

11<sup>th</sup> International Conference on  
**NURSING AND IMMUNOPHARMACOLOGY**  
November 20-21, 2017 Melbourne, Australia

### The impact of household resources on child survival in Ghana

Jerry John Nutor<sup>1</sup>, J F Bell<sup>2</sup> and J C Slaughter-Acey<sup>1</sup>

<sup>1</sup>Drexel University, USA

<sup>2</sup>University of California, USA

Child mortality, defined as death of infants and children under age of 5-years is an important measure of child health as well as an indicator of the overall health status of a country or region. Children are more vulnerable to all kinds of hazards than adults as they are dependent on parents or other care takers to provide what they need in order to survive. The current study therefore examined associations between household resources and child mortality in Ghana. The study answered the following research questions: (1) What household resources are associated with child mortality in Ghana? (2) Does the availability of household resources contribute to child mortality over and above the influence of other measures of socioeconomic status? This cross-sectional descriptive study analyzed the 2007 Ghana Maternal Health Survey. The analyzed for this study consist of 7183 parous women aged 15-45 years. Descriptive inferential statistics were used to summarize the means of continuous variables and proportions of categorical variables and to cross-tabulate each variable, including the household resources, by maternal report of child death in the full sample and in the sample stratified by rurality of residence. Logistic regression analysis was used to examine the association between household resources and child mortality, controlling for the covariates. Women who resided in the urban area were more likely to report access to all the household resources measured than those in rural area, except kerosene lantern for which more rural women reported possession. In unadjusted comparisons, a significantly lower proportion of women who reported possession of each of the household resources reported child mortality. In the model restricted to women living in rural areas, none of the household resources were associated with child mortality. In contrast, in the model restricted to women living in urban areas and towns, having refrigerator at the time of interview was associated with lower odds of reporting child mortality 0.63 [95% CI: 0.48, 0.83]; whereas, having a kerosene lantern [AOR=1.40; 95% CI: 1.06, 1.85] or flush toilet [AOR=1.84; 95% CI: 1.23, 2.75] was associated with higher odds of reporting child mortality. Possession of a refrigerator may play a role in child mortality, particularly in urban areas. This finding may reflect unmeasured SES or the importance of access to refrigeration in preventing diarrheal disease or other proximal causes of child mortality in Sub-Saharan Africa.

### Biography

Jerry John Nutor is currently a PhD candidate at Drexel University, College of Nursing and Health Professions, USA. He is a Registered Nurse with Master's degree in Nursing and Healthcare Leadership from University of California, Davis. His long-term research goal is to develop new ways of improving health care for underrepresented segments of the population, such as rural and urban communities in Sub-Saharan Africa.

[jjnutor@drexel.edu](mailto:jjnutor@drexel.edu)

### Notes: