POSTER PRESENTATION EXTENDED ABSTRACT

TRENDS AND LEVELS OF INFANT MORTALITY IN LESOTHO

Sub theme: Maternal, New born and Child Health

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1.1 Background

Infant mortality is defined as deaths of children under the age of one year. Kibet, (2010) states that infant mortality rate reflects economic and social conditions for the health of mothers and new-borns, the well-being of a society as well as the effectiveness of health systems. It also indicates health disparities between populations, both within and between countries. Information on mortality of children also serves the need of organizations which provide health services by identifying the population groups whose children experience high mortality risks.

There has been a steady decline in global and regional infant mortality rate over the last century, with the exception of sub-Saharan Africa (SSA) which experienced a reversal in this trend from the late 1990s due to the Human Immunodeficiency Virus pandemic (Sartorius & Sartorius, 2014). The infant mortality rate (IMR), moreover, has worsened in many of the countries in sub-Saharan Africa reversing the gains achieved in the previous century. In 1990, for example, there was a 20-fold difference (180 versus 9 deaths per 1000 live births) in IMR between sub-Saharan African and industrialized countries. By 2000, this difference had increased to 29-fold with IMR's of 175 and 6 per 1000 respectively largely as a result of the prevalence of HIV/AIDS in sub-Saharan Africa. Southern Africa, in particular, has been significantly compromised by the HIV/AIDS epidemic both directly through vertical HIV transmission, and indirectly, through maternal death and the absence of a primary care giver (Sartorius, Sartorius, Chirwa, & Fonn, 2011).

One in every nine children born in Lesotho dies before reaching his or her fifth birthday. Infant/child mortality has been rising in recent years as a result of Pneumonia, malnutrition, measles, HIV/AIDS and diarrhoea resulting from poor sanitation and unsafe drinking water. Transportation issues hindering access to basic health services, lack of skilled personnel as well as inaccessible health centres are impediments to the progress towards this goal. (UNDP, 2015)

1.2 Literature Review

In a study by Kibet (2010), mother's education and literacy appear to be linked to mortality at the neo-natal, post-neonatal, infant and childhood stages. Mother's level of education was taken as a variable indicative of her level of understanding of hygiene and health care and of the need not only to attend pre-natal and post-natal clinics but also to see that trained medical personnel attend her and her child during and after birth. As would be expected, the results showed the existence of a relationship between mother's level of education and her children's survival chances. Children whose mothers had some secondary education had decreased levels of neonatal mortality 22 deaths per 1000 live births, as well as child mortality 28 deaths per 1000 live births compared to 37 neo natal deaths per 1000 live births and for child mortality 42 deaths

per 1000 live births were for those with no education; 32 and 33 for primary incomplete; and 18 and 13 for primary complete.

Research findings showed that children who experienced an early maternal death were at 15 times the risk of dying compared to children whose mother survived. Children under 1 month whose mother died an early maternal death were at increased risk of dying compared to older children. Children whose mothers died of an HIV/AIDS or Tuberculosis (TB)-related, early maternal deaths were at 29 times the risk of dying compared to children with surviving mothers. The risk of these children dying was significantly higher than those children whose mother died of a HIV/AIDS or TB-related non-maternal death. (Houle, Clark, Kahn, Tollman, & Yamin, 2015)

A Research in Uganda found that the number of births in the past one year and the sex of the household head were found to be strongly associated with high mortality rates. The children whose mothers had more than one birth in the past one year were at a higher risk of death than those whose mothers had no birth at all. The children born in households headed by women were at a high risk of death than those born in households where the man is the head (Nasejje, Mwambi, & Achia, 2015). Poor mothers were more likely to have their infant die than rich mothers and age of mother was found to be a contributing factor in Kenya (Muriithi & Muriithi, 2015).

1.3 Objectives

Infant mortality reflects a country's level of socioeconomic development and quality of life and is used for monitoring and evaluating population and health programs and policies. This paper aims at examining the trend and levels of infant mortality and the socio-demographic and economic factors that lead to infant deaths in Lesotho.

