

The Influence of Maternal Education on Childhood Survival Among Married Couples of Childbearing Age in Edo State, Nigeria

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Abstract

The main target of this paper was about childhood survival and how to continuously sustain it for socio-economic development. Thus, the study examined the extent of influence which maternal education has on childhood survival among married couples in Edo State of Nigeria. A sample size of six hundred (600) respondents was drawn by multi stage sampling method. Data were collected by social survey method comprising questionnaire and interview. The researchers were mainly interested in answers to the following research questions. (i) What are the likely causes of childhood mortality in Edo State? (ii) Can medical interventions without mother's education be effective enough to reduce childhood mortality? And (iii) Does maternal education positively influence a child's health and survival? Data analyses were based on percentage. Findings revealed some likely causes of childhood mortality, and considered education as the bedrock which makes other variables more effective for any course of action. Thus, maternal education positively influences a child's health and survival because educated mothers are more knowledgeable to seek medical advice for their children. However, some recommendations were made on how to boost and sustain child survival rate.

Keywords: Childhood Survival, Maternal Education, Mortality, Nigeria.

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1.INTRODUCTION

Life as it sounds is indeed precious. Hence, in every way and form it is always sustained. Socially, it is a thing of joy once life is fully sustained most especially when all challenges in life are overcome. Thus, child survival which refers to the survival of children under five years of age is a priority which couples of childbearing age aspire to fulfill and such is a major public health concern in all societies, especially in the developing societies. So, the importance of parental education mainly that of mother on child survival cannot be over-emphasized. The ability of parents to ensure that children survive, especially the period of infancy is the almost goal of life they often clamour to achieve. Parents by this, employ all possible avenues healthwise to give the best to their children, such as immunization which remains an important strategy in the reduction of morbidity and mortality from common vaccine preventable diseases.

In line of thought, the demographers by their view points, emphatically state that infants who survive the period of infancy have assured chances of surviving to adulthood. Hence, according to Aiworiaboakuelu and Odiagbe (2019), early childhood is a vital period that determines the future health status of children in a particular environment.

This study therefore becomes necessary to explore the extent or level of influence which maternal education has on childhood survival among married couples of childbearing age in Edo State.

1.1 Statement of the Problem

Infant and child mortality rates are basic indicators of a country's socio-economic situation and quality of life. The rates are important for identifying population groups at risk, planning, monitoring and evaluating population and health programmes and policies, and monitoring progress towards the Millennium Development Goals now Sustainable Development Goals to reduce child mortality (Nigeria Demographic and Health Survey 'NDHS', 2008).

Many researchers have independently studied mortality rates for children in the past: in different societies, locations and historical periods. The average across a large number of historical studies suggests that in their first year of life around half of all children died before they reached the age of puberty. The risk of death for children has fallen around the world. The global average today is 10 times lower than the average of the past (Roser, 2019).

The world made remarkable progress in child survival in the past few decades and millions of children have better survival chances than in 1990-5, 1 in 26 children died before reaching age 5 in 2018, compared to 1 in 11 in 1990. Moreover, progress in reducing child mortality has been accelerated in the 2000-2018 period compared

with 1990s, with the annual rate of reduction in the global under five mortality rate increasing from 2.0 percent in 1990-2000 to 3.8 percent in 2000-2018. Despite the global progress in reducing child mortality over the past few decades, an estimated 5.3 million children under age five died in 2018, roughly half of those deaths occurred in Sub-Saharan Africa (United Nations Inter-agency Group for Child Mortality Estimation 'UNIGME', 2019).

From the related Literature, infant mortality rate gives us key information about maternal and infant health, and stands as an important marker of the overall health of a society. Thus, child survival which refers to the survival of children under five years of age becomes a major public health concern in Nigeria. In the past decades and even at present situation by related literature, it is revealed that child survival rate has always been threatened by nutritional deficiencies, illness and mortality. For instance, in the United States in 2017, over 22000 infant deaths recorded were traceable to the following five leading causes: birth defects, preterm birth and low birth weight, maternal pregnancy complications, sudden infant death syndrome and injuries e.g. suffocation (Centers Disease Control and Prevention, 2019).

