortality is a global health challenge. Globally, 16000 children under 5 years old die each day despite the reduction of under-five deaths from 12.7million per year in 1990 to 5.9million in 2015 (World Bank, 2015). Sub-Saharan Africa has the highest risk of death in the first month of life and is among the regions showing the least progress. The highest rates of child mortality are still in Sub-Saharan Africa where 1 in 9 children dies before age five, more than 16 times the average for developed regions (1 in 152) (Africa Key Fact and Figures, 2012).

Nigeria is the most populous country in Africa and the 7th populous country in the world with an estimated population of 181,800,000 by 2015 (Population Reference Bureau, 2015). Nigeria population size makes up 15.5 percent of Africa population. Nigeria is privileged to have vast natural resources, and its gross domestic product (GDP) stood at \$568.5 billion as at year 2014 (World Bank, 2016). As impressive as this figure may appear, it has not translated to reduction of under-five mortality in the country. In Nigeria, one in every 15 Nigerian children die before reaching age 1 year and 1 in every eight do not survive to their fifth birthday (Nigeria

Demographic and Health Survey, 2013). Though, under-five mortality in Nigeria was reduced from 201 per 1000 live birth in year 2003 to 128 per 1000 live birth in year 2013 (NDHS, 2008). Infant and under-five mortality rates in the past five years in Nigeria are 69 and 128 deaths per 1000 live births, respectively (NDHS, 2013). Despite this progress, Nigeria was not able to achieve the Millennium Development Goal of reducing under-five mortality to 64 deaths per 1000 live births by 2015.

Nigeria is one of the countries with the most worrisome child health indicators and remains the second largest contributor of under-five mortality in the world after India (Olatunji Alabi et al, 2014). The number of children who die before their fifth birth day (under-five mortality) in Nigeria fell short of the United Nation Millennium Development Goal (4) target by 2015 which was to reduce under-five mortality rate by two thirds between 1990 and 2015.

Nigerian government had made concerted efforts to reduce the number of children who die before age 5 years in the country by adopting and implementing series of major global initiatives affecting children such as the Safe Motherhood Initiatives and its follow-up Making Pregnancy Safer, Baby-friendly Hospital Initiatives (BFHI) among others. In spite of these initiatives and programmes in Nigeria, the number of under-five mortality is still relatively high.

Poverty is an instrument that contributes to under-five mortality in Nigeria. It has been estimated that 64 percent of Nigerian population are living below the poverty line of US\$1.25 per day and an estimated 53 percent population are living below poverty line of US\$1.25 per day in sub-Saharan Africa (UNDP, 2011). Poverty is the possible cause of poor child nutrition which could lead to morbidity and mortality (Kabubomariara, 2012). On a global scale each year, more than 10 million under-five children die before

their fifth birthday (Unicef, 2008). And poverty is a possible reason why so many children die of preventable and curable diseases (Wei, 2009). In 2015, the estimated under-five mortality rate in low income countries was 76 deaths per 1000 live births. This is about 11 times the average rate in high income countries (7 deaths per 1000 live births) (WHO, 2016). The World Health Organization further emphasized that the risk of a child dying before completing five years of age is still highest in African region (81 per 1000 live births), about 7 times higher than that in the European region (11 per 1000 live births) (WHO, 2016).

This high under-five mortality level is a signal that basic health infrastructure to fight poor sanitation and living condition are grossly inadequate (Bissell, 2000). Researchers more recently has begun to look at non-medical issues that could precipitate the high rate of under-five mortality in Nigeria (Selestine et al. 2011; Okposio et al, 2012; Chukwudeh, 2015). Thus, to understand under-five mortality in a developing country like Nigeria requires examining various factors which could lead to it. It is against this background that the following research questions were addressed by this study. How do mothers economic resources influenced under-five mortality in Ibadan, Nigeria? What is the effect of husband financial support on health outcome of children who are less than 5 years in Ibadan, Nigeria? Thus, this study seeks to (1) investigate the influence of mothers' economic resources on under-five mortality in Ibadan, southwest Nigeria, and (2) to access the extent at which financial support from husband influenced under-five mortality in Ibadan, Southwest Nigeria. The study shall also contribute to literature on under-five mortality in Nigeria.