1.4 Methodology

The content of the paper was based on the desk review of the 2004, 2009 and 2014 Lesotho Demographic and Health Survey report. The LDHS is a nationally representative household survey conducted after every five years that provides data on indicators such as mortality, fertility, sexual and reproductive health, child nutrition, maternal health care and breastfeeding. Tables and graphs have been utilized to show the relationship between infant mortality and socio-demographic and economic factors.

1.5 Results & Interpretation

A number of socio-economic, demographic and health factors influence infant mortality. Nutritional status of children does have an impact on infant mortality. The socio-economic differentials that will be examined are urban and rural residence, mother's education, ecological

zones and the wealth quintile and birth size which are all variables that contribute to child survival. For this abstract, trend of infant mortality overtime, trend in infant mortality by mother's educational level and wealth quintile will be shown and the other variables will be included in the full paper.

1.5.1 Trends in Infant Mortality

Infant mortality is a basic indicator of a country's socioeconomic situation and quality of life. The results from the LDHS 2004, 2009 and 2014 show that infant mortality rates have declined since 2004 and 2009 from 91 deaths per 1,000 births to 59 deaths per 1,000 births in 2014.

Figure1.0: Trends in Infant Mortality, 2004, 2009 and 2014, LDHS
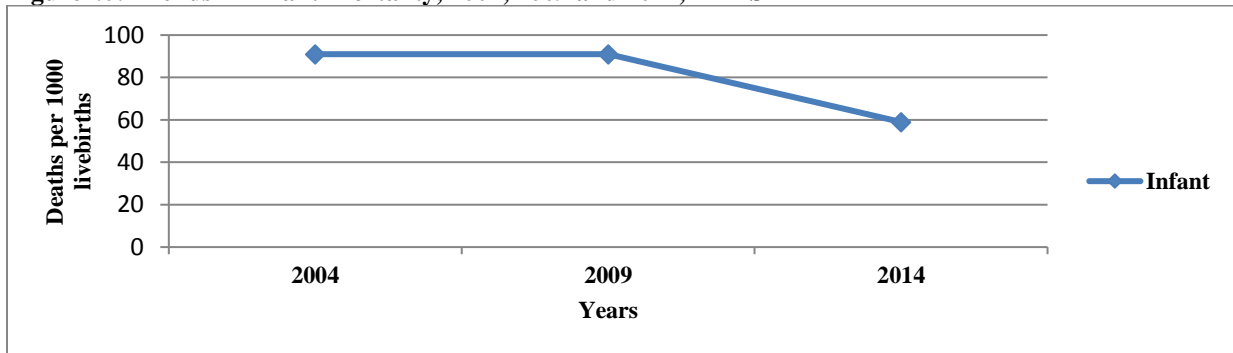
1.5.2 Trends in Infant Mortality by Mother's Education

Education does play a big role in the survival of children thus the level of education of the mother is associated with the levels of childhood mortality. The higher the education one has attained the lower the rates of mortality among infants, this is evident in the table below. The results from figure1.1 show that infant mortality rates decreased with an increase in education, for mothers with primary incomplete, the mortality rates are higher and for those with secondary education, the mortality rates are lower.

