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Full Length Research Paper

Challenges and opportunities of women participating in informal sector in Ethiopia: A special focus on women street vendors in Arba Minch City

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The study aims to investigate the challenges and opportunities of women participating in the informal sector in Ethiopia with a particular emphasis of street vendors in Arba Minch city. The study employed case study research design which includes solely qualitative approach. The data were gathered from purposely selected interviewees specifically, using convenience sampling technique. The data obtained via interview has been cross checked and validated using focus group discussion. Thematic qualitative analysis technique has been employed to analyze the data. The study found that the major challenges of street vendors women are refusing to pay, damaging goods, housing problem, looting, bribe payment and conflict from formal traders and others. Despite the fact that street vendor's women are faced with these challenges, they are still optimistic about the business.

Key words: Women, informal sector, street vendors.

INTRODUCTION

Although researches and documents about women who participated in informal sector are very limited in Ethiopia, women who participated in informal sectors generally and street vending particularly, have live for a long period of time as one group of the society. Street vending continues to offer economic opportunities, and remains a source of livelihood for many Ethiopian.

There is no common or single definition of the informal sector. Economic theorists differ in their views of how the informal economy comes in to being, what functions it serves and who participates in it. Despite the differences, International Labor Organization (2002) found that the informal economy is that part of an economy that is

unknown to the tax authorities, not supervised by any hierarchies in the government as opposed to the formal economy. Informal sector is generally a bigger source of employment for women than for men.

In general terms, the informal economy is the unregulated non-formal portion of the market economy that produces goods and services for sale or for other forms of remuneration. The term "informal economy" thus refers to all economic activities by workers and economic units that are – in law – not covered or insufficiently covered by formal arrangements (Kristina, 2004). In developing countries, the term 'informal sector' has broadly been associated with unregistered and

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unregulated small-scale activities that generate income and employment for the urban poor dwellers. Over the past 30 years, the term has been used in developing; western industrialized, centrally planned and transition countries to analyze a wide spectrum of activities that escape taxation, measurement and regulation (Ebisaa, 2012).

Informal sector has not only persisted on an international scale since the 1970s, but has also expanded and appeared in new guises in the context of globalization, neo-liberalism and cross-border and rural-urban migration, all of which are highly gendered processes (Sylvia and Carolyn, 2008). Mainly because of the lack of appropriate mechanisms that would have contributed to the absorption of the labor force into the national economy, the bulk of new employment in recent years in many of the developing countries has taken place in the informal economy (Kristina, 2004).

Like any developing countries, in Ethiopia, the major factor that contributed for the expansion of the informal economy is the reaction against government's regulation of the economy. The taxation systems, social legislation, health and environmental controls that are imposed on the activities of the business community and the economic hardship during periods of economic recession forced business people to go informal to operate outside of the regulatory framework (Portes, 1994).

Some scholars have examined whether men or women are more likely to work in the informal economy. In line to this, Losby and Kingslow (2002) investigated that women are more likely to work in the informal sector than men as of their household responsibilities, particularly their responsibilities for the care of children. The types of informal work women do as market or street vendors or hawkers or home workers, expose them to risks to their physical safety and health than men. In addition, women's participation within the informal economy tends to be even higher when the access and the right to control and own property or land are denied to them. Women remain concentrated in "invisible" areas of informal work, such as domestic labor piece-rate homework, and assistance in small family enterprises, which offer precarious employment status, low, irregular or no remuneration, little or no access to social security or protection, and limited ability to organize and to ensure the enforcement of international labor standards and human rights (Abramo, 2006).

As ILO (2008) indicated that the majority of women in the informal sector such as petty trading joined the sector as a means of survival. They turn to the informal business due to low level of economic support from husbands/partners, which force them to find a means of supplementing their low income in order to support the family. Around the world, a large and, perhaps, growing share of the informal workforce operates on streets, sidewalks, and public parks, outside any enclosed

premise or covered work space. Among the many manifestations of informal economy, street vending is one of its major. Street vending is a global phenomenon. In cities, towns, and villages throughout the world, millions of people earn their living wholly or partly by selling a wide range of goods on the streets, sidewalks, and other public spaces. Yet today, in most countries of the world, street vending persists – and probably has expanded – even where local regulations seek to ban or restrict it ILO (2002).

According to international labor organization (ILO), there are no labor standards at the international level dealing directly with street vendors. Many countries specifically regulate this activity, providing a clear legal framework and jurisdictional mandates, while others have overlapping jurisdictional mandates, which create confusion and conflict. The case in Arba Minch city, despite being one of the important components of informal economy in the city, they are simply considered as illegal. Street vendors occupy a significant proportion of the total employment in the city. Street vending units constitute a significant share of the total enterprises in the Arba Minch city.

Statement of the problem

In developing countries like Ethiopia, the informal sector including street vending absorbs the majority of the urban unemployed growing labor force particularly, women. It creates a wide employment opportunity; it is a means for income generation for the marginalized groups and the urban poor especially for those women. Though it is difficult to state the exact number of women engaged in street vending business activities in Ethiopia, research reports reveal that quite a large number of women earn their living in this business. For instance, 2008 Central Statistical Authority reported that out of the total street vendors, women account for 60%. The number of women engaging in this business is increasing particularly because of alarming rate of migration from rural to urban areas. They search work in the formal sector but most of them find themselves jobless and they join the street vending business to secure employment.

However, despite its increasing importance in the total economy (especially for women in the city), policies, regulations, services and institutional support program are not available for the street vendors and the environment under which they vendor operate their business are not suitable for their health and well being. Women who are participated in informal sector it continue to suffer challenges in their business and in the community that brings devastating socio-economic effects on them.

Although there are many indications that women who engaged in informal sector generally in Ethiopia

suffer disproportionate disadvantages in life as compared to men, there are only few studies to provide strong evidence for the problems of women street vendors in particular. The problem has not yet been recognized by many stakeholders in Ethiopia. Therefore, there is absolute need to further study the problem in the Ethiopian context. As evidence, a few researches were undertaken in some informal sectors like domestic worker. Some facts from a handful researches conducted in Ethiopia are discussed below.

The study conducted in Addis Ababa by Testate (2007) shows the challenges of women in the informal sectors. The research focused mainly on women domestic workers in Addis Ababa. It examines the challenges of these those women in terms of their social, cultural and legal status in the country. It was mainly concerned with the problems that domestic workers undergo in their daily lives as well as the type of legal protections that they are awarded with both in labor and human rights legislations based on qualitative research method. Accordingly, the research found that women domestic workers are dissatisfied with their current situations. They have been either victim of physical, sexual and verbal forms of harassments during their time of working as a domestic worker.

Another study has been undertaken by Etsubdink (2014) in Addis Ababa. The research focused mainly on causes of informal sector: the case of street vendors in Addis Ababa. The findings of the study shown the main factors determining the reasons of street vendors to engage in the informal sector are unable to fulfill criteria of formal sector and lack of job opportunity in the formal sector. The study failed to see obstacles of street vendors and their opportunities as they engaged in it as it relied on identifying its causes.

Thus, this research is intended to fill this gap by studying the challenges and opportunities of women street vendors in Arba Minch city. The findings of this study would be helpful for some practical purposes. The study can serve as a source of information for development practitioners and agents. The governmental bureaus like ministry of labor and social affair can use it as a source to take action against the socio-economic problems of women street vendors.

Objectives of the study

The general objective of this study is to examine the challenges and opportunities of women participating in informal sectors. In line with this, the specific objectives of the study are intended to:

1. Identify the social problems that women street vendors facing in the area.
2. Investigate the economic problems of women street vendors facing in Arba Minch city.

3. Identify the prospects of women street vendors in Arba Minch city.

Research question

1. What are the economic problems women faces while engaging in street vending in Arba Minch city?
2. What are the social problems that women street vendors face in Arba Minch city?
3. What are the opportunities of women street vendors in Arba Minch city?