1.1 SIGNIFICANCE OF THE STUDY

In Nigeria, Children are national assets and investment on them help reduce poverty and

under-five mortality. This study is therefore essential for the survival of future leaders of Nigeria. Under-five mortality is a very complex phenomenon. Its understanding entails that it should be studied from diverse perspective. The study enhances the understanding of under-five mortality as it is focused on mother's economic resources on under-five mortality in Ibadan, Southwest Nigeria. The introduction of mother's economic resources is essential because mothers are directly involved in child care. As the study has a direct bearing on individual families, it brings to fore the role under-five mortality plays in sustainable development in Nigeria.

Mothers are primarily responsible for feeding and caring for newborn babies or infant. This process takes time and energy, yet they are unlikely to be paid for these services. Thus, this study has emphasized the importance of financial support to mothers in order to improve their economic resources which in turn have direct impact on children feeding, care and sustenance of life. The study has shown that in order to significantly reduce the high number of under-five mortality in Nigeria, there is need to financially support mothers.

1.2 THEORETICAL FRAMEWORK

The culture of poverty theory was adopted for this study. The culture of poverty is a social theory that expands on the concept of poverty. The theory posits that people are not simply lacking resources, but also acquire a poverty-perpetuating value system. Oscar Lewis avers that poverty is systemic and thus imposed on member of the society through socialization. This led to an autonomous subculture as children were socialized into behaviours that perpetuated their inability to escape their social class. This explains the stubborn resistance of poverty to anti-poverty programmes in the society. Since the behavior of people is constrained by the meaning they give to their own actions, their

actions therefore reproduce poverty. Most mothers in Ibadan are self-employed petty business women. They have fully adapted to the social class they find themselves. They are not just poor because they lack basic necessities of life but they have socialized their children into behaviors and attitude that perpetuated their inability to escape the social class they find themselves. Poverty is thus the possible reason why most mothers has not key into various policies design to improve children health status. This is because money is needed for transportation to the health center and the purchase of drugs which may not be available due to limited resources. In addition, the theory explains that people have a strong feeling of helplessness and dependency. They believe that the existing institutions do not serve their interest. This is similar to the condition of most mothers in Ibadan who feels that the government do not serve their own interest, they feel alienated in their own state and country. Thus they are concern about their own survival, their own community characteristics and the people around them.

2. MATERIAL AND METHODS

This study was conducted in Ibadan, Southwestern Nigeria. Ibadan is the capital city of Oyo State and it is situated in Southwestern Nigeria. Ibadan has 11 local government areas with an estimated population (male and female) of 2,559,853 in year 2006 (Nigeria Population Census, 2006). Cross sectional research design that made use of quantitative method was used for data collection. Research questionnaires were used to collect data for the quantitative research method. Multi stage random sampling techniques were used to get the sampled population for the study. The first stage was the use of stratified sampling technique to divide Ibadan into 3 homogenous groups based on it housing structure

