Child Mortality among Teenage Mothers in OJU Metropolis

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Abstract: *This study was designed to identify child mortality among teenage mothers in Oju metropolisin Benue State, Nigeria, specifically, the study determined (i) the cause of child mortality among teenage mothers, and (ii) rate of child mortality among teenage mothersand (iii) possible ways of reducing child mortality rate, and it answered three research questions to guide the study. The population of the study comprised of all medical personnel in Oju metropolis. The sample was purposively selected from medical personnel in the area of study (Oju metropolis). The instrument of the study was a four-point scale questioner which was dully validated prior to utilization. Mean was used for data analysis, the findings include seven causes of child mortality, seven rates of child mortality and eleven possible ways of reducing child mortality rate, based on the findings, six recommendations were made, which include among others, parent should be made to be aware of the crisis associatedwith early motherhood through public enlighten programmessuch as counseling agents, workshops, seminars and radio jingles.*
Key words: *Child, Mortality, Childmortality, Teenage, Mother, Teenage mother*

I. Introduction

Child mortality is defined as the probability of a child dying between birth and fifth birth day (Word Heath Organization (WHO)2004). Child mortality is a public health problem worldwide. According to W.H.O (2006) 19.7 million children die worldwide before their fifth birth day mostly from preventable cause such as malnutrition. Every year, 11 million children in Nigeria die before the age of five (5).29.000 children under the age of five each day. 21 die every minute (the AlamGuttMacher Institute. 2004). Nigeria is still far from reducing mortality among children.

Data from the survey carried out nationwide by the Federal Office Statistic (2000), indicatedthat almost one in five Nigeria children die before reaching the age of five. This implies that on average baby born in Nigeria is about 30 times more than risk of death before the age of five than a baby born in the industrialized countries (Federal Office of Statistics 2000).

A teenage mother is a girl between the age of 12 and 19 with whom pregnancy and child delivery has occurred (W.H.O 2006). For every 100 teenagers in Nigeria,40 are teenage mothers. Child mortality is of its highest rate among teenage mothers as 30 percent of children born by teenage mothers die before they turn five compared to those born to other mothers (W.H.O 2006).

According to WHO (2002)at least 20 percent of the burden disease in children below the age of five is related to poor maternal health and nutrition as well as quality of care at delivery and during the new born period they stated that yearly over 8 million babies die before or during delivery or in the first week of life.

Low level of maternal education is a problem on the part of teenage mothers as they often dropout of school due to their pregnancy and maybe forced to give up their education. Ignorance can on the part of teenage mothers also results in the death of their children as they are still in the dark ways of improving the health of their children and increasing their chances of surviving. Their ignorance can be liked to their low level of education. Poverty and the environment which they live (Delbalance, 1999).

Poor antenatal care also increases the rate of child mortality among teenage mothers. This is because the growth and development of the child is supposed to be more monitored and certain precaution taken where needed but most teenage mothers fail to engage in this exercise and therefore, increase the risk of the death of the child when delivered.

Early marriage is defined as the union of adolescents under the age of 12 and 18. As spelled out in the UN'S convention on the rights of children (CRC) (CRC 2004). Early marriage increase the rate of child mortality because the teenage girl is not fully physically developed, making her body system not ready and fit to support child delivery. The process of child delivery in a teenager can cause both physical, mental and emotional damages such as vesico vaginal fistula (VVF)which is a major press complication suffered by a teenager mother after delivery and this could lead to her been abandoned by the man who get her into the

position. When these teenager mothers are abandoned with their children they mostly do not care adequately for them due to poverty, ignorance or psychological disturbance brought as the result of their condition.This could increase the chance of such children dying from causes such as malnutrition, illness,underweight etc., other damages cause by early marriage that could lead to child mortality is sexually transmitted diseases such as HIV/AIDS which may be passed from mother to the child through the breast milk. As a child feed on the milk, the child's health will be affected resulting to the death of the child (UNICEF 2006). The WHO (2006) survey shows that children between ages 1-5 still die in their numbers of illness which included malaria, pneumonia, diarrhea, acute respiratory trait infection and various vaccine prevented disease.Some of the illness mentioned above, such as malaria and HIV/AIDS accounts for a large portion of mortality in children (WHO, 2006).

Under nutrition is a major cause of child mortality in Nigeria and is on underlying cause of 53% of all the death in children aged younger than five years. It is one of the most importantpublic health problems as it has been estimated that eight thousand children died from malnutrition before the age four in Nigeria. WHO (2002) and Odusala(1983) observed that dearth occurring in children were analyze and those most affected were the malnourished who are of low socio-economic standard and the mothers did not feed well nor fed their children with a balance diet.