MATERIALS AND METHODS

Using appropriate research approach is a key step to achieve the proposed research objectives. Likewise, for the achievements of this study, the researcher relied on qualitative approach for its most advantage over quantitative approach. As Creswell (2003) argued that qualitative approach gives no prior social order external to the lived experience of the actors that predetermines outcomes of the research. Again among the various types of research design with in qualitative approach, case study was taken as appropriate research design to achieve these research objectives. As Robert (2009) claimed that case study is the preferred strategy when "how" or "why" questions are being posed, when the investigator has little control over events, and when the focus is on a contemporary phenomenon within some real-life context.

In this study, primary and secondary sources of data were utilized. Primary data were collected through unstructured in-depth interview. The researcher also used secondary data information such as, different studies, documents, reports, publications, discussion papers, conducted by individual researchers, journals, books, international and regional conventions, treatise and documents, electronic resources from internet were amply reviewed.

Moreover, in order to cross check and validate the data obtained via interviews and to come up with a common understanding about the conditions of women street vendors, the researcher facilitated focus group discussion with women street vendors. To this effect, one focus group discussion consisted of 10 participants. With regard to sampling technique, the researcher employed non-probability sampling technique as the research process is one of 'discovery' rather than the testing of hypotheses. From the non probability sampling technique, the researcher purposively employed convenience (availability) sampling technique. The sample was selected from the target population on the basis of their accessibility or convenience to the researcher.

Thematic analysis

To interpret the data, thematic qualitative data analysis as an inductive way of data analysis was utilized. The data analysis process began with a researcher's interest in substantive general areas; the researcher gave way to relevant themes to come out from the data. In this regard, the analysis of the raw data involved five stages. At the beginning, the data obtained from interviews and focused group discussion were translated from Amharic to English; the raw data were then coded and organized on the basis of their dimension; the conditions of each dimension and category of data were interpreted. Following this, the description and classification of the raw data was made, and finally they were analyzed

qualitatively. In addition to common themes, unique ideas raised from single interviews were also taken into consideration for their distinctive contribution. During analysis, the redundant information obtained from the data was eliminated.

FINDING AND DISCUSSION

This part presents the findings of the study. The findings were summarized and grouped in to two major sections. These are challenges and opportunities of women street vendors.

Challenges of women street vendors

The study investigate that women street vendors were facing a lot of financial and social obstacles and constraints.

Below are challenges that women street vendors have confronted, as the study findings pinpointed.

Refused to pay

The major economic challenges that women street vendors are facing in work place is the refused to pay for what customers consumed. In line with this, the focus group discussants revealed that in the business of street vending, there are people who want to have money by refusing to pay for their consumption. The experiences of the following interviewee explain the situation as follows:

Case 1: The places by which I run my business are venerable to different problems. Most of the time, I sell fruits far from my home up-to the mid night. As a result, I am faced with different problems. Most of the people in the night time are gangsters and alcoholic, and these sets of people find it difficult to pay for the things they bought. Mostly in normal business, I have gotten 10 to 15 birr profit per a day. After that I regularly should buy 'Injera' for dinner to my family. In informal business, I always give my fruits to customers before they pay. However, most of them don't want to pay after having the goods. I am usually begging them to pay back after a long arguments, a few customers only pay.

The aforementioned interview show that despite intense competition and lack of general trust over money, the exchange of goods to customers before they pay is a widespread mechanism used by vendors in their day-to-day life.

Damaging goods

According to the focus group discussants, women street vendors also suffered economical challenges of

damaging of their goods by local residents and customers while they sell on street. The spaces occupied by street vendors are open, and these expose traders to harsh environmental conditions. Most commodities of trade such as fruits, vegetables and clothes are affected by the rain and sun struck. In addition, their goods were drop to the ground when their basket that carried their goods are kicked by others. Moreover, the study investigated that those street vendors women who engaged in selling perishable products like, vegetables and fruits, and some of eatables and drinks need a lot of care. Summers are particularly bad for those perishable items. Therefore, in order to keep the stock of the goods, vendors who sell had to go to wholesale market every day. The following case further strengthens damaging good as a factor hampering women street vendors.

Case 2: Because, his home is close to my business area where I sell eggs and banana he is always around. He is always asking me to be his girlfriend but I refused. Because of this, he becomes anger. As revenge, one day he approached me and caught my back and kicked my vessel that carried eggs and banana on asphalt and water canals. After that, he ran away while my good fell on the ground. Then after, he starts playing together with his friend. I couldn't do anything except caring my empty basket home.

In addition to the aforementioned narration, the group discussants revealed that they have to keep a lot of things on top of each other, and found that some goods are broken. The lack of adequate storage house also exacerbates damaging of goods for vendors of perishable products. This is because of the impact of rain and sun; the containers in which they stored their product were rotten, and rats and mice could get into the storage area and eat their goods over night.

Housing problem

The study revealed that availability of housing is a priority challenge and of compliance with various street vendors relating to business operation. Winnie (2003) claimed that most street vendors in Africa have no authorized sites of operation, which results in incidences of confrontation and brutality between them and urban authorities. The authorities are reluctant to allocate vending houses.

The results of the group discussants also ensured that they face challenges of getting house to sell their good, instead they sell their goods from the street or in the open air. It creates a difficulty to protect them from burning sun. In line to this, Marriott (2005) found that street vendors were expose to weather – extreme temperatures, wind, rain and sun, poor access to clean water and sanitation, dirty streets and poor drainage, as well as waste

produces from other vendors, diseases transmitted by vermin. They did not have permanent house from which they carried out their businesses. Consequently, they had to pack and carry their goods every morning to their chosen selling spots and do the same again after business hours.

Tshuma and Jari (2013) posit that street vending in the town face a number of constraints. However, of all these constraints, the most dominant one is storage problems. Storage is a problem in the sense that these traders did not have permanent stalls from which they carried out their businesses. The following interviewee also identified the lack of shelter as a significant problem in the context of strong sun and heavy rains as follows:

Case 3: Because I do not have shelter to sell my goods, when it rains, I drag my stock to the dry part under the veranda of the shop that is next to my trading site. When the owner sees this, he insults me and gives warning not to do so again. Currently, I store my stock in the shops. If my stock gets lost, I only get a big sorry from him, nothing else to compensate me for the loss. The result is that I end up buying less stock so that I can manage to take leftovers home and bring back the next day.

The aforementioned interview shows that lack of access to secure storage, forced women street vendors to buy only as much stock as they can sell in one day or carry home at night. The problem is that they do not have safe storage to keep their goods. Consequently, they had to pack and carry their goods every morning to their chosen selling spots and do the same again after business hours. Street vending has been deemed problematic for reasons such as nuisance and congestion, undercutting formal businesses, and as signifiers of underdevelopment. The cat and mouse interaction of the state and street vendors is a century's old phenomenon, with vendors stigmatized as lazy or underhanded and infringing on public space (Girma, 2009)

Looting

Based on the data collected from the interview, looting is the other problem that women street vendors faced. Concerning this, the following interviewees stated as follows:

Case 4: When I was 17, by receiving some money from my parents, I migrated to Arba Minch city to seek job. After I stayed some days observing the business opportunities; consequentially, I involved in street vending business, selling (gums, cigarette, and soft). I have two years of experience by selling goods starting from 3:00 morning time to 6:00 night time.