and population density. The homogenous groups are: the core, the periphery, and the intermediate. The core is the traditional area of the city, characterized by high level of poverty, high density of population, dilapidated buildings, poor sanitation, and slum settlements. The intermediate are areas of late development, mainly inhabited by migrants from other Yoruba towns and ethnic groups. The density of the population there is lower than the core traditional areas, and housing is also moderately scattered. The peripheral are well planned areas of the city that are inhabited by elites. These feature well laid-out residential apartments and low density of population. The second stage was the use of Simple random sampling to select 1 local government area (LGA) from each of the 3 homogenous groups. These make up a total of 3 local government areas. The local government areas sampled were Akinyele LGA, Ibadan North LGA, and Ibadan North East LGA. The third stage was the use of simple random sampling to select 1 community from each of the local government areas selected. The communities selected were Orogun, New Bodija, and Beree communities. Thus, for the core homogenous group, the sampled population was from Beree in Ibadan North East local government area. For the intermediate homogenous group, the sampled population was from Orogun community at Akinyele local government area. Then for the peripheral homogenous group, the sampled population was from New Bodija community at Ibadan North local government area. These made up the 3 communities among the 3 local government areas in Ibadan where the study was conducted for a holistic representation of the various homogenous groups in Ibadan. The fourth stage was the use of purposive sampling technique to select 800 mothers with children age 0-5 years who are residents in Ibadan, Oyo state, Southwest, Nigeria. The inclusion criterion for the study was mothers with children within the

age of 0-5 years that are resident in Ibadan for the past 5 years.

The female population at the 3 local government areas of Akinyele LGA, Ibadan North LGA, and Ibadan North East LGA as released by the National Population Commission census figure of year 2006 was used for the sampling frame to represent the mothers in Ibadan, Oyo state, Nigeria. The female populations in the 3 local government areas are: Akinyele LGA 106,217; Ibadan North 155,511, and Ibadan North east 167,600. This makes up 429,328 female populations in the 3 local government areas. The Yaro Yemini formula $N/1+N(e)^2$ was used to get approximately 400 female populations for the sample size of the study. The figure was multiplied by 2 i.e (2 x 400) to get 800. This help to make the sampled population size significant. Hence, 800 copies of questionnaires were distributed to the 3 communities at the 3 local government areas in Ibadan. From the total of 800 questionnaires distributed in the sampled communities, 273 copies of the questionnaires were distributed in Orogun community at Akinyele local government area, 265 copies of the questionnaires were distributed in Beree community at Ibadan North East local government area, while 262 copies of questionnaires were distributed in New Bodija community at Ibadan North local government area. This makes up of the 800 copies of questionnaires distributed at the three local government areas in Ibadan, Oyo State, Southwest Nigeria. The 800 copies of questionnaires were distributed, collated and after data cleaning all of them were useful for data analyses. The researchers employed 3 female research assistants who were all Yoruba and they were adequately trained before going to the field. The researchers waited for respondents to fill the questionnaire before collecting the questionnaire from the respondents after they had completely filled it. The essence was to ensure

that all copies of the questionnaire were retrieved back after the respondents had completed it. Simple percentage and logistic regression were used in analyzing the quantitative study. The questionnaire research instrument was used to collect data on the respondent demographic characteristics, mother's economic resources, and their reproductive history.

This study addressed the following questions: what is the correlation between mother's economic resources and under-five mortality in Ibadan, southwest Nigeria? How does husband financial support influence under-five mortality in Ibadan, southwest Nigeria? In the quest for a comprehensive understanding, these questions influenced the study's methodology. The data used for this study was collected through the use of questionnaire administered to respondents at the 3 communities within the 3 local government areas in Ibadan, Southwest Nigeria. The questionnaire was divided into 3 broad sections which sought information on; the demographic characteristics of respondents; their economic characteristics which features questions like occupation, sources of income, do you receive financial support from your husband, the

prevalence of financial support received from husband, and why some husband has failed to financially support their wife; and the third segment of the questionnaire dealt with the reproductive history of the respondents. The questionnaire was filled by mothers who live in Ibadan. The quantitative data generated through the questionnaire was analyzed with the statistical package for social science (SPSS 17.0). A descriptive analysis of data was done using frequency distribution. A non-parametric statistical technique (logistic regression) was used to determine the type and strength of relationship between variables.

2.2 Method of data presentation and analyses

The data was analysed using descriptive and inferential statistics with the help of Statistical Package for Social Sciences (SPSS 17.0). The first part of the quantitative data analysis involved frequency distribution and percentages for the descriptive statistics. The second part of the analysis involved using regression analysis for the inferential statistics to test the association between mothers' economic resources and under-five mortality in Ibadan, southwest Nigeria.

