Abstract

Introduction and background

The prevention of Low birth weight (LBW) is a major public health priority because of it's associated risk factors. Low birth weight is the weight of a baby less than 2,500gram (Rizvi S.A., 2007, WHO 2011, Chandra S., Metgud, 2012 A birth weight of a baby below 2,500 grams contributes to a range of poor neonatal health outcomes (simhan, 2007, The Lancet June 2013).

Globally, Low birth weight (LBW) is a risk factor for neonatal morbidity and mortality (Lawn JE et al. 2006, & Joanne Katz, 2013). Low birth weight (LBW) is a major determinant of infant mortality and morbidity. Annually LBW directly and indirectly contributes to the 4 million (27%) neonatal deaths. In developing countries, LBW contributes to 60% - 80% of all neonatal deaths (WHO 2011, Lawn JE et al. 2006). In Uganda, the perinatal mortality rate was 40 deaths per 1,000 pregnancies, the neonatal and post neonatal mortality rate was 27 deaths per 1,000 live births. LBW is a direct cause of 27% of the 4 million neonatal deaths that occur globally every year (Lawn JE et al. 2006).

The government of Uganda (G.O.U) in the health sector strategic plan II (HSSP II) laid strategies to reduce LBW in improvement of the millennium development goal 4 (MDG 4) with little impact as evaluated by the Health sector development plan III (HSSP III). UDHS (2011). In Uganda LBW is 11% (Rural) 15% (Urban). LBW is a disadvantage for the neonates because of the risks and it's undesired outcomes (Joanne Katz., 2013). Directly or indirectly, LBW may contribute 60% to 80% of all neonatal deaths (WHO 2011, Lawn JE et al. 2006).

Objectives

This study aims at assessing the risk factors influencing LBW in selected PNFP hospitals in KCCA as to contribute to maternal and child health research and results will be utilized as a basis for further studies on the different predictors of LBW. Provide evidence based data, which will be used by health workers for identifying the prevalence of LBW in PNFP hospitals in KCCA and improve MDGs 4 & 5. Findings will be used by policy makers & implementers in effective planning fpr preventive measures to reduce LBW deliveries.

Methodology

A cross sectional facility based study was conducted, with quantitative and qualitative data collection methods. The study was carried out in five purposive selected PNFP hospitals including Nsambya,

Mengo, Lubaga, Namungona and Kibuli. A total of 398 respondents were recruited in the study (Yamanes formula 1998) between May and December 2013. However only 390 respondents gave information which met the study objectives. Respondents included mothers in post natal clinic, maternity ward and young child clinic with their babies whose weight was recorded at birth from May – Dec/2014. The data was analyzed using SPSS and presented in form of tables and was manually analyzed and presented verbatim.

Results

LBW was found to be standing at (13%), with Lubaga hospital (20%) having the highest incidence of LBW prevalence among the hospitals studied. In bivariate data analysis, all the pre-purtum, smoking during pregnancy and family income had a statistical significant ($p< 0.05$) relationship with LBW babies. Antenatal attendance, HIV/AIDS negative, Antimalarials, Fe-Fo, health talks on LBW, bleeding in pregnancy, high blood pressure in pregnancy, malaria in pregnancy, maternal nutrition during pregnancy were statistically related to LBW. Single tone babies and birth order. Premature rupture of membranes and baby's cry was statically significant (P value < 0.05) with LBW at Bivariate data analysis. Birth weight after controlling for potential con founders in multivariate analysis. In stepwise elimination multiple logistic regression model, baby's first cry at birth and rupture of membranes is a significant factor.

Conclusion and Recommendation

There are many risk factors for LBW which can be identified and prevented before pregnancy occurs, pre-purtum factors life style factors. PNFP hospitals are encouraged to integrate strategies or models at individual/intra personal levels on health promotion to integrate strategies or models at individual/intra personal levels on health promotion and health education on prevailing causes of LBW at the entry point in Family planning clinics, prenatal period, ante natal classes and counseling clinics. At intra personal level mothers must be encouraged to uphold the use of health services during pregnancy. There were effects of health talks on LBW were efforts to enhance national agenda on LBW awareness, antenatal care sensitization and utilization in general, family planning must be integrated at all levels not only to those wishing to limit their fertility for personal, social, or economic but to all who need the service for informed discussion making. MoH together with PPHP should enforce programs to reduce LBW.