The time was 2005 EC, the first year of getting involved

in street vending business. I mostly spent my working time on main streets of the city's restaurants and local alcohol house. The whole story begin after selling enough goods up to the mid of the night, I started to recollect what put on grounds. I can't remember who is and how he approached to my side; just he kicked my body part. When I emotionally turn my face, I saw a man having knife in front of me. Because it was my first to face in such problem, for minutes I beg him not to harm any of my body. But, he didn't give care about my situation; first, he orders me to get in to the ground. Secondly, he orders me to give him cigarette and what I have in my pocket about 65 birr. He didn't even count how much it was, just he run out off my eyes in seconds. Likewise, the other interviewee also strengthened the above looting challenges of women street vendors as follows:

I remember the day which was Saturday, the beginning of the year 2006 EC. I was selling my products as usual here and there around Secha Kebele, one of administrative Kebele of Arba Minch city. As the day was a new year, so many customers were drank alcohol and bought me a lot of my items. After selling what I had, I went to my house by crossing the slum areas which never had a light. One middle aged man run out of somewhere and take off my bag out off my hand. Although I couldn't run well, I just tried to hold him. I didn't exactly know what amount of money he took but I guess that it was more than 100 birr.

The other interviewee also narrates about looting event as follows:

I had unforgettable experience that badly affects my family's relationship very badly. In the year 2003, I was selling up to 5:00 night time. According my regular time line, I walked slowly to return my home by having my son at my back. After walking some distance, I couldn't remember his face well; just I saw someone sleep in to the asphalt side. Meters back after passing that man, he called me to stop and asked me to give him some cents for cigarette. I tried to show him a sign to express I am a poor in order to get his mercy but all my attempt remained failed. When I was thinking about what will be the consequences of saying no at that time, I decided to give him 50 cents. After seconds, when I put my hand in to my money bag the man took it out of my hand with all money that I had. While the man used an excessive force to take over my property, my son at the back was I crammed in to asphalt road.

From the aforementioned three interviewees, the researcher concluded that looting was the major economical challenge of women street vendors. Such criminalities were mostly committed by local residents and gang boys.

Payment of bribes: An alternative way to sustain the business in the market

The study found that majority of street vendors in Arba Minch city, undertake business with fear of eviction, jailed and harassed because the laws do not recognize their operations. In many cases they pay a part of their daily profits as a bribe in order to continue do business.

In the course of the present study, the focus group discussants were reported that they somehow manages to conduct their businesses by negotiating with the police and the municipal authorities. This has, in fact, become the norm for those vendors, without which the police would evict them from their market places. This interferes with their 'right to work with dignity' since if they were not pay, the police would disturbed and harassed them. They were treated as criminals instead of hard-working self-employed people.

The results of the study was consistent with Debdulal (2011), which show that street vendors are required to pay bribes to two main groups of civic authorities, the police, and the municipal authority. He found that in the case of most vendors, nearly 5 to 10% of their daily incomes are usurped by the police and municipal authority.

In addition to the focus group discussants, the following description by a woman street vendor of her payment of bribe exemplifies the conditions under which street vendors have to expose for the problems of bribe:

Case-5: I wake up around 12 o'clock in the morning and I go to the wholesale market to collect the vegetables. I clean the vegetables for two to three hours and I keep the vegetables in the market where I sit. Since I work at the roadside, the market is often perceived in terms of encroachments upon public space leading to overcrowding, traffic jams and road accidents. As a result the police always forced me to stand from here and move to other space. Despite they are not asked me to pay bribes directly, they indirectly enforce me to do so. To continue staying in the workplace, I provide more than three bananas to the police.

Generally, from the aforementioned narration one can conclude that women street vendors are concerned with confrontation with police or municipal authorities, and frequently need to pay bribes in order to be able to continue selling on the streets, as well as to escape evictions and the confiscation or destruction of their property. Girma (2009) showed that street vendors faced problem of accidents and loss of products during attempts to escape from sudden arrival of police and discriminations that they faced from private shop owners and governmental bodies. He claimed that during eviction and harassment, their products were confiscated. To get back their commodities that were confiscated by police

they have to pay 50 to 200 birr as penalty.

Conflict from formal traders

Conflicts among formal traders are other challenges that street vendors faced. The group discussant report the case to the police and urban authorities, they condemned themselves rather than dealing the case. The urban authorities use the fact that the traders are not licensed, as a justification for not providing services and negotiate them. The participants talked about the frequent conflict from people who pass the narrow aisles between seller stalls walk sideways. Drivers and other road users dislike them for their road encroachment. Beneath, there are voices that talked about conflict from street vendor women which are as follows:

Case-6: I am a street vending engaged in selling orange and banana. I always operate my business by moving here and there. One day the market was very interested and more than six customers were approached to me to buy goods. While they were choice their preferable goods, two men walked in the street. When they approached to me, they become angry as my customers were closed the road and they were unable to pass via such narrow road. Immediately, they insult me and try to kick me. That incident also results for losing my customers temporarily and permanently because they feel unsecured by the confrontation.

Most studies found that conflicts among street traders, formal traders and local authorities are frequent. They mainly arise from the site of operation, and the consequent arrests and confiscation of goods. However, though some local authorities reviewing their outdated laws on street trade, there is still need to relocate trader's specific vending sites outside the central business district and facilitate street vendors to organize themselves in strong associations in order to influence changes taking place in their favor.

Municipal authorities have been the major source of insecurity for street vendors. The authorities harass, beat and confiscate goods of street vendors without any warning. This does not only threaten the security of vendors but also their customers. In line to this, Winnie (2003) claimed that most street vendors in Africa have no authorized sites of operation, which results in incidences of confrontation and brutality between street vendors and urban authorities. A study held by Etsubdink (2014) also noted that an insecure environment results in loss of customers, frightens tourists, cripples business, reduces incomes, and generally interferes with trading. During harassments traders lose their commodities with some closing their businesses after losing their capital goods. ILO (2002) also show that street vendors are

often viewed as a nuisance or obstruction to other commerce and the free flow of traffic. Since they typically lack legal status and recognition, they often experience frequent harassment and evictions from their selling place by local authorities or competing shopkeepers. Their goods may be confiscated and arrests are common.

It should be acknowledged that the success and effectiveness of street vending is not automatic and does not depend solely on the informal enterprises themselves. The opportunities for development of these enterprises and for them to fulfill their roles in the transitional economies and provide employment opportunities for the less educated and formally unemployed (thereby providing them with income) must be supported by a favorable environment which takes account of their particular characteristics.

Opportunities

For street vending, investment costs were relatively small and one could say that the accessibility of this particular type of trading activity was therefore very easy. Furthermore, it required no specific education. Therefore, street vending particularly could have acted as a last resort for people who were unable to find a job in any other sector of the economy, for instance, migrants or women. Therefore, the study investigated that the following are prospects that women street vendors were optimistic about engaging in such businesses.

Reducing obstacles for survival

There is no doubt that street vending offers a source of employment to the urban poor particularly for women who otherwise find various, often inhibiting entry barriers into the labor market or in self-employment ventures. The group discussants revealed that though many have low and unpredictable earnings, those earnings are essential to their households: earnings from street vending were the main source of household income. The participants of the discussion viewed the incomes generated through street vending as opportunities to keep them alive. They are vocal about their role in addressing poverty and hunger within their own households. Most fundamentally, the earnings they generate help feed their families and send children to school. In line to this, Mukta (2014) show that in most urban cities street vending are a common survival strategy for unskilled or semi-skilled migrants, including women from rural areas. It costs governments hardly anything to create this informal job, yet vendors cheaply and effectively distribute goods and services.

Mukta (2014) show that even though vendors choose

their means of livelihood owing to a lack of option, they no longer feel denigrated; in fact, they see themselves as grassroots entrepreneurs. He saw street vendors in two buckets-survivalist and graduates. Compatible to this, from the results of the group discussants of this study, the researcher found that women street vendors were survivalist rather than graduates to other formal sector.

Discussants told that by generating income via selling their goods in the street, they fight poverty. Their families no longer suffer from hunger; they were able to pay for their children's education. This would mean that the income earned would be eroded by the cost of maintaining their dependents. Consistent to this, Sharit and Debdulal (2012) found that the cost of maintaining their families of women street vendors would affect reinvestment in their business. Hence, even though the vendors earn income from their business, they also have expenditure on other non-earning members of their families. This also implies lower per capita income for people of these households.