3. RESULTS

Table 1 presents the socio-demographic characteristics of respondents

Variables	Category	Frequency	Percentage
Marital status	Single	233	29.1
	Married	443	55.4
	Separated	67	8.4
	Divorced/widowed	57	7.1
	Total	800	100
Ethnic group	Yoruba	605	75.6
	Hausa	39	4.9
	Igbo	147	18.4
	Others	9	1.1
	Total	800	100
Local govt area	Akinyele	273	34.1
	Ibadan North-East	265	33.1
	Ibadan North	262	32.8

	Total	800	100
Education qualification	Primary	150	18.8
	Secondary	388	48.5
	Tertiary	246	30.8
	No formal school	16	2.0
	Total	800	100

Source: Researcher`s Field Work, 2013

The socio-demographic characteristics from table 1 shows that majority of the respondents (55.4%) were married. The numbers of respondents who are single were 29.1%, and the numbers of sampled respondents who are separated were 8.4% of the total population. The table further reveals that 7.1% of the respondents were divorced or widowed. Panel 2 of table 1 provides data on the ethnic group of mothers. Majority (75.6%) of the respondents were Yoruba. This was because Ibadan is a Yoruba city in Oyo State, southwest Nigeria. In addition, 18.4% of the respondents were from Igbo ethnic group. While 4.9% of the respondents were from Hausa ethnic group and 1.1% of the respondents came from other minority ethnic groups in Nigeria.

Panel 3 of table 1 provides data on the Local government areas of the respondents. It can be seen from the table that 34.1% of the respondents lived at Orogun in Akinyele local government area. Then 33.1% and 32.8% of the respondents lived at Ibadan Northeast and Ibadan North local government areas respectively. It was also discovered from the field survey that majority of the women (48.5%) sampled had secondary school education. And 30.8% of the respondents had tertiary education qualification. In addition, 18.8% of the respondents had primary school education and 2.0% of the respondents had no formal education.

Table 2 presents economic characteristics of respondents

Variables	Category	Frequency	Percentage
Occupation	Business woman	516	64.5
	Civil servant	73	9.1
	Private firm	138	17.3
	Others	73	9.1
	Total	800	100
Source of income	Personal income	336	42.0
	Husband income	221	27.6
	Extended families support	196	24.5
	Others	47	5.9
	Total	800	100
Respondents who received financial support from their husband	Received financial support from husband	453	56.6
	Did not received financial support from husband	347	43.4
	Total	800	100
Prevalence of financial support received from husband	Always	408	51.0
	Rarely	201	25.1
	No response	191	23.9

	Total	800	100
Reasons for husband failure to financially support their wife	Husband denied the pregnancy	225	28.1
	He is unemployed	92	11.5
	Other reasons	193	24.1
	No response	290	36.3
	Total	800	100

Source: Researcher`s Field Work, 2013

Mothers economic characteristics in table 2 shows that most of the respondents (64.5%) are business women and 17.3% of the respondents are working in private firms. The table further reveals that 9.1% of the respondents are civil servant, while 9.1% of the respondents are engaged in other types of occupation not mentioned. Panel 2 in table 2 revealed that the source of income of majority (42%) of the respondents were their personal income, while 27.6% of the respondents revealed that their husband provided the income of the home. Further panel 2 in table 2 shows that 24.5% of the respondent`s sources of income came from support received from extended family members, while 5.9% of the respondents` sources of income were from other means not mentioned. More than average (56.6%) of the respondents received financial support from their husband, while 43.4% of the respondents do not receive financial support from their husband.