As noticed, some countries have to a very high degree of infant mortality rates. For example, in Afghanistan, Somalia, Guinea-Bissau, Chad, Niger, Burkina Faso, Mali, Sierra Leone and Angola, 110.6, 94.8, 85.7, 85.4, 81.1, 72.2, 69.5, 68.4 and 67.6 of every 1,000 infants die before age one, respectively. In Nigeria, 69.8 of every 1,000 infants die before age one (World Factbook, 2017).

So, in any given society engulfed with high childhood mortality rates, attention is likely drawn to such society to know the factors that are likely to cause them and the possible ways that will likely reduce them. In fact, the questions that readily come to mind are: what could be responsible for childhood mortality in the study area? Could it be illiteracy among the married couples in the area? Or is it because of the level of poverty among them? Or are there inadequate provision of primary health care centers in the study area? Or poor utilization of primary health care centers in the study area? Does maternal education positively influence child health? Is it that couples of childbearing age are not adopting measures such as immunization programmes advocacy put across by the government in ensuring childhood survival? How could this scourge be reduced or abated in order to have relatively sizeable population for sustainable development? The list is inexhaustible. However, it is against this background that this study was carried out to examine the influence of maternal education on childhood survival among couples of childbearing age in Edo State.

1.2 Objectives of the Study

The overall aim of this study was to examine the influence of maternal education among the couples of child bearing age in Edo State. Thus, the specific objectives were as follows:

1. To find out the likely causes of childhood mortality in Edo State.
2. To find out if medical interventions without mothers' education can be effective enough to reduce childhood mortality.
3. To examine how maternal education significantly influences a child's health and survival.
4. To make some recommendations on how to ensure childhood survival in Edo State.

1.3 Research Questions

On the basis of the statements of the problems and objectives of this study, the following research questions were generated.

1. What are the likely causes of childhood mortality in Edo State?
2. Can medical interventions without mothers' education be effective enough to reduce childhood mortality?
3. Does maternal education positively influence a child's health and survival?

1.4 Clarification of Concepts

a. Childhood Mortality (infant-child mortality)

This is the probability of children dying before their first birthday or before they reach the age of five years (NDHS, 2008). In fact, in a simplest term, it is the death of children occurring between 0 and 5 years of age.

a(i) Infant Mortality

Infant mortality refers to the probability of dying before the first birthday (NDHS, 2008). It is the number of infant deaths occurring in a particular area per 1,000 live births. There are three (3) major types:

Perinatal mortality which is the loss of live that occurs between the end of 28 weeks of pregnancy and the first week of life (McDonald, 1980). Also, NDHS (2008), defines it as pregnancy losses occurring after seven completed months of gestation (still birth) and deaths within the first seven days of life (early neonatal deaths).

Neonatal mortality is the probability of dying within the first month of life (i.e, between 0 and 1 months of age).

Post-neonatal mortality is the probability of dying between the first birthday of life (ie, between 1 months of age and 1 year of age).

a(ii) Child Mortality

Child mortality is the probability of dying between first and fifth birthdays (ie, between 1 year and 5 years) of life. It is measured as the number of deaths that occurs of children who are from one year to five years old per 1,000 children surviving to 12 months of age (NDHS, 2008).

b. Child Survival

This refers to the survival of children under five years of age. It is a state of continuing to live or exist, often despite difficulty or danger that may be encountered.

c. Immunization

Immunization refers to the mechanism adopted in order to protect persons more importantly, the infants from a disease, especially by giving them an injection of a vaccine. Expanded Programme on Immunization (EPI) was initiated in 1974 as a global initiative to improve child survival and protect children from diseases and disability for which effective vaccines are available (United Nations Children's Fund 'UNICEF', 2007).