Street vending has had a meaningful impact in the lives of various households in city. Tshuma and Jari (2013) have demonstrated how street vending is important as a source of livelihood mostly because of households' increased reliance on the social grants (such as the old age grant and the child grants) as a main source of income. In addition, Girma (2009) showed street vendors were mainly those who are unsuccessful or unable to get regular jobs, they get different benefits such as helping their family, improving their livelihood and employment opportunity from being a street vendor. Therefore, street vending presents an alternative avenue for women to escape the circle of poverty that is so rife in most households in Arba Minch city and the rest of the country.

Freedom of work

The focus group discussants revealed that women were interested in participating in street vendors business because they need freedom of operating their own business; they were flexible in determining hours or days of operation; they can use and develop their creativity. Vendors were quite sanguine about the freedom they felt in their lives and the fact that they did not pay any taxes or meet any other requirements. In line with this, one of the interviewees shared her experience as follows:

Case 7: I am in the vending business as a result my income is not dependent on others. I can work whenever I want. I do not have to wait till the end of the month to receive the money for which I have worked so hard the whole month. When I decided to earn, I could not see other options. I mobilized little amounts of money, bought a few items in small quantities and started

vending from that day. This performed without any external force rather it is my interest.

Exemption from formal taxation

The focus group discussants explained that even though they were dissatisfied by the sites they run their business, they were enjoying as their business are free from formal taxation, hence the temporary nature of the structures and display tools they use. The study supported by Tutik (2014) argued that the informal sector employment and incomes are notoriously difficult to tax, particularly street vendors. In the extreme situation, they do business informally as a response to high taxation and regulation enforced by the government. In other words, high cost of formality tends to increase street vendors. A study by Winnie (2003) showed licensing of street traders is a major problem and has contributed to the confrontation between street traders and urban authorities. Few street vendors have a license to trade. The prevailing situation is that many vendors are trading without any license and there by exempted from taxation. This would attract more street vendors in the streets.

Conclusion

Street vending is an important source of income for many poorer segment of the society in the urban area. However, the operators are considered as unlawful entities and are subjected to continue harassment by civic authorities. The study claimed that women involved in street vending livelihoods face more problems in the courses of running their activities. Every business day poses a challenge to their survival because they do not have legal recognition. A snapshot of their everyday life reflects different images, symbols and spaces which categorize women street vendors as being "hopeless poor".

The study revealed that the greatest challenge facing street vendors in the study area were with site of operation and conflict from formal traders, police and municipal authorities which in turn exposed them to pay bribe for them. Most of the spaces street vendors occupy are considered as illegal since the spaces have not been set aside for trade. In cases where they are allowed to operate, the spaces are considered temporary and eviction occurs at the will of urban authorities and police. There are various conflicts relating to their sites of operation. A major conflict often arises when the vendors are sitting in a specific place and tried to crowd the road. This brings them into direct confrontation with urban authorities and polices. At the same time, the street vendors are also in conflict with formal shop owners who contend that the traders infringe on their businesses

and/or premises Most of the spaces the traders occupy have no tenure, and are not allocated and sanctioned by urban authorities. As a result women street vendors in Arba Minch city are forced to pay bribes in order to work. Moreover, working outside, street vendors and their goods are exposed to strong sun, heavy rains and extreme heat or cold.

The study investigated that street vendors are exposed for threat from the local people as well as looting. Moreover, there are other factors like the trust between the whole seller and the vendors that affect them. This is true that sometimes street vendors were unable to sell all goods per a day; they enforced to sell it to the whole sellers without payment. The whole seller was unable to make the payment since the goods were not sold on time. This is the major challenge for those participants particularly, those engaged in selling perishable goods.

Despite many challenges that women street vendors faced, they were optimist in some circumstances. Among these, they often bring home the main source of income for their households. They are survivalists entrepreneurs with very few growths oriented. The study investigate that women street vendors are enter to street business as a survival strategy as they cannot find wage employment; they attempt to increase security and smoothen consumption rather than maximizing profits; for this purpose they diversify their activities instead of specializing. They revealed street vending as the last resort for them to earn livelihood

Generally, street vending add vibrancy to urban life and in many places is considered as a cornerstone of development yet, in this study , they were faced many challenges and are not often overlooked as economic agents like other business, are hindered rather than helped by municipal policed. Therefore, if there are successful routes by which street vendors may find their ways into permanent employment, then those who had already done so would not be revealed by the methodology employed here.

Implications

In light of the aforementioned findings, the following recommendations are forwarded:

1. The municipality should take steps to provide space by reviewing which are appropriate to street vending without creating traffic congestion and jeopardizing the free movement of the people. In this regard, the city planners should seek ways to maximize the public space to street vending by widening sidewalks and removing illegal impediments.
2. Most of street vendors were migrants from rural areas. Therefore, the government should emphasized on how to minimize this migration by developing other sectors such

as small- scale agro industries besides agricultural sectors in rural area, because this sector have the potential to absorb large number of labor force which are largely vulnerable for migration.

3. Provide the street vendors with training and know-how based on needs assessment. The training that is provided to them should focus on entrepreneurships and creativity.

4. Street vendors are many in number and operate in different sites; it is difficult for the municipality to deal with the activity and to make meaningful dialogues with them street vendors. Therefore, the municipality must support self-management by organizing the street vendors.

Conflicts of Interests

The author has not declared any conflict of interests.

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Full Length Research Paper

Socioeconomic determinants of under-five children health outcome among childbearing mothers in Abia state, Nigeria

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Socioeconomic factors have been identified as affecting all aspects of peoples' lives; and it is intricately linked to the demographic process. They are strong predictors of infant and child health outcome in most developing countries. This paper examined socioeconomic determinants of under-five children health outcome with data from a sample of 609 women of childbearing age in rural and urban areas of Abia State. The study utilized explanatory study design involving survey research with a multi-stage sampling technique and a methodological triangulation of both quantitative and qualitative techniques was adopted in gathering the data. The respondents' age was 32.6 ± 5.8 years, 84.6% were married/living together, 55.0% had secondary education, while 42.7% were in paid/civil service jobs. Incidence of under-five mortality declined sharply as mother's level of education increases. Urban respondents who were in paid or civil service jobs had more incidence of under-five mortality compared to their rural counterparts. The likelihood of experiencing under-five morbidity and mortality significantly reduced with higher levels of mother's education (Odds-Ratio (OR): 0.08) and increased with paid/civil service and farming/petty trading jobs (OR: 2.35 and OR: 2.08, respectively). The outcome of an under-five child's health depends on socio-economic factors. Maternal socioeconomic factors cannot be employed as a proxy for general social and economic change, but must be examined as important forces in their own rights.

Key words: Under-five health outcome, socioeconomic, childbearing mothers in Abia State.

INTRODUCTION

Infant and child mortality rates are sensitive indicators of health status of a community. This is because more than any other age-group, the survival of infants and children

depends on the socio-economic conditions of their environment (Madise et al., 1999). It has also been observed that under-five children's health outcome is vital

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for evaluation and planning of the public health strategies in a particular country (Park, 2005). They are composite indices reflecting environmental, social, economic, health care services and delivery situation, on the one hand, and maternal as well as family and community norms and practices on the other (Jamal Uddin et al., 2009). The importance of mother's education for child health has been well demonstrated (Kabubo-Mariara et al., 2009; Ruel et al., 1992). According to Mosley and Chen (1984), maternal education affects children's health and nutritional outcomes through its effect on improving women's socioeconomic status. In turn higher socioeconomic status affects a set of "proximate determinants" of health that directly affect the health and nutritional outcomes of children.

