**Whose child is dying? Household characteristics and under-5 mortality in Nigeria**

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***Research Focus:*** *Child Abuse Pediatrics*

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***ABSTRACT:*** *(300 words: Times New Roman, Font size 12, Justified, Line spacing 1.0)*

**Background**: Over 2 000 under-5-year-olds die daily in Nigeria from vaccine-preventable diseases, placing the country as the third largest contributor to the global under-5 mortality rate. Nigeria is at serious risk of not meeting the Millennium Development Goal (MDG) of reducing child mortality by two-thirds (i.e. from an under-5 mortality rate of 93/1 000 in 1990 to 31/1 000 in 2015).

**Objective:** To examine the association between household-level variables and under-5 mortality in Nigeria.

**Methods:** Data were drawn from the 2008 Nigeria Demographic and Health Survey, which elicited information on demographic and health indicators at the national and state levels. A nationally representative sample of 36 800 households was selected. Data were collected from 33 385 women of reproductive age (15 - 49 years) and who had given birth to at least one live infant in the 5 years preceding the survey. Data were analysed using a multilevel-model approach.

**Results:** In total, there were 104 808 live births; 18 121 (17.29%) children died as under-5s and 86 687 (82.71%) survived. Poverty, number of children ever born in a household, number of under-5s in the household, place and region of residence, maternal and paternal age, and maternal and paternal education level were critical determinants of under-5 mortality.

**Conclusion:** The rate of under-5 mortality remains high in Nigeria. This will not be resolved until household-focused interventions are implemented using a tailored framework, and the need to improve maternal education in the country is addressed.

***BIOGRAPHY*** *(100 words: Times New Roman, Font size 11, Justified, Line spacing 1.5)*

C Izugbara has her expertise in evaluation and passion in improving the health and wellbeing. Her open and contextual evaluation model based on responsive constructivists creates new pathways for improving healthcare. She has built this model after years of experience in research, evaluation, teaching and administration both in hospital and education institutions. The foundation is based on fourth generation evaluation (Guba & Lincoln, 1989) which is a methodology that utilizes the previous generations of evaluation: measurement, description and judgment. It allows for value-pluralism. This approach is responsive to all stakeholders and has a different way of focusing.

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