d. Pre-Term birth

This refers to birth that occurs before 37 weeks of a woman's pregnancy. It is sometimes referred to as premature birth. According to Women and Children First 'UK' (2017), pre-term birth is rising in most countries and is now the second leading cause of death globally for children under five, after pneumonia. Low birth weight babies (which are often associated with preterm birth) are more likely to survive if they are kept warm by skin to skin contact with the mother. In fact, there is evident that preterm birth now impacts not only on infant mortality but has appreciable effects on mortality during later childhood (Wolfey Macfarlane, Donkin, Marmot and Viner, 2014).

2. LITERATURE REVIEW

Childhood mortality is an important indicator of the health of a nation because it is associated with several factors such as maternal health and education, quality and access of medical care, socio-economic conditions, public health practices and even life expectancy (Aiworiaboakuolu and Odiagbe, 2019). The United Nations Development Programme is of the view that infant and child mortality rates are the basic indicators of a country's socio-economic situation and quality of life (UNDP, 2007). In like manner, Abuqamar, Coomans and Loukx (2011), argued that a society's infant mortality rate is considered an important indicator of its health status.

In establishing facts on the likely causes of childhood mortality, Myers (2005) put it that the root social causes of infant mortality are persistent poverty, pervasive and the chronic stresses associated with them. According to Population Reference Bureau 'PRB' (2008), the most common causes worldwide of infant-mortality has traditionally been due to dehydration from diarrhea. Other causes include malnutrition, malaria, congenital malformation and infection. For National Programme on Immunisation 'NPI' (2004), the nine (9) identifiable infectious diseases which cause death or disability among infants and child are: Tuberculosis, diphtheria, Pertussis (whooping cough), tetanus, poliomyelitis, measles, yellow fever, hepatitis B and cerebrospinal meningitis. In like manner, the five (5) leading causes of infant deaths are: birth defects, preterm birth and low birth weight, maternal pregnancy complications, sudden infant death syndrome and injuries e.g. suffocation (Center for Disease Control and Prevention, 2019).

Variation in the incidence of death among children could be due to the differences in the socio-economic attributes of the parents especially the mothers. Ruzkka and Kanitkar (1973), argued that infant mortality rate among parents (mothers) with no education was almost double that among mothers who have completed elementary education and it is almost three times that among mothers with education beyond elementary levels. In the same vein, Kanjala, Alberts, Byass and Burger (2010), asserted that children of mothers with primary education are 18% less likely to die, while children whose mothers had secondary or higher education are 47% less likely to die compared with children whose mothers had no education. Jamison, Jamison and Hanushek (2007), established that infant and child mortality rate is strongly influenced by quality of parents' education. Also, Uthman (2008), noted that maternal education plays a significant role in protecting infant against mortality. In support of this, examining the role of education in infant mortality reduction, NDHS(2008), noted that education is the most powerful determinant of socio-economic factors in accounting for such decline and concluded that higher levels of educational attainment are generally associated with lower mortality rates.

For Adewusi and Nwokocho (2018), child mortality is still pervasive in Nigeria despite several intervention programmes. The study carried out by them revealed that the relationship that subsists between maternal education and child mortality cannot be fully understood without examining certain background variables such as family, economic and religious factors among others. They therefore found that child mortality is particularly high among mothers without formal education and relatively lower among those with other levels of education although factors such as family size, religious affiliation, wealth index and sex of household head head strong influence on these women.

According to Jahan (2008), there is a huge literature focusing on the determinants of infant and child mortality notably, on the influence of parental education directly or indirectly on child survival. Caldwell (1993), stated that mother's education is the single most important determinant of child survival, and suggested three (3) reasons for

the link: (i) with increasing education, there tend to be changes in family roles giving women greater say with respects to the care of their children (ii) a more educated mother tends to be more prone to seek medical treatment and more prone to make use of modern medical facilities (iii) more highly educated mothers are in a better position to demand the attention of health providers and more likely to ask for explanations as to the cause of the problem and what can be done to prevent it.