Although, there has been a substantial reduction in infant and child mortality rates in most developing countries in the recent past, childhood mortality remains a major public health issue in developing countries where it is estimated that over 10 million preventable child deaths occur yearly (WHO, 2005). Progress in the reduction of infant and child mortality remains a problem facing sub-Saharan Africa in particular. With reference to Nigeria, available statistics suggest that infant and child mortality levels continue to be high, with wide geographic disparities (NPC, 1998; NPC, 2004).

Every day on average, more than 26,000 children under the age of five die around the world; and nearly all of them, live in developing countries (UNICEF, 2008). More than one-third of these children die during the first month of life, usually at home and without proper nutrition and basic commodities that might save their lives. In Nigeria, about one million children under-five die every year (DFID, 2009). The infant mortality rate was 69 per 1,000 live births for the five years preceding the 2013 NDHS, the child mortality rate was 64 per 1,000 children surviving to age 12 months, and the under-5 mortality rate was 128 per 1,000 live births. This implies that one in 15 Nigerian children die before their first birthday and one in eight die before their fifth birthday (NPC and ICF, 2014). Under-five mortality rate in the South-eastern part of the country was reported to be to be 103 per 1,000 live-births by FMOH (2009).

In spite of the high level of schooling in the southern part of Nigeria, under-5 mortality is relatively higher in the South-east, which includes Abia State, compared to South-south and South-west (NPC and ICF, 2014). This is far above the MDGs' targets of 76 under-five deaths per 1,000 live births by 2015. Reducing these deaths is a crucial step to advancing Nigeria's progress towards Millennium Development Goal 4. In spite of the fact that major childhood diseases have been identified and modern technology to combat them have been developed, Nigerian children still die in large numbers from these diseases. No fewer than 240,000 newborn babies die annually in the country as a result of poor nutrition (Ezeaka, 2014). Nigerian Health Policy

recognizes the need to reduce the current high infant and childhood morbidity and mortality rates; but, mothers' socioeconomic positions have not been adequately integrated into the health intervention programmes. It is evident that adequate social research attention has not been given to the issues of socioeconomic factors which play a vital role in a child's health outcome in the South-eastern Nigeria. It is against this background that this work investigates socioeconomic determinants of under-five children health outcome in Abia State.

Brief literature review

Education has been identified as affecting all aspects of people's lives; and, it is intricately linked to the demographic process (Isiugo-Abanihe, 2003). Other reports have shown that maternal education is a significant factor influencing child survival (Caldwell, 2009; Osonwa et al., 2012). Hossain et al. (2002) supported a direct causal relationship between mother's education and child mortality. Waters et al. (2004) observed that mother's education is positively associated with a number of measures of infant and child health and nutritional status. Mothers' place of residence (urban-rural distinction) has been used in some developing countries as a proxy measure for living conditions to illustrate both public and medical health provisions (Suwal, 2001). Place of residence (rural/urban) and geographical location (region) may also affect the utilization of ANC services. Abor and Abekah-Nkrumah (2009) revealed that urban dwellers might be relatively closer to healthcare facilities than rural dwellers in most developing countries. The findings of UNIFEM (2000) conclude that economic empowerment of women comes with the courage to stand up against husbands and partners, parents and in-laws, to assert their rights to decide whether and when to have sex, to resist violence, to make household decisions, or bear and care for children. Studies have also shown that greater household income and assets directly raise the ability to purchase sufficient quantities of nutritious foods, clean water, clothing, adequately-ventilated housing, fuel for proper cooking, safe storage of food, personal hygiene items, and health services (Boyle et al., 2006; Hong et al., 2006). On the other hand, it has been shown that women's employment may have at least one disadvantage: the survival of young children appears to be negatively affected if women work (Basu 1991; Kishor, 1992).

Studies have shown a remarkable difference in mortality rates by residence. In 2008 NDHS report, under-five mortality rate for the 10-year period, before the survey, in urban areas is 121 deaths per 1,000 live births compared to 191 in rural areas, while 2013 NDHS reported infant mortality is 43% higher in rural areas (86 deaths per 1,000 live births) than in urban areas (60

deaths per 1,000 live births). The urban rural difference is even more pronounced in the case of under-5 mortality (NPC and ICP Macro, 2009; NPC and ICF, 2014). In a study in Bangladesh, it has been shown that infant mortality is higher for boys than for girls but child mortality is lower for boys (Kabir and Chowdhury, 1992). Also earlier study has shown that for the first year of life mortality is higher for males than females (United Nations, 2006). It has been documented that children from poor households are more vulnerable to many avoidable environmental threats to health, compared with children born to better off families (WHO, 2000). They are at greater risk of severe diseases, and are more likely to suffer from more than one disease when ill. In most countries, they are less likely to have access and use preventive and curative interventions; and, those who do receive treatment are less likely to receive appropriate quality services (Wagstaff et al., 2004).

For the purpose of this research, the Mosley and Chen's analytical framework and Socio-ecological model were adopted. As posited by them in the article, Mosley and Chen observed that so many proximate determinants may be directly influenced by a mother's education to radically alter chances for child survival. According to Glanz et al. (1997), socio-ecological model provides a set of conceptual and methodological principles, drawn largely from systems theory, for organizing comprehensive, community-based health promotion initiatives. Ecological models specific to health promotion are multifaceted, targeting environmental, behavioural, and social policy changes that help individuals make health choices in their daily lives.

Methods of data collection and analysis

The study utilized explanatory study design involving survey research with a multi-stage sampling technique in selecting a sample size of 609 women drawn from the three Senatorial Districts of Abia State (Abia North, Abia Central and Abia South). In each of the Senatorial Districts, a total of 203 questionnaires were distributed. The procedures adopted in the selection of the respondents were as stated below:

Stage 1: The first stage involved the simple random selection of two Local Government Areas (LGAs) each from the three Senatorial Districts. The LGAs selected were Bende/Umunneochi, Umuahia North/South and Aba North/South.

Stage 2: This stage involved purposive selection of Umuahia North, Aba North and Aba South LGAs each from the three Senatorial Districts to represent urban areas, while Umuahia South, Bende and Umunneochi LGAs were selected to represent rural areas based on their ecological factors.

Stage 3: The third stage adopted the simple random sampling of six roads/streets each from the urban centres and three communities each from the rural areas, using the lists provided from each of the LGAs.

Stage 4: In the fourth stage, a systematic selection of ten buildings each from the eighteen selected roads/streets following the allotted building numbers by the state government, and a random selection of twenty buildings from the nine rural communities were employed.

Stage 5: The final stage of the procedure was the purposive

selection, from a selected building, of a woman who had given birth to at least one child in the last five years that preceded the study. In each selected building, if more than one woman had given birth to at least a child, a simple random technique was employed to select one person for the study. The questionnaire was administered by face-to-face interview; this increased the response rate and ensured that all the questionnaires were returned.

