ABSTRACT

Background:

According to The World Bank (2010) there is clear evidence that infant mortality is not just a responsibility of the health care system. Other social and structural factors determine the health of the mother and infant such as age, level of education, household income, social protection (health insurance), community networks and infant specific services such as resuscitation among others. According to the MoH Government of Uganda Annual Health Sector Performance Report Uganda‟s Infant mortality rate (IMR) remains at 45/1,000 deaths (MoH).

Overall Objective:

This study was set out to assess the Influence of Social Determinants of Health on Infant Survival in Ntungamo District, Uganda. Specifically, the study determined the individual attributes of the mother in influencing infant survival; establish the household level determinants in influencing infant survival; assessed community level factors in influencing infant survival and lastly; establish the infant health services delivered in Ntungamo District.

Methods:

Descriptive cross-sectional study design was conducted and only quantitative data was collected. Mothers who had infants and resided in the study area participated in the study and both primary and secondary was used in the study.

Results:

Age (0.154 p=.926), Marital status (3.752 p=0.153), Level of education (1.962 p= 0.580), sex of the infant and Religious affiliation (X2 1.858 p=0.602) were not determinants of infant survival in the study area. Nature of the houses (X2 6.699 p=.035), influence of the income when it came to taking the infant to the health facility when sick (X2 5.606 p=0.018) and not being able to afford to take the infant for post-natal services such as immunization because of high cost of transport (X2 8.333 p=0.004) were found to be significant determinants of infant survival in Ntungamo District. Use of family support

groups by mothers (X2 5.104 p=.024), giving mothers psycho-social support (5.430 p=0.020), provision of adequate food supply (X2 5.683 p=0.017), and cultural practices like prohibition of mother‟s first milk because they thought it makes the baby ill (X2 8.135 p=0.004) were found to be statistical significant on infant survival in Ntungamo District. Private health insurance (7.023 p=0.008), medical grants (X2 4.678p=0.031), the baby being delivered (5.583, p=0.018), helping babies resuscitate (X2 4.228 p=0.040) and availability of a function suction device at the health facility (X2 6.456 p=0.011) were significant determinants of infant survival.

Conclusion:

Several determinants were found to influence infant survival. Nature of the housing; income levels; not being able to afford to take the infant for post-natal services; Use of family support groups by mothers; giving mothers psycho-social support; provision of adequate food supply cultural practices like prohibition of mother‟s first milk because they thought it makes the baby ill; Private health insurance; medical grants; the baby being delivered; resuscitating babies; and availability of a function suction device at the health facility were found to determine infant survival in Ntungamo District.

Recommendation:

Improve on the housing conditions; make available postnatal care services for newborns; need for outreaches to improve service delivery; need to further strengthen community health systems; strengthen health education targeting misconceptions on cultural practices like prohibition of mother‟s first milk because they it is perceived to make the baby become ill; Need to promote community heath which is cheaper and easy to manage compared to Private health insurance that targets clients in the formal sector. Need by health partners and research to come up innovative ways of doing community solutions to resuscitating babies. Finally, need to strengthen referral networks and early detection of danger signs so as to improve infant survival.