Wardatul (2001), established maternal education as gate way toward diversified aspects of modern life that significantly affect children's morbidity and mortality. It further expressed that it gives positive results for the improvement of the health of the illiterate masses. According to Lindenbaum (1990), female education can be used as a strategy to increase survival chances, and further argued that medical interventions without mother's education cannot be effective on their own.

Lawan (2017), posited that education increases the confidence of women and is associated with increased health awareness, reproductive and health seeking behaviour, as well as the health status of their children. However, Guddan, Marian, Alex, Charles, Stanley and Sabita (1993), proved that even though maternal education is indeed very much intertwined with overall socio-economic status, it does have a perpetuating effect on the survival of children in Bangladesh, if not equally significant in other developing countries.

3. THEORETICAL FRAMEWORK

Theory generates ideas which help a researcher to explain events. This study employed Structural Functional Analysis (Functionalism). The functionalism as a theory was used to explain how functional a system becomes when it parts play a complementary set of roles to keep the existence of such system (society or family). The structural functional paradigm views society as a complex system of many separate but integrated parts. In this approach, every social structure contributes to the overall operation of society. In fact, it stresses that human behaviour is governed by relatively stable social structures which are based on shared values.

The advocates such as Auguste Comte (1798-1857) and Herbert Spencer (1820-1903), viewed society as a kind of living organism. Just as a person or animal has organs that function together, so does society. Like an organism, if society is to function smoothly, its various parts must work together in harmony. Emile Durkheim (1858-1917) also saw society as being composed of many parts, each with its own function. When all parts of society fulfill their functions, society is a "normal" state. If they do not fulfill their functions, society is in an "abnormal" or "pathological" state. To understand society, then, functionalists say that we need to look at both structure (i.e. how the parts of society fit together to make the whole) and function (i.e. what each part does, how it contributes to society) (Henslin, 2005:25-26).

The foremost North American proponent of functionalism, Talcott Parsons (1902-1979), identified how various institutions work together in ensuring the smooth operation of society as a whole. He argued that society is well integrated and in equilibrium when the family successfully raises new generations, the military successfully defends society against external threats, schools are able to teach students the skills and values they need to function as productive adults, and religions create a shared moral code among the people (Bryman, Lie and Rytina, 2010:16).

Structural Functionalism as viewed by parsons was used in this study to explain the attitude put up by married couples of childbearing age, especially the educated ones, in ensuring their children survival, despite the health challenges encountered at their infancy. According to Parsons (1942, 1951, 1954), gender differences help to integrate society – at least in its traditional form. As he explained, gender forms a complementary set of roles that links men and women together into family units that carry out various functions vital to the operation of society. Women (mothers) take charge of the family life, assuming primary responsibility for managing the household and raising children. They act as a system for the socialization of the young and as a means for producing conformity. By their education acquired, they are then knowledgeable and become a system that serves as a gatekeeper to the rewards society offers to those who follow its rules. Educated mothers are conscious about the well being of themselves and their respective family and therefore able to practice manners of hygiene in relation to the health issues, especially of their children. Also, they (educated mothers) are able to make and implement proper and timely decisions regarding their children's health. In fact, they are more willing to use health care services when necessary. Thus, act as a gateway towards diversified aspects of modern life that significantly affect children's morbidity and mortality at ensuring their survival.

4. MATERIALS AND METHOD

Edo State which was the area of study has a total number of eighteen (18) Local Government Areas. The study population were the married couples of child bearing age. A sample size of six hundred (600) respondents was drawn from the population of interest to the researchers. A multi-stage sampling method was used in selecting the respondents from ten (10) Local Government Areas whose selection was by simple random sampling method from the 18 Local Government Areas. Sixty (60) respondents were then drawn from each Local Government Area. Thus, for the 10 Local Government Areas, 600 respondents were therefore drawn.