It was discovered in panel 4 of table 2, that 51% of the respondents always received financial support from their spouse and 25.1% of the respondents rarely receive financial support from their husband. Then 23.9% of the respondents were silent as regard the prevalence of financial support received from their husband. In addition, 28.1% of the respondents stated that their husband had not financially supported them because they denied responsibility for the pregnancy and their child, while 11.5% of the respondents stated that their husband unemployed status was responsible for their husband failure to financially support them. Table 2 also shows that 24.1% of the respondents stated that some other reasons were responsible for their husbands` failure to financially support them, while 36.3% of the respondents did not give reasons for their husband failure to support their wife.

Table 3 presents Reproductive history of respondents

Variables	Category	Frequency	Percentage
Number of respondents who had given birth to male child	1	265	33.1
	2	263	32.9
	3	70	8.8
	4 and more	27	3.3
	No response	175	21.9
	Total	800	100
Number of respondents who had			

given birth to female child	1	339	42.4
	2	188	23.5
	3	24	3.0
	4	21	2.6
	No response	228	28.5
	Total	800	100
Number of respondents whose child or children had died	dead	206	25.8
	Alive	594	74.3
	Total	800	100
Gender of the child that died	Male	56	7.0
	Female	153	19.1
	No response	591	73.9
	Total	800	100
Causes of child death	Sickness	176	22.0
	No idea	8	1.0
	Other reasons	21	2.6
	No response	595	74.4
	Total	800	100

Source: Researcher`s Field Work, 2013

Panel 1 in Table 3 shows that 33.1% of the respondents have 1 male child, 32.9% of the respondents has 2 male children while 8.8% of the respondents has 3 male children. In addition, 3.3% of the respondents had 4 or/and more children while 21.9% of the respondents did not state the number of male children they have. Panel 2 in table 3 revealed that 42.4% of the respondents have 1 female child, and 23.5% of the respondents have 2 female children. The field survey also revealed that 3% of the respondents have 3 children, while 2.6% of the respondents have 4 or/and more children. In addition, 28.5% of the respondents did not state the number of female children in their reproductive history.

Panel 3 in table 3 shows that majority of the respondents (74.3%) had surviving children. However, 25.7% of the respondents had experience under-five mortality in their reproductive history. Panel 4 in table 3 revealed that 19.1% of the respondents had experience more female children death than 7% of respondents who had experience male children mortality before age five. Further, panel 5 in table 3 shows that illness was the major cause of under-five mortality as indicated by 22% of the respondents who had lost children to death, while 1% of the respondents could not describe the cause for their child`s death. In addition, about 2.6% of the respondents stated other causes for their children death.

REGRESSION ANALYSIS

Table 4 presented the descriptive statistics

Variables	Mean	Std. Deviation	N
Under-five mortality	1.7425	.43753	800
Source of income	1.9425	.94753	800
Respondents who received financial support from husband	1.4338	.49590	800
Prevalence of financial support received from husband	1.7288	.82220	800
Husband failure to support their wife	2.6850	1.22685	800
Occupation	1.7100	1.04870	800

Source: Researcher's computation, 2013 from SPSS 17.0

The descriptive statistics shows the total of 800 respondents participated in the study. The number of respondents whose children had died has a mean average of 1.7425 and standard deviation of 0.43753. The mean and standard deviation for sources of income are 1.9425 and 0.94753 respectively. The respondents who received financial support from their husband has mean average of 1.4338 and standard deviation

of 0.49590. The mean average and standard deviation for prevalence of financial support received from their husband are 1.7288 and 0.82220 respectively. The descriptive statistics further reveals a mean average of 2.6850 and standard deviation of 1.22685 for reasons why husband did not financially support their wife. Occupation has a mean average of 1.7100 and standard deviation of 1.04870.

