

Inequality in early childhood survival

Considerable progress has been achieved globally in children's survival during the last decades. A child born in Africa in 2015 is much more likely to celebrate a fifth birthday than a child born in 1960. His or her chances of survival are even greater if he or she was born in the Americas, Asia or Europe.

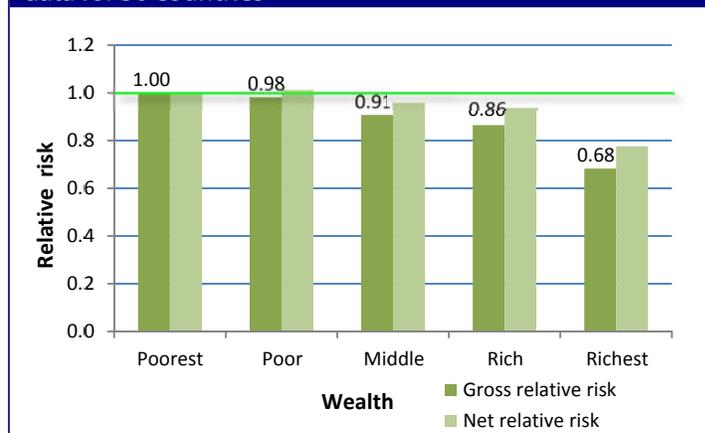
Although the chances of children's survival have improved greatly, large differences remain between and within countries. The central target of Millennium Development Goal 4 was to reduce under-five mortality by two thirds between 1990 and 2015. More recently, target 3.2 of the Sustainable Development Goals aims to reduce under-five mortality to no more than 25 deaths per 1,000 live births by 2030. However, reductions in average mortality to such levels in many countries cannot be achieved without designing and implementing policies that address inequalities in survival by improving the lives of the most disadvantaged. The results presented here are drawn from a study of inequality in early childhood survival based on data from the Demographic and Health Surveys collected in fifty low- and middle-income countries.¹

1. Children from the richest households are more likely to survive through the first five years of life than their counterparts from the poorest households

Household wealth has substantial effects on child survival at the global level (figure 1). The *gross* relative mortality risk for a child from the richest quintile is 68 per cent of that for a child from the poorest quintile. Even when confounding factors such as age of the mother at birth, length of the previous birth interval, birth order, sex of the child and type of residence are held constant, the *net* relative risk of dying for a child from the richest households is 78 per cent of that for a child from the

poorest households (light green bar in figure 1). By either measure, the relative risk of dying decreases steadily from the poorest quintile to the richest quintile.

Figure 1. Gross and net relative risk* of dying in early childhood (0-59 months) by household wealth, based on data for 50 countries



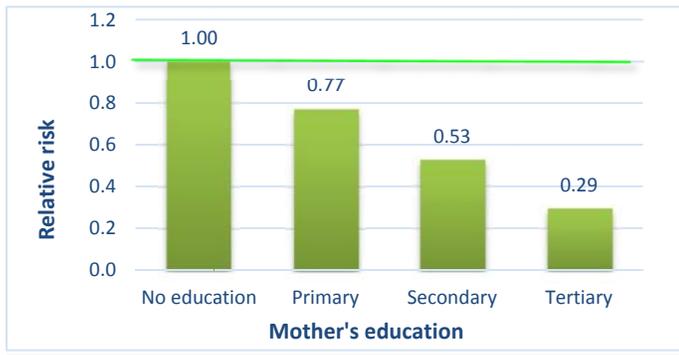
Data source: Gaigbe-Togbe, (2015). *Relative risk is the ratio of the risk of dying in a given category compared to that in the reference category, which in this case is the poorest quintile.

2. Mother's education affects children's survival due to its positive association with wealth and through other mechanisms as well

The knowledge and practices that can save the lives of children are more familiar to women with a level of education that is higher than primary. Such practices include better hygiene and other health-promoting behaviours, including seeking proper care when illness occurs. The net relative risk of death for a child of a mother with tertiary education is 29 per cent of that for a child of a mother with no formal education (figure 2). The impact of mother's education on early childhood survival increases with the level of education. The net relative risk of dying decreases steadily from 77 per cent for a child of a mother with primary education to 29 per cent for a

child of a mother with a tertiary education, as compared to children of mothers with no formal education.

Figure 2. Net relative risk* of dying in early childhood (0-59 months) by mother's education, based on data for 50 countries



Data source: Gaigbe-Togbe, (2015). *See the definition of relative risk in the note that accompanies figure 1.

3. The impact of household wealth is stronger in rural areas than in urban areas

In rural areas the net relative risk of dying for children in the richest households is 79 per cent of that for children in the poorest households. By contrast, in urban areas the net relative risk of dying for children in the richest households is not much different from that for children in the poorest households (figure 3). The availability of services for the large majority of households in urban areas lessens the impact of household wealth. For example, better water supply and sanitation are more commonly available for the majority of households in urban than in rural areas.

Figure 3. Net relative risk* of dying in early childhood (0-59 months) by place of residence (urban or rural) and household wealth, based on data for 50 countries



Data source: Gaigbe-Togbe (2015). *See the definition of relative risk in the note that accompanies figure 1.

4. The association between household wealth and child mortality is most pronounced in Asia and Latin America, and weaker in Africa

Many factors contribute to the impact of household wealth on child survival. In Africa, the relative risk of dying for a child in the richest households is 89 per cent of that for a child in the poorest households when other factors are held constant (figure 4). By contrast, the net relative risk of dying for a child from the richest households is 52 per cent of that for a child from the poorest households in Asia, and 70 per cent in Latin America and the Caribbean.

In sum, there is ample evidence that socio-economic inequality matters for children's health and mortality. For this reason, an approach that focuses on reducing inequalities, as proposed by UNICEF, promises to be more effective in averting early childhood deaths than approaches that focus only on improving average levels of health and mortality. In short, targeting the most economically vulnerable children and their families is of paramount importance.

Figure 4. Net relative risk* of dying in early childhood (0-59 months) by region and household wealth, based on data for 50 countries



Data source: Gaigbe-Togbe (2015). *See the definition of relative risk in the note that accompanies figure 1.

NOTES

¹ Gaigbe-Togbe, V. (2015). "The Impact of Socioeconomic Inequalities on Early Childhood Survival: Results from the Demographic and Health Surveys", Technical paper, United Nations Population Division.