It is noted that malaria is by far the most important cause of child mortality. It is also responsible for a largeproportion of neonatal and prenatal mortality. Malaria contributes to anemia in children, undermining their growth and development and is a leading cause of low birth rate among children through the effect of the fetus resulting from infection of pregnant mother (UNISEF 2004 and WHO. 2004). Malaria is saidto cause around a millionchild death per year. Of which90% are children under five years of age. It is believe that in this age group, the diseases account for nearly 11% of all death. Odusala(1983) is of the view that child death recorded emergency pediatric unity of the Ahmadu Bello University teaching. Hospital Kaduna shows that a greater majority of child deaths affected basically children whose parents are unable to afford decent housing condition due to low income earning, heir indecent housing usually harbors breeding places for mosquitoes which results in high cases of malaria infected children in such areas.

Diarrheal diseases are the second main cause ofchild mortality. The National demographic and health survey(NDHA) (1999) found that diarrheawas prevalent among 15.5% of children under 3 years of age and was fast killing themwhich could be as a result of drinking dirtywater and eating unhygienic food (NDHA 1999).

A cute Respiratory Tract Infection (ARI)includes a wide range of upper and lower respiratory tract infection such as pneumonia. Asthma etc. which are commonly present with symptoms of cough, fever and rapid breathing and they contribute to the cause of child mortality, Myles (1986) stated that the temperature in the room were the baby is kept must be about 21.1^{o}c(or 70 ^{o}f) in warm sterile clothing of which when neglected. The child stands to lose a lot ofheat leading to deathly instantly or through respiratory tract infection. Poverty is also the single most important determinant of childhood death,childhood mortality is strongly inversely correlated with pre-capital health expenditure (WHO 2004). It is clear that children from poor or disadvantaged backgroundsand living in poor housingaresignificantly more likely to die during childhood than those living in richer household (UNICEF 2005).

Drug and alcoholic abuse and smoking also increase the rate of childmortality such parents could not adequately care for their children(World health Forum 1990).,

Pregnancy intension is also a non-health related cause of child mortality of a particular child sex, (female or male) which occurs in families characterized by a strong preference for a particular child sex. There is usuallydisadvantage for unintended children as an unwanted child may be significant more likely to die due to lack of care than wanted child (Chalasani 2007).

A nation whose off-spring survives and grows into adulthood is blessed with human resources (UNICEF2002). But in the case Nigeria and Oju.,the rate of child mortality among teenage mothers is still very high, these may pose a great threat in the near future if nothing is done to reduce the rate of child mortality and may deprive the society of reaching the millennium development goals as set by the world health organization, which is saving 30 million young lives in the decade ahead, 10 million through immunization alone (WHO, 2004). Teenage motherhood is on the increase which plays a great role on the rate of child mortality and need to be curtailed because the younger the mother, the higher the risk of child mortality (Williams 2000).

Purpose of the study
The main purpose of the study is to identify child mortality among teenage mothers in Ojumetropolis.Specifically the study determined the:
1. Cause of child mortality among teenage mothers in Oju metropolis.
2.Rate of child mortality among teenage mothers in Oju metropolis.
3. Possibleways of reducing child mortality rate inOju metropolis.

Research questions;
1. What are the causeof child mortality among teenage mothers in Oju metropolis
2. What are the rate of child mortality among teenage mothers
3. What are the possible ways of reducing child mortality in Oju metropolis

Research design:
This study used survey research design. This design was adopted as it was tofind the opinion of medical personnel of child mortality in Oju metropolis

Areas of the study:
The research was carried out in Oju metropolis of Benue State of Nigeria.

Population of the study
The population of the study comprisedof all medical personnel in Oju metropolis. The number of respondent from governmenthospital was 40while those from private hospitals were 40 totaling 80 respondents. No sampling was carried out as population was of a manageable size.

Instrument for data collection
Instrument use for data collection for this study was structured questionnaire; the questionnaire was developed based on extensive view of related literature and the research questions. The instrument was divided into four (4) sections. Section A, consist of information on personal data; section B, sought answer to research question1; section C and D sought answers to research questions 2 and 3 respectively. The instrument consists of 25 items. Each item was rated on a four-point likertscale of strongly agreed = 4 points agreed = 3 points disagreed = 2points and strongly disagreed = 1 point a judgment of 2.5 was used.