Note that in each Local Government Area selected, six (6) political wards were drawn. From each political ward, ten (10) respondents were selected and for the 6 political wards in each Local Government Area, therefore produced a total number of 60 respondents making a total of 600 respondents in all from the 10 Local Government Areas.

Data collection was by survey method which comprises questionnaire and interview, (the quantitative type of data collection). However, data analysis was based on simple percentage.

5. ANALYSIS AND INTERPRETATION OF DATA

By the sample size of this study, surveys designed were made but had a short fall of sixteen (16) questionnaires in receipt. Meanwhile, five hundred and eighty four (584) questionnaires were retrieved from the field. This therefore formed the basis upon which data gathered were analysed.

5.1 Percentage Distribution of Respondents by Socio-demographic attributes.

| Variables | Number of respondents | Percentage (%) |
|---|-----------------------|----------------|
| Sex: | | |
| Male | 220 | 37.67 |
| Female | 364 | 62.33 |
| Total | 584 | 100 |
| Educational Attainment: | | |
| No. Schooling | 03 | 0.51 |
| Primary | 63 | 10.79 |
| Secondary | 202 | 34.59 |
| Post Secondary | 316 | 54.11 |
| Total | 584 | 100 |
| Educational Attainment of Mothers: | | |
| No Schooling | 03 | 0.82 |
| Primary | 53 | 14.56 |
| Secondary | 160 | 43.96 |
| Post Secondary | 148 | 40.66 |
| Total | 364 | 100 |
| Educational Attainment of Fathers: | | |
| No Schooling | - | - |
| Primary | 10 | 4.55 |
| Secondary | 42 | 19.09 |
| Post Secondary | 168 | 76.36 |
| Total | 220 | 100 |
| Occupational Status: | | |
| Farming | 149 | 25.51 |
| Civil Servant | 90 | 15.41 |
| Self-employed/Business | 104 | 17.81 |
| Unemployed | 241 | 41.27 |
| Total | 584 | 100 |

Source: Field Survey, 2019.

Sex: The distribution in the table above concerning sex of respondents revealed 220 (37.67%) male respondents to 364 (62.33%) female respondents, showing that the females made themselves available and accessible to the researchers more than the males for information regarding this study.

Educational Attainment: Distribution on educational attainment of respondents revealed high literacy level in the study area. Out of 584(100%), 581(99.49%) had formal education. The categories of primary, secondary and post secondary school qualifications had 63(10.79%), 202(34.59%) and 316(54.11%) educated respondents respectively. Thus, it suffices to say that the study population is a literate one.

Educational Attainment of Mothers: The distribution on this, showed that 53(14.56%) of female respondents acquired primary six certificate, 160(43.96%) of the female respondents acquired secondary school certificate while 148(40.66%) of the female respondents had post secondary school certificates. The revelation of this aspect of distribution, made us to know the level of maternal education acquired among the married couples of child bearing age in the study area. By this, it becomes cleared that 40.66% among mothers had post-secondary school qualification, which by implication, means that they are in the category to easily demand the attention of health providers and more likely to ask for explanations as to the cause of the problem as well as what can be done to prevent it at ensuring child survival. Also, mothers are more equipped with measures at eliminating childhood

survival.

Educational Attainment of Fathers: The distribution on this showed the level of education acquired among fathers who are within the child-bearing age in the study area. The distribution clearly revealed that 76.36% among fathers had Post Secondary School qualifications. This is far more than the number of higher educational attainment acquired by mothers.

Occupational Status: The distribution on this revealed that 149 (25.51%) of the respondents were farmers, 90(15.41%) of the respondents were civil servants, 104 (17.81%) of the respondents were in the category of self employed/business while 241(41.27%) of the respondents were unemployed. From the distribution, the category of unemployed, has the highest figure.