Table 5 presented the cross tabulation for mothers economic resources and under-five mortality

Correlations

	Number of respondents whose children had died	Source of income	Respondents who received financial support from husband	Prevalence of financial support received from husband	Failure of husband to support their wife	Occupation
Pearson correlation						
Number of respondents whose children had died	1.000	.586	.515	.522	.809	.399
Source of income	.586	1.000	.826	.902	.880	.883
Respondents who received financial support from husband	.515	.826	1.000	.875	.821	.774
Prevalence of financial support received from husband	.522	.902	.875	1.000	.825	.884
Failure of husband to support their wife	.809	.880	.821	.825	1.000	.727
Occupation	.399	.883	.774	.884	.727	1.000
Sig. (1-tailed)						
Number of respondents whose children had died	.	.000	.000	.000	.000	.000
Source of income	.000	.	.000	.000	.000	.000

Respondents who received financial support from husband	.000	.000	.	.000	.000	.000
Prevalence of financial support received from husband	.000	.000	.000	.	.000	.000
Failure of husband to support their wife	.000	.000	.000	.000	.	.000
Occupation	.000	.000	.000	.000	.000	.
N						
Number of respondents whose children had died	800	800	800	800	800	800
Source of income	800	800	800	800	800	800
Respondents who received financial support from husband	800	800	800	800	800	800
Prevalence of financial support received from husband	800	800	800	800	800	800
Failure of husband to support their wife	800	800	800	800	800	800
Occupation	800	800	800	800	800	800

Source: Researcher's computation, 2013 from SPSS 17.0

Table 6 presents the Variables Entered/Removed

Model	Variables Entered	Variables Removed	Method
1	Occupation Why husband did not financially support their wife, Respondents who received financial support from husband, Prevalence of financial support received from husband, Source of income		Enter

- Predictors: (constant), occupation, why husband did not financially support their wife, respondents who received financial support from their husband, prevalence of financial support received from husband, source of income.
- All requested variables entered

Table 7 presents the model summary of the regression analyses

Model Summary

Model	R	R Square	Adjusted R square	Std. Error Of the estimate	Change statistics				
					R square change	F change	df1	df2	Sig F. change
1	.872	.761	.760	.21454	.761	505.818	5	794	.0000

a. Predictors: (Constant), occupation, why husband did not financially support their wife, respondents who received financial support from husband, prevalence of financial support received from husband, source of Income.

Source: Researcher`s computation, 2013 from SPSS 17.0

Table 8 presents the ANOVA analyses

ANOVA

Model	Sum of squares	df	Mean square	F	Sig.
1 Regression	116.409	5	23.282	505.818	.000
Residual	36.546	794	.046		
Total	152.955	799			

a. Dependent variables: under-five mortality

b. Predictors: (constant), occupation, why husband did not financially support their wife, respondents who received financial support from husband, prevalence of financial support received from husband, source of income.

Source: Researchers computation, 2013 from SPSS 17.0

The correlation on table 5 shows a higher positive correlation for all the predictors (occupation, reasons for husband failure to financially support their wife, respondents who received financial support from their husband, prevalence of financial support received from their husband and sources of income). The model summary on table 7 shows an R Square with 0.761. This indicate that 76% of the variation in mothers economic resources can be explained by variability in all the predictors (occupation, reasons for husband failure to financially support their wife, respondents who received financial

support from their husband, prevalence of financial support received from their husband, and sources of income). The Significant .F change column shows $p < .05$ ($p = .000$) indicating a significant relationship between the predictors (mothers economic resources) and under-five mortality in Ibadan, Southwest Nigeria.

Table 8 shows the ANOVA table with $P < .05$ which indicates a linear relationship among the variables. At Sig. 0.000, there is 95% chance that the relationships among the variables are not due to chance.

Table 9 presents the coefficients of the result on the association between mothers' economic resources and under-five mortality in Ibadan, Southwest Nigeria.

