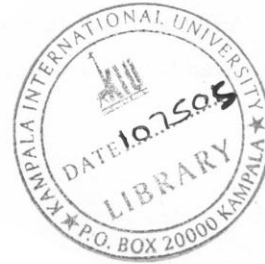


**FIVE CHILD-KILLER DISEASES AND UNDER-FIVE MORTALITY IN YOLA
ADAMAWA STATE, NIGERIA (2001-2015)**



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MSTAT/45898/151/DF**

**A THESIS SUBMITTED TO THE COLLEGE OF ECONOMICS AND
MANAGEMENT IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR
THE AWARD OF THE DEGREE OF MASTER OF SCIENCE IN STATISTICS
OF KAMPALA INTERNATIONAL UNIVERSITY**

JANURY, 2017

Abstract

The study was set out to investigate the prevalence of the five-child killer diseases and its cause effect on under-five mortality. It was driven by four major objectives; Determining the prevalence rate of the five child-killer diseases; Determining the proportion of mortality due to the five child-killer diseases to the total under-five mortality in the studying area; Examining the correlation between the five child-killer diseases and under-five mortality and Determining the cause effect of the five child-killer diseases on under-five mortality. The study used an entirely quantitative approach using secondary data between 2001 and 2015 obtained from the document of Adamawa state, Primary Health Care Development Agency (PHCDA). Data was collected regarding the number of children immunized, diseases and deaths due to Pneumonia, Diarrhoea, Measles, Tetanus, Polio and overall under-five mortality within that timeframe. The study used uni-variate descriptive analytical tools, measures of prevalence rate per a thousand, measures of proportionality, correlation analysis and regression tools for analysing and developing a model for describing the data. The results indicate that the prevalence rates have generally been decreasing with Pneumonia recording the highest prevalence and Tetanus recording the lowest prevalence. Polio was excluded from the analysis because it did not register any incidences or deaths. The data also showed that pneumonia and diarrhoea recorded the highest proportion of deaths while tetanus and measles recorded the lowest. The correlation matrix revealed that Pneumonia, Measles and Tetanus had strong positive and significant correlations with under-five mortality while diarrhoea had a weak positive and insignificant correlation. The regression model showed that there is a strong positive and significant relationship between Pneumonia and mortality and a weak non-significant relationship between diarrhoea and mortality. Furthermore, there was a strong but non-significant relationship between measles and mortality and a weak non-significant relationship between tetanus and mortality. The four variables explained 72.02 percent of the variation in overall mortality and the overall model was very significant. Due to high incidences of pneumonia and diarrhoea, the study made some recommendations and conclusions