5.2 Research Questions Testing and Interpretation

Research questions formulated in this study were:

1. What are the likely causes of childhood mortality in Edo State?
2. Can medical interventions without mothers' education be effective enough to reduce childhood mortality.
3. Does maternal education positively influence a child's health and survival?

Research Question 1: What are the likely causes of childhood mortality in Edo State?

Respondents were however emphatic that the following factors (variables) are likely to cause childhood mortality in the study area: malaria, diarrhea, congenital malformation, infection, malnutrition, patronage of traditional birth attendance, poor immunization exercise, poverty (poor living) care services, measles, diphtheria, pretussis (whooping cough), yellow fever, poliomyelitis, tuberculosis, tetanus, preterm birth, hepatitis B and cerebrospinal meningitis.

Research Question 2: Can medical interventions without mothers' education be significantly effective to reduce childhood mortality? Justify your reason(s).

| Response | Frequency | Percentage (%) |
|----------|-----------|----------------|
| Yes | 209 | 35.79 |
| No | 375 | 64.21 |
| Total | 584 | 100 |

Source: Field Survey, 2019.

By the distribution in the table above, 209(35.79%) of the respondents agreed to the opinion that medical interventions without mothers' education will be significantly effective to reduce childhood mortality. According to them, since medical advice is paramount in promoting good health in any society, if strictly adhered to, especially mothers who are within the child bearing age, despite their level of education, childhood mortality will fully be abated.

On the other hand, 375(64.21%) of the respondents argued that medical interventions without mothers' education will not be effective enough to reduce childhood mortality. They argued further that education matters virtually for the success of any venture in life. According to them, education makes other variables more effective at childhood mortality reduction. So, without education, especially mothers' education, medical interventions will not be significantly effective to reduce childhood mortality. Mothers are the administration of any medical services for their children. So, when such services are rendered without full participation and knowledge as well as attention as may be tagged "education acquired by mothers", childhood mortality reduction may not be effective enough to meet the desired course. This finding tallies with Lindenbaum (1990), that medical interventions without mothers' education cannot be effective on their own.

Research Question 3: Does maternal education positively influence a child's health and survival? Give reasons for your opinion.

| Response | Frequency | Percentage (%) |
|----------|-----------|----------------|
| Yes | 394 | 67.47 |
| No | 190 | 32.53 |
| Total | 584 | 100 |

Source: Field Survey, 2019.

The distribution above revealed that 394(67.47%) of the respondents were of the view that maternal education positively influences a child's health and survival. They stressed that education enable mothers to have greater opportunity on the care of their children generally, by making them more prone to seek medical treatment, more likely to ask explanations as to the causes of the sickness and what to be done to prevent future occurrence. Thus, maternal education positively influences children's health and survival in any given society.

For others, 190(32.53%) respondents, held to their argument that mothers who are not educated also have good invention for their children on how to survive and ensure good health for them.

6. DISCUSSION OF FINDINGS

This entertains avenue for all embracing discussions of findings revealed in this study. As unveiled by Myers

(2005), the root social causes of infant mortality are persistent poverty, pervasive and the chronic stresses associated with them. PRB (2008), argued that the most common causes worldwide of infant mortality has traditionally been due to dehydration from diarrhea. Other causes include malnutrition, malaria, congenital malformation and infection. For NPI (2004), the nine (9) identifiable infectious diseases which cause death or disability among infant and children are: tuberculosis, diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, measles, yellow fever, hepatitis B and cerebrospinal meningitis. In like manner, five (5) leading causes of infant death are; birth defects, preterm birth and low birth weight, maternal pregnancy complications, sudden infant death syndrome and injuries e.g. suffocation (centers disease control and prevention, 2019).