Coefficient

Model	Unstandardized coefficient		Standardized coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	1.125	.025		45.868	.000
Source of Income	-.121	.026	-.262	-4.633	.000
Respondents who received financial support from husband	-.266	.034	-.301	-7.816	.000
Prevalence of financial support received from husband	.015	.028	.028	.533	.594
Failure of husband to support their wife	.495	.015	1.388	33.633	.000
Occupation	-.071	.018	-.169	-3.913	.000

a. **Dependent variable:** Under-five mortality

Source: Researcher's computation, 2013 from SPSS 17.0

A. The unstandardized coefficient for source of income is -0.121. So for every increase in the sources of income of a mother, there would be -0.121 reductions in under-five mortality, holding all other variables constant. And $t = -4.633$, $P < .05$ showing a significant relationship between sources of income and under-five mortality in Ibadan, Southwest Nigeria.

B. The unstandardized coefficient for respondents who received financial support from husband is -0.266. So for every increase in financial support received from husband, a -0.266 reduction in under-five mortality is predicted, holding all other variables constant. And $t = -7.816$, $P < .05$ showing a significant relationship between financial support from husband and under-five mortality in Ibadan, Southwest Nigeria.

C. The unstandardized coefficient for prevalence of financial support received from husband is 0.15. So for every increase in the prevalence of financial support received from husband, there would be an approximately 0.15 increase in under-five mortality in Ibadan, holding all other variable constant. With $t = 0.533$, $P > .05$ indicating that there is no significant relationships between prevalence of financial support received from husband and under-five mortality in Ibadan, Southwest Nigeria.

D. The unstandardized coefficient for husband failure to financially support their wife is 0.495. So the more husbands fails to financially support their wife, there would be 0.495 increases in under-five mortality, holding all other variables constant. Further $t = 33.633$,

$P < .05$ shows a significant relationship between husband failure to financially support their wife and under-five mortality in Ibadan, Southwest Nigeria.

E. The coefficient for occupation is -0.071 . So the more mothers are engaged in paid employment, there would be -0.071 reductions in under-five mortality in Ibadan, Nigeria, holding all other variables constant. Further $t = -3.913$, $P < .05$ shows a significant relationship between occupation and under-five mortality in Ibadan, Southwest Nigeria.

Note that the constant (1.125) is the expected value of the dependent variables when the values of the independent variables equal zero.

4. DISCUSSION

The study investigated mothers' economic resources and under-five mortality in Ibadan, Southwest Nigeria. The economic characteristics of mothers in Ibadan, Nigeria play a significant role in reduction of under-five mortality in Ibadan, Southwest Nigeria. The study adopted the culture of poverty theory by Oscar Lewis to explain the production and reproduction of poverty among mothers in Ibadan, Southwest Nigeria. This study discovered a significant relationship between mothers' sources of income and under-five mortality in Ibadan, Southwest Nigeria. The more there is an increase with mothers source of income, the more there would be resources available to her for optimum child care and sustenance. Mothers who receive financial support from their husband are more likely not to experience under-five mortality in their families. However, the prevalence of financial support mothers receives from their husband does not guarantee the continuous reduction in under-five mortality in Ibadan Nigeria as predicted by the logistic regression. On the other hand, the failure of husbands to financially support their wife predicts under-five

mortality in Ibadan. Furthermore, the significant relationship between mothers' occupation and under-five mortality shows the need for mothers to engage in occupation that will contribute to the financial resources of the family in order to enhance the survival chances of their children and reduce the number of under-five mortality.

In a study of under-five mortality in Ibadan, Southwest Nigeria, using logistic regression shows that income does not independently influence infant mortality but income may significantly influence child mortality and under-five mortality (Chukwudeh, 2015). Similarly, in a study of child mortality in Nigeria, using survey data from Multiple Indicator Cluster Survey (2012) and General Household Survey (2012), Edeme et al. (2014) reported that household income has significant effect on neonatal mortality rate in Nigeria but household income has insignificant effect on infant and under-five mortality rates in Nigeria. This study, using logistic regression discovered that a mother source of income in Ibadan, Southwest Nigeria significantly influence under-five mortality. This is in line with the studies of Chukwudeh (2015) and Edeme et al. (2014).