Validation of instrument and reliability
The instrument was subjected to face validation. To determine face validation, a copy of the instrument was given to two expect in Home Science and management Department, in the Federal University of Agriculture, Makurdi to check the content coverage, grammar and the suitability of the items, Based on the recommendation of the experts, necessary modification were made before the questionnaire was finally drafted and distributed, the instrument was tested for reliability which yielded reliability coefficient of 0.88.

Data collection techniques
The questionnaire was administered on the subject personally by the researcher which aid of two assistants, all the 80 copies of the questionnaire distributed were properly completed, retuned and used for analysis.

Data analysis techniques
Mean was used to answer research question 1, 2, and 3. Mean was used to determine the courses of child mortality, the rate and the possible ways of reducing the problem based on the four-point scale of strongly agreed = 4 points, agreed + three point disagreed is = 1 point. A mean scale of 2, 5 was used as cutoff point for decision making for each items, any items with a score less than 2.5 was regarded as disagreed

II.   Results:

Based on the analysis of data carried out the following were the results obtained as contained in tables 1, 2 and three respectively.

Table 1: mean responses of medical personnel on cause of child mortality.

S/No	Causeof Child Mortality	x	Remark
1.	Children in Oju metropolis die as a result of attack from the following diseases viz: malaria, malnutrition,pneumonia, diarrhea, Tetanus,poliomyelitis, Measles, whooping cough.	3.78	agreed
2.	Adequate publicity of the menace of these diseases has not been given	3.32	agreed.
3.	Lack of education on the part of the teenagemothers is a course of child mortality	3.37	agreed
4.	Teenage mothers are ignorant of medical facilities at their disposal.	3.28	agreed
5.	Child's feeding habit and the quality of food given by mother is another cause of child mortality	3.80	agreed
6.	Early marriage is the cause of child mortality in Oju metropolis.	3.2	agreed
7.	Teenage mothers hold primordial ideas about medication.	3.12	agreed

Table 1 shows that the entire seven itemson the course of child mortalityin Oju metropolis has mean rating from 3.12 to 3.88. All the scores were greater than 2.5. This indicates that the above items are the causeof child mortality among teenage mothers in Oju metropolis.

Table 2: mean responses of medical personnel on the rate of child Mortality in OJU metropolis.

S/No	Rate of Child Mortality	x	Remark
1.	The percentage of child death is high from 1998 to date.	3-48	agreed
2.	Death due to the diseases are on the increases.	2.77	agreed
3.	The numbers of deliveries recorded in your hospital in 2012 was 200 and above	2.85	agreed
4.	The numbers of children recorded death in your hospital in 2012 was 40% and above	2.07	agreed
5.	You have a case of pre-mature birth.	3.07	agreed
6.	The survival of pre-mature babies recorded in your hospital is high	2.73	agreed
7.	Teenage mothers who delivered in your hospital do not attend antenatalClinic as and when due.	2.90	agreed

Table 2 reveals that all the seven items on the rate of child mortality has a mean rating of 2.07 to 3.48, six scores were greater than 2.5 with only one of the item (the numbers of children recorded death in your hospital in 2012 was 40% and above) scoring less than 2.5. This shows that the items are the rate of child mortality among teenage mothers in Oju metropolis.

Table 3: mean responses of medical personnel on the possible ways of reducing child mortality in Oju metropolis.

S/No	Rate of Child Mortality	x	Remark
1.	The expended program of immunization (EPL) will curtailed the rate	3.53	agreed
2.	An improvement of the introduction of similar programmed will be useful	3.78	agreed
3.	Adequate medical equipment can help reduce child mortality	3.83	agreed
4.	Continues training of medical personnel will help them handle better child diseases	3.87	agreed
5.	Education of teenage mothers craft will improve the child chances Of surviving	3.82	agreed
6.	An educated teenage mother is likely to protect the interest of her child Leading to child survival.	3.67	agreed
7.	Teenage girls should be encouraged to developed potentials. Nurse a career And become economically independent mature before becoming mothers.	3.78	agreed
8.	Law can be effective in checking and controlling the problem of child Mortality.	3.10	agreed
9.	A wide scale campaign should be launched at the grass root level to gradually move public opinion against teenage motherhood	3.77	agreed
10.	Early marriage should be abolished	3.58	agreed
11.	Men should stop indulging in secreteaffairs with teenage girls.		