This study revealed the following likely causes of childhood mortality (pneumonia, poor living or poverty, malnutrition, diarrhea, poor immunization exercise, patronage of traditional birth attendance, measles, preterm birth, malaria, inadequate utilization of antenatal and post natal care services, poliomyelitis, injuries or accident, yellow fever, flu and cholera), which are similar to the finding of other past studies as expressed above. The implication of this is that the respondents are aware and know the likely causes of childhood mortality and as such, develop attitude to prevent the scourge in order to continually ensure survival chances for their born children.

It has been revealed by Lindenbaum (1990), that female education can be used as a strategy to increase survival chances and argued that medical interventions without mothers' education cannot be effective on their own. This study equally revealed same by emphatically saying that medical interventions without mothers' education will not be effective enough to reduce childhood mortality. Emphasizing that education matters alot for the success of any venture in life, thus acts as bedrock and able to co-ordinate and makes other variables more effective at childhood mortality reduction. So, without education, especially mothers' education, medical interventions on their own will not be significantly effective to reduce childhood mortality.

As established by Uthman (2008), maternal education plays a significant role in protecting infants against mortality. For Jahan (2008), there is huge literature focusing on the determinant of childhood mortality, notably, on the child survival. In a similar vein, Lawan (2017), posited that education increases the confidence of women and is associated with increased health awareness, reproductive and health seeking behaviour, as well as the health status of their children. However, this study revealed that maternal education positively influences a child's health and survival, because mothers who are educated have greater opportunity on the general care of their children. They are more prone to seek medical treatment and more likely to ask explanations as the cause of the sickness and what to be done to avert future occurrence.

7. CONCLUSION AND RECOMMENDATIONS

Child survival as a priority to every married couple within the childbearing age, has become a major public health concern in all known societies, especially the developing societies. Hence, parental education, mainly that of mother on child survival has been the epicenter of this study, since demographically, infants who survive the period of infancy, have assured chances of surviving to adulthood. However, the following findings were drawn from the analysis of the research questions: some factors likely to cause childhood mortality were identified. With emphasis, it was posited that medical interventions with mothers' education will be significantly effective to reduce childhood mortality, and that without mothers' education, medical interventions on their own will not be effective enough to reduce childhood mortality. Also, the study revealed that maternal education positively influences child's health and survival.

On the basis of the above, the following recommendations were made. Child survival which is a major public health that concerns everybody in a given society becomes a must to be sustained. So, efforts are therefore put across to subdue and render ineffective the factors that easily threaten survival rate. On this note, the researchers posit that there should be awareness campaign sponsored by the Ministry of Health in every locality across the country to enlighten the people about child survival, that demographically infants who survive the period of infancy, have assured chances of surviving to adulthood. To ensure continuous childhood survivor, government should intensify efforts and device more effective ways to look into the general and total welfare of infants and children as well as pregnant and nursing mothers, by ensuring constant provision of maternal and child health services. This could be done through establishment of health centers in strategic places of every Local Government Area, where the costs of services would be subsidized and affordable. This would encourage mothers of child bearing to embrace such services in order to boost and sustain child survival rate.

It has been established that medical interventions without mothers' education may not be effective enough to meet the desired course of action to reduce childhood mortality. So, to ensure a significant reduction in childhood mortality rate, the researchers suggest 'Education Acquisition Policy' as a prerequisite (pre-condition) for marriage. This becomes necessary in order for those who are involved in marriage to be able to overcome health challenges ahead of time, especially of their children throughout their reproductive period. So, in case there is any medical intervention, it will be more effective for such course of action.

Also established is the fact that maternal education positively influences a child's health and survival, because parents, mainly the mothers who are educated are always more knowledgeable and able to seek medical advice

when their children are faced with health challenges. It is the conviction of the researchers that if this policy is indeed implemented, all complications right from conception till the birth of baby would have been surmounted. For this reason, any baby born will be assured of survival chances because demographically, infants who survive the period of infancy have guaranteed chances of surviving to adulthood.

It is therefore the strong opinion of the researchers that if the above recommendations are fully implemented, childhood survival for married couples throughout their reproductive period will become a guaranteed affair in Nigeria.

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