In addition to the quantitative survey data, qualitative data were collected involving In-depth Interviews (IDIs) and Focus Group Discussions (FGDs). Participants were purposively selected through contact, and convenient dates to conduct the interview were agreed. A total of ten participants, who had experienced child birth in the last five years, from different socio-economic backgrounds with emphasis on their age categories were selected and interviewed in the IDIs sections from each of the selected urban and rural areas of the State. On the other hand, the FGDs conducted were carefully organised by selecting women within the reproductive age bracket of 15-49 years and of various age groups categorized as young, mid, and old women. An interview guide provided guidelines for the conducts of IDIs and FGDs. The language of the interview was either English language or Igbo language depending on the literacy level of the interviewee or the focus group. The sample size for the survey research was calculated using Cochran's statistical formula for calculating minimum sample proportion. The minimum sample size needed to estimate the prevalence of under-five mortality to within 5% of the estimate of 157 per 1,000 (NPC and ICP Macro, 2009). At a 5% level of significance using the formula below:

$$N = \frac{(Z\alpha)^2 \times pq}{d^2}$$

Where:

N = Minimum sample

Z α = Standard score: 1.96 (Assuming a level of error of 5%)

p = Prevalence of outcome measure: 0.157 (under-five mortality)

q = 1-p = 1-0.157 = 0.843

d = Absolute deviation: 5% = 0.05 (this mean that the estimate for under-five mortality is within 5% from the assumed true rate). Assuming a prevalence rate of 50%

$$N = \frac{203 \times 100}{50} \quad N = 406.$$

The sample size for the study was increased by 50% (N= 609) to allow for statistical analysis of different variables and direct estimation of mortality in the study area. The study population comprised women within the child bearing age range of 15-49, that had given birth to at least one child in the last five years irrespective of socioeconomic background. A methodological triangulation of both quantitative and qualitative techniques was adopted in gathering the data. This comprised the utilization of documentary sources, structured interviews (questionnaires), 20 IDIs and 6 FGDs with minimum of 7 participants each. Statistical Package for Social Sciences (SPSS) version 21.0 was used for quantitative data analysis at univariate, bivariate and multivariate levels. Logistic regression model was used to predict the influence of infant nutrition on under-five health outcome. As regards the qualitative data, thematic manual content analysis was used for data collected from the in-depth interviews and FGDs by sorting and codifying the major themes as well as the use of verbatim quotation. The reason was to understand holistically the generated results from quantitative assessment.

Ethical approval was obtained from the Review Committee of the Federal Medical Centre (FMC), Umuahia which reviewed the proposal, questionnaire, and consent form before providing the clearance. All study subjects participated voluntarily and gave

Table 1. Distribution of respondents by selected socio-demographic characteristics by place of residence.

Characteristics	Residence		All women
	Rural (%)	Urban (%)	N (N=609) (%)
Age mean	(32.4)	(32.6)	(32.6)
15 - 29	100(32.8)	77(25.3)	177(29.1)
30 - 39	157(51.4)	192(63.2)	349(57.3)
40 +	48(15.7)	35(11.5)	83(13.6)
Total	305(100)	304(100)	609(100)
Marital status			
Single	8(2.6)	19(6.3)	27(4.4)
Married/Living together	269(88.2)	246(80.9)	515(84.6)
Widowed/Se	28(9.2)	39(12.8)	68(11.0)
Parated/Divorced (Total)	305(100)	304(100)	609(100)
Education			
Primary and Less	30(9.8)	13(4.3)	43(7.0)
Secondary	187(61.3)	148(48.7)	335(55.0)
Tertiary	64(21.0)	118(38.8)	182(29.9)
Others	24(7.8)	25(8.2)	49(8.0)
Total	305(100)	304(100)	609(100)
Husband education			
Primary and Less	52(17.7)	20(7.0)	72(12.4)
Secondary	157(53.2)	142(49.8)	299(51.6)
Tertiary	62(21.0)	98(34.4)	160(27.6)
Others	24(8.1)	25(8.8)	49(8.4)
Total	295(100)	285(100)	580(100)
Occupation			
Unemployed	79(25.9)	31(10.2)	110(18.1)
Paid/Civil Servant	104(34.1)	156(51.3)	260(42.7)
Farming	29(9.5)	4(1.3)	33(5.4)
Others	93(30.5)	113(37.1)	206(33.9)
Total	305(100)	304(100)	609(100)
Monthly income (N) Mean			
Less than 15,000	(N14,883)	(N32,802)	(N24,027)
15,001 - 35,000	144(75.8)	92(46.5)	236(60.9)
35,001 +	32(16.9)	62(31.3)	94(24.2)
Total	14(7.4)	44(22.2)	58(15.0)
Total	190(100)	198(100)	388(100)

informed consent; no participant suffered physical or emotional harm as a result of the study; the study did not disclose participants' names or addresses.

RESULTS

Socio-demographic characteristics of the respondents by residence

The socio-demographic characteristics of the respondents are displayed in Table 1. The mean age of the respondents was 32.6 ± 5.8 years. There was no

much difference between the mean ages of the respondents from rural and urban areas, with 32.4 ± 6.3 and 32.6 ± 5.3 years, respectively. This indicates that most women in the sample were in the prime child bearing age. As regards the marital status of the respondents, the majority of the respondents (84.6%) were married and living together with their spouses. Data on educational attainment revealed that the largest proportion (55.0%) had secondary education followed by 29.9% with tertiary education. Nearly the same scenario was observed for their husbands' educational attainment. There was a disparity in educational attainment by place

of residence, with 61.3% of rural respondents having received secondary education relative to about 49% of urban respondents; while 39% of urban women had tertiary education; only 21% of rural women had tertiary education.

Data on occupation of the respondents revealed that the largest proportion (42.7%) of them were in paid/civil service jobs with disparity between urban and rural areas as the majority (51.3%) of urban residents were in paid/civil service jobs compared to 34.1% of rural respondents; 25.9% of rural respondents were unemployed compared to 10.2% urban respondents. Only 5.4% of the respondents were engaged in farming (9.5% in rural area and 1.3% in urban area) an indication that the zeal for farming has declined in the area, which is not unconnected with the high level of educational attainment in Abia State. In all, the mean monthly income was N24,027, N14,883 in rural area and N32,802 in urban area. The disparity in the mean monthly income of the respondents in the areas is expected as a result of the gap in educational attainment and occupation of urban and rural respondents.

Respondents' previous under-five mortality experience

Table 2 shows previous experience of under-five mortality of the respondents. The result showed that the mean number of children born alive was 3.1 ± 1.5 children. There was little difference in the mean number of children between urban and rural respondents (3.0 and 3.2, respectively). About one-half of the respondents (50%) had experienced under-five mortality in the study area with substantial difference between rural (59.3%) than urban (40.0%) areas. The majority (56.1%) of under-five mortality recorded were male children. A little above half of the respondents (51.5%) experienced infant mortality, with little differences between urban and rural areas. Data on the dead child's position is an indication that the complications and strange experiences related to first-two pregnancies could be contributory factor to childhood mortality. This is in line with some respondents' opinions that first pregnancy experience was excruciatingly painful and uncomfortable. Some of the respondents put their opinions their way:

I resorted to personal remedies to strange development in my husband's absence during my first pregnancy. At a time, I was fed up with the pregnancy until I finally gave birth to the child, though he passed away after some months (Urban FGD, respondent aged 27, Umuahia North LGA).

Another respondent posited that;

... it is not easy to be a woman. This was my comment the first time I was pregnant for my dead child. In fact,

both my husband and I became confused at a point. I thank God for saving my life because it was totally as if I was in another realm during that period (Rural IDI, respondent aged 26, Umunnaochi LGA).

On the experience of babies' ailments, Table 2 shows that majority (60.5%) of the under-five mortality involved a particular disease before the eventual death of the child. Similar situation was observed for urban and rural locations in this regard. Among the children who had some ailments, the majority (54.9%) had fever, followed by 28.6% that had diarrhoea and 26.4% that had measles. A large proportion of urban (64.7%) relative to rural (49.1%) under-five deaths was associated with fever before their deaths.