Table 3 shows that all entire items on the possible ways of reducing child mortality among teenage mother have a mean ratingof 3.87. Allthe scores were greater than2.5. These shows thatthe above items are the possible ways of reducing child mortality rate among teenage mothers in Ojumetropolis

III. Discussion:

Seven items were identified on the causes of child mortality among teenage mothers all the information was rate above average by the respondents. The high mean score obtained was an indication that this information was appropriate for the cause of child mortality among teenage mothers. These findings are in line with WHO (2006)who stated that children die in large number from various illness including, malaria. Diarrhea acute respiratory tract infection, whooping cough, measles, tetanus and pneumonia as well as malnutrition, ignorance and low level of education of teenage mothers.

Prematurely born children have greater risk of developing serious health problems, such as cerebral palsy, chronic lung diseases. Gastro-intestinal problems, mental retardation, vision or hearing loss, and are more susceptible to developing depression as teenagers. (Child Health ResearchProject Special Report, 1999)., WHO (2000) traced the rate of low birth weight which occur in 16.5% of birth in less developed Regions like Nigeria, it was estimated that one third of this birth weight delivery was due to premature delivery: Children born prematurely have an increasing risk of death in the first few years of life (National Centre for Health Statistics, 2006).

Many parents and care givers fail to watch closely for the development of signs and symptoms of illness such as dehydration of the child,child height and weight and general development as well as sign of malnutrition and failure to thrive. A neglect of the above can lead to child morality (Harvard medical school,

2007). Malnutrition is seen as the gravest single threat to the world public health and is by far the biggest contributor to child morality (The Starveling Food Watch Set Back inThe War against Hunger 2007).

Malaria is by far the most important course of child morality as it contributes to anemia in children undermining their growth and development and is a leading course of low birth weight among children through the effect on the fetus resulting from the infection of the pregnant mother (WHO 2004, UNICEF, 2004 and WIKPEDIAENCYCLOPEDIA,2007)

The finding further revealed seven agreed items on the rate of child morality, UNICEF (2007), agreed that the rate of child morality remains disturbingly high as level of improvement in child morality in Nigeria as a whole is significantly lower than the average of 34%for other parts of Africa,

In a survey carried out for five years in 1999 to 2003, the overall under five mortality rate was 201 deaths per 1000 live births (national population census)(NPC) 2004)by the level of improvement in child mortality in Nigeria is significant lower than the average of 34 for the sub-Saharan Africa

The finding also show eleven possible ways of reducing child mortality rate among teenage mothers. Teenage girls should be encourage developing their potential, pursuing a career and become economically independent at family, social and National level. Such emphases is on personal development of the girls will automatically encourage mature motherhood and proper care of thechild when given birth to Parent and community members needs to be informed about the health and social consequence of early child bearing as well as the benefit of delaying child bearing until they are fully mature (Adedoyin and Adetoro 1989) teenage girls who delay in marriage and child bearing. benefit by completing their own growth first than avoid putting themselves and babies at risk of nutritional deprivation.

IV.   Conclusion

Child mortality among teenage mothers in Oju metropolisidentify by this study represent what the teenage mother should know and do in order to reduce the high rate of child mortality. Child mortality is a major concern in individual, families and countries as well as world hearth organization.

The cause of child of mortality include malnutrition of both the child and the teenage mother, low education of the mother, ignorance, poverty, malaria and other infectious diseases affecting both the child and their teenage mother.

The rate of child mortality remainsdisturbingly high in Nigeria and area of study despites the significant decline in most part of developedworld. Child mortality is the number of children (1 − 5 years)who die by or before the age offive per a thousand live births.

The automate of every one is to postpone the inevitable life and by reducing mortality to low level and ensure the good health of all citizens including children. Therefore there is need for a wide scale awareness campaign to be made at the grass root level to gradually move public opinion against teenage marriage.

V.   Recommendation:

Based on the finding, the following recommendations are made:
(1) all stockholders in the child should put in their best to and eventually eliminate the factors responsible for child mortality.
(2) Parents should be made to be aware of the crisis associated with early motherhood through public enlightenment programmesuch as counseling agents, Workshops, seminars and radio jingles.
(3) There should be a continuoustraining for the employed medical personnel to keep them abreastwith the currenttrends in the medical filedfor proper handling of child health cases.
(4) Teenagers especially those in school should be educated on the demands and requirement ofmotherhood and also the health implication associated with teenage mothers.
(5) The government and NGOs should introduce policies that will encourage the girls to continue school and discourage teenage motherhood.
(6) Education institutions should improve on their curriculum such as organizing symposiums that will address those problems with the students as audience.

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