Figure 1.1 Trends in Infant Mortality by Mother's Education, 2004, 2009 and 2014
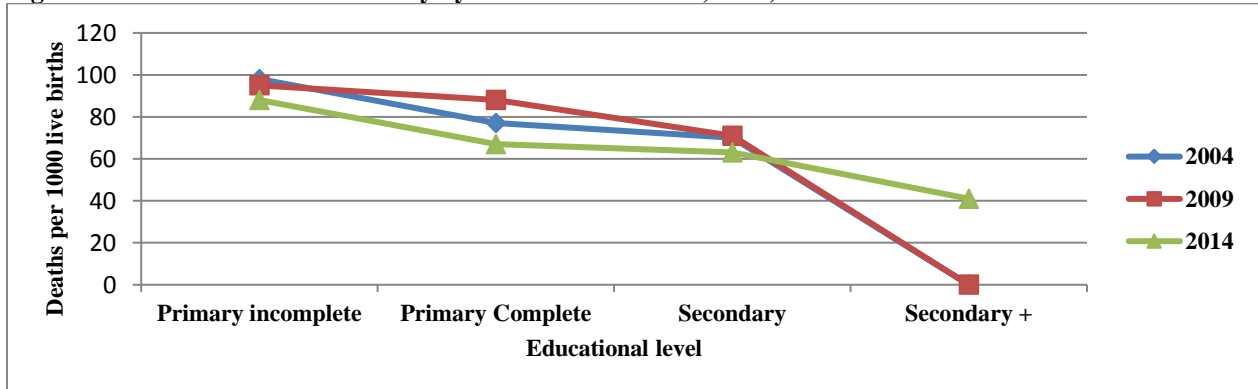
1.5.3 Trends in Infant Mortality by wealth quintile

Wealth quintile plays a vital role in mortality among infants. Women in higher wealth quintile are more likely to be informed about pregnancy complications than those in the lower quintile. Trends of infant mortality rates by wealth quintile are presented in figure 1.2. It shows that infant mortality rates for the years 2004, 2009 and 2014 are lowest for children of mothers in the highest quintile and highest for children whose mothers are in the lowest to second quintile.

Figure 1.2 Trends in Infant Mortality by Wealth Quintile, 2004, 2009 and 2014
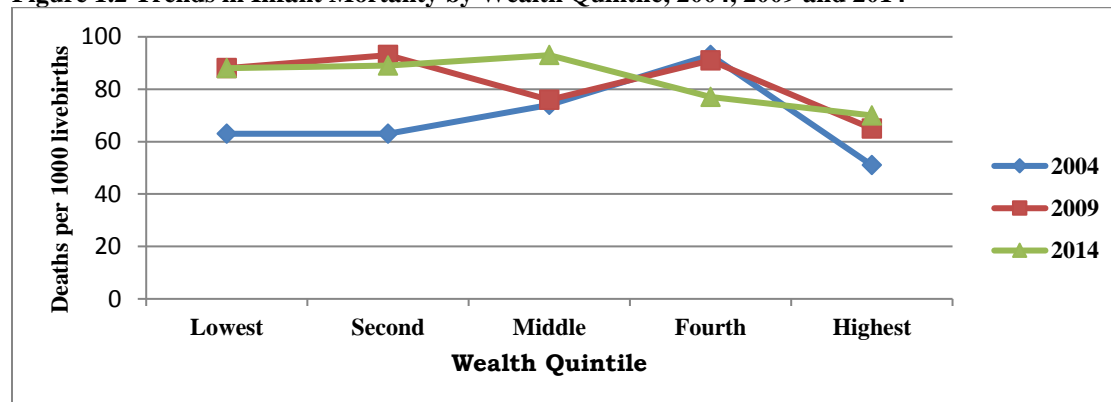
1.6 Conclusion and Recommendations

Infant mortality has been decreasing overtime and the socio-economic, demographic and health factors do contribute to infant mortality. Availability, accessibility and quality of health service also do have an impact on infant mortality. Other differentials that also do influence infant mortality are urban and rural residence, ecological zones, wealth quintile and mother's educational level. The results show that children born to mothers with primary incomplete die more than mothers with secondary education and higher and also that infant mortality rate is higher for children of mothers in the lowest wealth quintile and lowest for mothers in the lowest wealth quintile.

In order to achieve SDG goal 3.2 which states by 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births, it is of importance to provide mothers and newborns with good quality health care system. The government needs to set up more campaigns to educate women more about child health and improve health facilities especially those in the rural and mountainous areas as they are the ones that are hard to reach and also strengthen the policies.

1.7 Reference

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