Distribution of respondents who have experienced under-five mortality by some selected demographic characteristics

From Table 3, it is observed that incidence of under-five mortality was high among women aged 30 to 39 years in the area. It is worth mentioning that the result is expected considering the mean age (32.5 years) of respondents for the study. Higher levels of educational attainment are generally associated with lower mortality rate. Table 3 further shows that respondents with primary and less education had higher incidence of under-five mortality compared with those that reported not to have had such experience. About 33% of the respondents with tertiary education did not experience under-five mortality compared to about 26% with such incidence. Non incidence of under-five mortality differed substantially between urban and rural areas; and it was in urban areas than in rural areas for all categories. More urban (13.3%) than rural (6.6%) women who had vocational and informal education experienced childhood mortality. The result aforementioned could probably be attributed to economic hardship associated with urban areas. It is not surprising that the result revealed that mothers' occupation have a significant ($p < 0.000$) influence on infant and child mortality. Regarding the occupation of the respondents at present, the incidence of under-five mortality was slightly lower among women for unemployed category. For these women, the help received from their husbands and extended family members could be a function of the low experience of under-five mortality. Some respondents who were unemployed maintained that their family members sometimes shower them with gift items for their babies' upkeep. Some of the assertions are couched this way:

...my husband and extended family members were of immense help to me when I was nursing my baby. Since I do not have any job for now, my husband, mother, mother-in-law, siblings, etc. make sure that I do not lack anything. I was even advised to always breastfeed my

Table 2. Distribution of respondents by previous childhood Mortality experience.

Characteristics	Place of Residence		R & U
	Rural (%)	Urban (%)	N = 609 (%)
Previous experience (U-5 death)			
Yes	181 (59.3)	120(40.0)	301(49.8)
No	124(40.7)	180(60.0)	304(50.2)
Total	305(100)	300(100)	605(100)
Sex of the dead child			
Male	101(55.8)	68(56.7)	169(56.1)
Female	80(44.2)	52(43.3)	132(43.9)
Total	181(100)	120(100)	301(100)
Age at which child died (Mean)			
	2.0	2.2	2.1
Less than 1 year	95(52.5)	60(50.0)	155(51.5)
1 – 5 years	86(47.5)	60(50.0)	146(48.5)
Total	181(100)	120(100)	301(100)
The dead child's position (Mean)			
	2.2	1.9	2.1
1 – 2	125(69.1)	100(83.3)	225(74.8)
3 – 4	46(25.4)	16(13.3)	62(20.6)
5 +	10(5.5)	4(3.3)	14(4.7)
Total	181(100)	120(100)	301(100)
Experience of child disease			
Yes	144(63.0)	68(56.7)	182(60.5)
No	67(37.0)	52(43.3)	119(39.5)
Total	181(100)	120(100)	301(100)
Name of disease			
Measles	24(21.1)	24(35.3)	48(26.4)
Tetanus	18(15.8)	4(5.9)	22(12.1)
Fever	56(49.1)	44(64.7)	100(54.9)
Diarrhoea	36(31.6)	16(23.5)	52(28.6)
Pertussis (Whooping cough)	12(10.5)	4(5.9)	16(8.8)
Others	18(15.8)	4(5.9)	22(12.1)

baby since there was enough food for me (Urban FDG, respondent aged 28, Umuahia North LGA).

Another respondent posited that:

It is really good to have a husband and family members that have that understanding spirit. I got married immediately after my university education without working for money. My sweetheart (husband) and family members have always been there for me anytime (Rural FGD, respondent aged 35, Umuahia South LGA).

A larger proportion of the respondents (45.8%) in paid/civil service jobs had incidence of under-five mortality. Though, the results differ substantially between

urban and rural areas, as the majority of urban respondents (56.7%) compared with about 39% of their rural counterparts for the same category had incidence of under-five mortality. The implication is that paid/civil service jobs place higher demands on their workers that they become resilient. This is supported by the submission made by an urban respondent during an in-depth interview:

I make sure that my baby is breastfed in the morning before I leave for my office and my mother takes care of the baby till I return from work. I would have loved to breastfeed my baby all the time, but the situation that I am faced with could not allow me (Urban IDI, respondent aged 43, Aba North LGA).

Table 3. Percentage distribution of women with likelihood of under-five mortality by selected demographic characteristics.

Variables/Categories	All Women (%)		Rural (%)		Urban (%)		P-value (X ²)
	Yes	No	Yes	No	Yes	No	
Age							
< 29	29.2	29.3	28.7	38.7	30.0	22.7	(0.57) 4.8
30 - 39	57.5	56.6	53.6	48.4	63.3	62.2	
40 +	13.3	14.1	17.7	12.9	6.7	15.3	
Total	100	100	100	100	100	100	
Mother's education							
Primary and Less	11.3	3.0	14.4	3.2	6.7	2.7	(0.000) 34.6
Secondary	53.5	57.2	55.8	69.4	50.0	48.9	
Tertiary	25.9	32.9	23.2	17.7	30.0	43.3	
Others	9.3	6.9	6.6	9.8	13.3	5.0	
Total	100	100	100	100	100	100	
Occupation							
Unemployed	16.9	19.4	23.8	29.0	6.6	12.8	(0.000) 39.9
Paid/ Civil Servant	45.8	40.1	38.7	27.4	56.7	48.9	
Farming	6.6	4.3	8.8	10.5	3.3	-	
Petty Trading	27.2	19.4	25.4	20.2	30.0	18.9	
Others	3.3	16.8	3.3	12.9	3.3	19.4	
Total	100	100	100	100	100	100	
Marital Status							
Single	-	8.9	-	6.5	-	10.6	(0.000) 30.6
Married/Living together	88.7	80.3	92.3	82.3	88.3	78.8	
Widowed/Separated/Divorced	11.3	10.9	7.7	11.2	11.7	10.6	
Total	100	100	100	100	100	100	
Religion							
Catholic	20.6	25.3	18.8	19.4	23.3	29.4	(0.010) 13.3
Protestant	27.2	25.3	27.6	29.0	26.7	22.8	
New Generation Churches	52.2	49.4	53.6	51.6	50.0	47.8	
Total	100	100	100	100	100	100	
Income level (in #)							
< 15,000	76.2	43.7	77.2	73.7	75.0	20.4	(0.000) 51.5
15,001 – 30,000	13.3	35.6	14.0	21.1	12.5	46.9	
30,001 +	10.5	20.7	8.8	24.2	12.5	32.7	
Total	100	100	100	100	100	100	

Significant at p <0.05.

There is a significant relationship ($p < 0.00$) between mothers' marital status and incidence of under-five mortality. The case of under-five mortality was higher amongst respondents who were married/living together and widowed/separated/divorced in the area study. The little difference amongst the women by place of residence could be a function of economic pressure faced by urban single parents to cater well for their children and other

household needs which invariably affect the health statuses of family members. On the other hand, the respondents who reported to be single never experienced incidence of under-five mortality. The Table further reveals that the majority of New Generation Churches' members (52.2%) had incidence of under-five mortality in the last five years compared with their counterparts in other religious groups in the study area. The chi-square

analysis in the Table shows that there is a significant relationship between mothers' religion and under-five mortality. There was no much variation by residence on the experience of under-five mortality by religion. The high childhood mortality rates associated with members of New Generation Churches might be attributed to their level of fanaticism in the area. It validates the consensus submission made by rural and urban women during one of the FGDs that:

It is clear that without strong faith in God, individuals could not depend on their own thoughts for survival. I leave some of my household problems to God for His pre-eminence. In most cases, when my children are sick, I commit them into God's hands since they may not know the problems they are having' (Rural FGD, respondent aged 39, Umunnaochi LGA).

Another informant from the rural area stated that:

The bible has made us to understand that by His strip we are healed. So, I see no reason why I should be afraid in the face of my children's ailment. Remember that the same bible told us that whatever we believe comes to us. To me, the first thing I do as a believer when my children are sick is to hand their sickness over to God and believe that they are strong (Urban FGD, respondent aged 35, Umuahia North LGA).

Under-five mortality experience was high amongst households into the lowest wealth quintile and reduces as households' income increases. Over two-thirds of the respondents with the lowest wealth quintile, that is, less than N10,000, reported having incidence of under-five mortality. It is not surprising that the chi-square analysis showed a significant relationship between mothers' income and child's health outcome.