In this study, financial assistance from husbands or a mother's spouse was discovered to play a contributory role to reduction of under-five mortality in Ibadan, Southwest Nigeria. This implies that lack of financial support from husband predict increase in the number of under-five mortality in Ibadan, Nigeria. In a study of Health effect of single motherhood on children health in sub-Saharan Africa, Ntoimo et al. (2014) reported that mothers economic resources in single families in Cameroon, Democratic Republic of Congo, and Nigeria has no mitigating effect on the higher likelihood of under-five mortality in other single mother household. They stressed that relative to children

of mothers in union, the risk of under-five mortality in single mother families was higher in Cameroon, DRC and Nigeria. This shows that financial assistance from husband is essential for optimal child care and survival. Single mothers may likely have little or no financial support to care for their children and this is a challenge for child survival. In another study conducted in Oyo state, Nigeria, Bello and Joseph (2014) found that poverty is the major determinant of child mortality and they recommend that parent's economic conditions especially the father should be improved to encourage prolonged breastfeeding and child survival.

However, what is of little worrisome is the insignificant effect of prevalence of financial support from husband on under-five mortality in Ibadan. This is an indication that the continuous or frequency of financial assistance from husband may not necessary guarantee prevention of child death. Mothers just need enough financial assistance to care for their basic need such as food, clothing, shelter and medical expenses for themselves and their children. On the other hand, the failure of the husband to financially support the mothers in Ibadan predicts under-five mortality in Ibadan, Southwest Nigeria.

The failure of husbands to financially support their wife is not unconnected to the continuous rise in unemployment in Nigeria. Nigeria unemployment rate is growing at 16% per year with about 6million active men and women unemployed as at year 2015 (Nigeria Bureau of Statistics, 2015). Further, unemployment rate in Nigeria increased to 9.90 percent in the third quarter of 2015 from 8.20 percent in the second quarter of 2015. This study found that husband failure to financially support their wife increases the chances of under-five mortality in Ibadan, Southwest Nigeria.

A strong causal link has been established between mother's occupation and child mortality with previous studies showing that mother's occupation significantly predicts child mortality (Adetoro and Amoo, 2014). They also reported that mother's wealth index has substantial impact on child mortality in Nigeria. In a similar study of child mortality conducted in South Africa, Kyei (2012) listed mothers' occupation as one of the determinants of childhood mortality in South Africa. This study demonstrates this association between occupation and under-five mortality in Ibadan, Southwest Nigeria. Mothers who are unemployed and their husband fails to financially support the family are more likely to experience under-five mortality in the family.

LIMITATION

Despite the strength of the current study, which include the fact that the study has impact on under-five children in Ibadan, Southwest Nigeria. Mothers are directly responsible for feeding of children and a standard questionnaire was used for data collection; the present study has a number of limitations. As a cross sectional study, the data were self-reported and the accuracy of the outcome of the study depends on the response from mothers interviewed at the study location. In addition, this study did not assess all the economic resources of mothers that could influence under-five mortality in Ibadan, Nigeria. The study also did not assess the poverty level on each mother in Ibadan. This is a quantitative study; the inclusion of the qualitative aspect may add more details to the study. However, the study was concerned with the basic money received by mothers for household upkeep, feeding and survival of children in Ibadan, Southwest Nigeria.

5. CONCLUSION

The finding of this study has shown that mother's economic resources play a key role on the health outcome of children below five years old. It has been concluded that financial support from husband is essential for the provision of basic necessity of life needed for optimum child care and survival. This implies that the total absence of financial support from husband predicts negative health outcome for under-five children but the continuous financial support from husband does not guarantee child survival. Unemployment has been adduced as the likely reasons for husband's inability to financially support their wife. The study encouraged mothers to engage in economic activities to improve their economic resources as mothers occupation was discovered to contribute significantly to the reduction of under-five mortality in Ibadan, Southwest Nigeria.

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