Multivariate analysis of selected socio-demographic factors influencing incidence of under-five mortality

Logistic regression is appropriate in this case since the dependent variable is dichotomous (binary) as a respondent either had a child that died before age 5 years or not. Having dead under-five is coded 1, else equal to 0. This design therefore, makes the model probabilistic and the interest was to predict the likelihood (odd) of under-five mortality most suitable for logit regressions. In order to ease interpretations, some reclassifications were made to reduce the number of categories of some responses especially when the numbers of respondents that chose such options are very few. Also, the parameter estimates are reported in the odd ratio format so that the percentage by which each of the factor categories contributes to the likelihood of under-five mortality can easily be ascertained.

The incidence of under-five mortality as the dependent variable was examined within the respondents' socio-demographic factors including age, marital status, educational attainment, occupation, number of children, and residence through multivariate analysis involving logistic regression.

Table 4 showed the results of the logistic regression analysis of the influence of socio-demographic factors on the incidence of under-five mortality. The finding shows the influence of age on the experience of under-five mortality. The respondents aged less than 40 years were more likely to experience under-five mortality than their counterparts in the age group 40 and above. Level of education also influenced the incidence of under-five mortality in the study areas. Those with secondary, tertiary and 'other' category education were less likely to have experienced of under-five mortality than those with primary education (the reference category). Also, women with tertiary education are less likely to have experienced under-five mortality relative to those with secondary education. Results on occupation of the respondents showed no relationship between their type of jobs and under-five mortality. The single/widowed/ divorced respondents were 0.642 times less likely to experience infant mortality than those who are married/living together (the reference category). The relationship between the respondents' place of residence and incidence of under-five mortality conformed to expectations. Those that resided in urban areas were 0.490 times less likely to have under-five mortality than their rural counterparts (the reference category). However, the possibility of having the experience of under-five mortality may decline as negative consequences for the health and welfare of children in rural area are adequately tackled.

DISCUSSION OF FINDINGS

The study reveals that most women in the sample were in the prime child bearing age. The fact that a few respondents were single reflects the high value the Igbo place on marriage and the social stigma associated with having children outside wedlock. There is a high level of educational attainment among the respondents and their partners, which may be partly responsible for the low rate of separation and divorce, and the stability of marital union in Abia State. There was a disparity in educational attainment and monthly income by place of residence. The largest proportion of the respondents were in paid/civil service jobs, a function of the high level of educational attainment in Abia State, which has given rise to the neglect of farming activities.

Incidence of mortality was high in the area with a substantial difference between rural than urban areas. The result validated the findings that revealed a higher under-five mortality in rural than urban areas (NPC and ICP Macro, 2009; NPC and ICF, 2014). The incidence of

Table 4. Logistic regression showing the Likelihood of Incidence of Under-Five Mortality by Selected Socio-demographic characteristics.

Variables	Odd-Ratio Exp (B)	P-values
Age		
40 and above (RC)	1.000	-
< 24	1.063	0.893
25-29	1.652	0.107
30-34	1.687	0.074
35-39	1.801	0.068
Education		
Primary (RC)	1.000	-
Secondary	0.139	0.000*
Tertiary	0.083	0.000*
Others (to include no education)	0.182	0.007*
Occupation		
Unemployed (RC)	-	-
Paid/civil servant	2.350	0.002*
Farming/Petty Trading	2.083	0.004*
Labourer/Artisan/others	0.369	0.017*
Marital status		
Married /Living together (RC)	-	-
Single/Widow/divorced	0.642	0.110
Residence		
Rural (RC)	1.000	-
Urban	0.490	0.000*

Diagnostics: $X^2=320.937$ (0.000); $-2\log$ Likelihood = 523.236; Pseudo $R^2=0.546$; Correct classification = 77.0%; RC – Reference Category; * Significant at < 0.05 .

childhood disease before the eventual death of the child was high in the study area. More than half of these children who died before age 5 died at 2 years and were males. This is in line with earlier studies which show that for the first year of life mortality is higher for males than females (United Nations, 2006; Kabir and Chowdhury, 1992). It was revealed that the mean age at birth of the said children by the women in the sample was high. There is relatively a low number of children ever born to all women.

The study revealed a non-significant association between respondents' age and incidence of under-five mortality. Incidence of under-five mortality declined sharply as mother's level of education increases. The result buttresses the studies of Waters et al. (2004) and Boyle et al. (2006) that mother's education is positively associated with a number of measures of infant and child health and nutritional status. Also, the above finding may be explained by Isiugo-Abanihe's (2003) in observation that education has been identified as affecting all aspects of people's lives and it is intricately linked with the

demographic process. The effect of occupation by residence on under-five children's health was interesting. Urban respondents who were in paid or civil service jobs had more incidence of under-five mortality compared to their rural counterparts. This finding implies that empowering women through wage work takes them outside their homes. Women's employment may have at least one disadvantage: the survival of young children appears to be negatively affected if women work (Basu, 1991; Kishor, 1992). The qualitative results revealed that the slightly lower incidence of under-five mortality among women for unemployed category was contingent upon the help received from their husbands and extended family members. This is in line with submission of Boyle et al. (2006) and Hong et al. (2006) that greater household income and assets directly raise the ability to purchase sufficient quantities of nutritious foods, clean water, clothing, adequately-ventilated housing, fuel for proper cooking, safe storage of food, personal hygiene items, and health services. More urban than rural women who had vocational and informal education experienced

childhood mortality could probably be attributed to economic hardship in associated with urban areas. The incidence of under-five mortality was slightly lower among women for unemployed category. For these women, the help received from their husbands and extended family members could be a function of the low experience of under-five mortality.

Both the quantitative and qualitative results revealed that a low level of income among poorer families with many children obviously leads to inadequate nutrition and/or food availability, which perpetuates malnutrition. This, in turn, accelerates high levels of infant morbidity and mortality. The aforementioned result could be explained by Abor and Abekah-Nkrumah's (2009) that wealth is expected to have a positive relationship with ANC since the use of the service is associated with the cost of consultation and the purchase of recommended medication alongside other indirect costs such as transportation cost which could affect both maternal and child's health. The relationship between the respondents' place of residence and incidence of under-five mortality conformed to expectations. Those that resided in urban areas were less likely to have under-five mortality than their rural counterparts. This finding conforms with the fact that mothers' place of residence (urban-rural distinction) has been used in some developing countries as a proxy for living conditions to illustrate both public and medical health provisions (Suwal, 2001).

Childhood mortality is a touchy issue to mothers themselves, who usually feel out of place due to the emotional trauma caused by such deaths. The major limitations encountered during the conduct of this research were the unwillingness and reluctance of some respondents to open up by giving all necessary information. However, a major bias was the failure to incorporate men in the study, considering their influence on the utilization of maternal and child health care utilization, and under-five mortality. As a result, there is need for a thorough exploration for both comprehensive quantitative and qualitative studies that will incorporate men to elicit needed information on the roles of men.

CONCLUSION AND RECOMMENDATIONS

The study revealed a high incidence of under-five mortality with rural respondents 19.3% more likely than those that are resident in urban areas to lose their children before age 5. This is attributed to imbalance in the distribution of health facilities in Abia State. The mean age of the dead child is 2 years. In all, male under-five children recorded higher prevalence of death compared to their female counterparts. Generally, it was established that under-five health outcome among people of Southern Abia State, Nigeria is invariably tied to child bearing women's socioeconomic factors which was corroborated by the qualitative findings. There is need for government to embark on a comprehensive package that

caters for both pregnant women and under-five children. However, economic depression besetting much of the nursing mothers in the study area and the country at large must not be allowed to decelerate or reverse the progress that has been made towards reducing under-five mortality. Increasing women's participation in key decision-making processes in employment and political life is also critical to improving maternal and newborn's health. Improving economic status can be vital to enhancing women's participation in decision-making, with attendant implications for the health of their children.

Conflict of interest

The authors have not declared any conflict of interest.

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